VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
Meeting Minutes for July, 19th, 2023

Board Members Present:

✓	Zail Berry, MD	✓	Colleen Horan, MD	✓	Kate McIntosh, MD
✓	Thomas Connolly, DMD	✓	Nels Kloster, MD	✓	Valerie Riss, MD
✓	Joshua Green, ND	X	John Matthew, MD	✓	Matthew Siket, MD

DVHA Staff Present:

✓	Christine Ryan, RN DVHA Clinical Services Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer	✓	Ginger Irish DVHA Dir. Comm. & Leg. Affairs
X	Andrea De La Bruere DVHA Commissioner	✓	Ella Shaffer DVHA CST Admin Svcs Staff	✓	Stephanie Barrett DVHA Chief Fin. Officer
✓	Sandi Hoffman Deputy Commissioner				

Guests/Members of the Public: Margaret Haskins

Topic	Presenter	Discussion	Action
Meeting Convened		The meeting was convened at 6:34pm.	
1. Meeting Minutes of May 17th, 2023	Sandi Hoffman	The minutes from May 17th, 2023 were brought up for approval. All Board members approved, except for Horan and Berry who were absent in May.	**Motion: Approve the May 17th minutes as presented** **Second: All** **Abstain: Horan, Berry** **Approved**
2. Old Business	Dr. Rapaport	Dr. Rapaport presented a brief summary of responses to the survey regarding CURB meeting times that was proposed at the May meeting. 4 out of the 7 total responses voted against increasing meeting length to 2 hours. The question of whether or not to have in-person meetings was split evenly. The DVHA proposed two resolutions to the Board from these results. They will make every effort to keep to 90-minute meetings but proposed an optional 15-minute overtime for instances where discussion runs long. Additionally, Dr. Rapaport proposed having 1 or 2 meetings per year in-person, with meals and mileage compensated for the Board. DVHA will investigate the September meeting as the potential first in-person meeting of this course.	**Motion: Implement an as-needed 15-minute time bloc to the end of meetings.** **Second: All** **Abstain: None** **Approved** **Motion: Host 1-2 in-person CURB meetings per year** **Second: All** **Abstain: None** **Approved**
3. Legislative updates	Ginger Irish	Ginger Irish prepared a presentation to review the 2023 Vermont Legislative Session. Several noteworthy bills were addressed, including: • H.206/Act 51 • S.54/Act 7 • S.37/Act 15 and H.89/Act 14 • H.4411/Act 4 • H.222/Act 22 Many pieces of legislation passed this year will require DVHA to submit reports to the Legislature to help determine future policy direction and funding allocation. Of note for the Board was a report on the viability of a "gold card" program to remove Prior Authorization (PA) requirement for Medications for Opioid Use Disorder (MOUD) for Medicaid. DVHA will solicit advice from the CURB and the DURB and incorporate it into a report for the legislature. Clarification was requested on some of the terminology used in the proposed reports. It was explained that the Bi-State Primary Care Association, of which	**Action item:** DVHA will investigate a future agenda item for a speaker from Qualified Help to present to the Board. **Action item:** DVHA will investigate data around network adequacy of primary care providers.

		a report will be in collaboration with, is a lobbying group for qualified primary care providers within Vermont and New Hampshire. Likewise, one of the legislative reports details "braided transportation" as a model for non-emergency medical transport (NEMT). This was explained as a way to utilize public transit to stabilize transportation needs for non-emergency situations, braiding together different avenues of transit. H.222/Act 22 removed the ability for insurers to use "step therapy" to manage MOUD. It was explained to the Board that step therapy is for commercial insurers and does not apply to DVHA. DVHA can still have a preferred product for members to try first. A board member asked: if the goal is to increase parity between hubs and spokes, then what role does that leave the hubs? DVHA responded that, currently, the hubs are the only entity for methadone. With respect to buprenorphine, the hubs are still the ideal place for difficult or complex patients where monitoring is required. DVHA brought up a change from the latest Legislative session that is expected to result in future challenges. Over-the-counter medications will no longer be covered under Medicaid. This includes antihistamines, vitamin D supplements, and melatonin. DVHA expects there to be more appeals and exception requests as a result. Dental reimbursement rates increased to 75% (previously 50%) and the dental cap increased to $1500. A Board member praised this, expressing concern for high dentist turnover as a result of pandemic-era changes and poor reimbursement and stressed a desire to focus on preventative health to avoid costly results, such as dentures, that are not covered in many instances. Regarding H.206/Act 51, a question was posed from the board. If the target is to remove dental caps, does that mean dentures would be covered across the board? DVHA explained that dentures are not a covered service under normal scenarios. The cap is being removed from emergency dental services for everyone, and the cap is removed altogether for disabilities services. DVHA stated that they plan to look at a report of what it would cost if the cap for dental services were removed for all Medicaid members. They acknowledged that data in this area is sparse as providers don't typically continue to submit claims after the cap is reached.	

		A board member asked if there were any plans to help increase coverage for Vermonters who are not meeting Medicaid guidelines for coverage but are often going on and off Medicaid due to financial fluctuations. Board member cited experience with patients rotating on and off of Medicaid due to volatile finances, often several times within a year. DVHA explained that there have been no conversations about expanding coverage at this time, but that Medicaid redeterminations have been suspended for the month due to the flooding. DVHA proposed a future agenda item for a speaker from Federally Qualified Help Center (FQHC) to present to the Board. Further concern was raised about the loss of independent primary care physicians within the state. While there was no Legislative movement in this area, DVHA will gather data to determine if there is an issue.	
4. DVHA Budget Business Office Update	Stephanie Barrett	Stephanie Barrett prepared a presentation to review Fiscal Year 2024 (FY24) updates to the budget. The presentation outlined the state budget process and the stakeholders within it. The Appropriations Act (also known as the State Budget or Big Bill) as passed total was $8.5 billion for FY24. Constraints, challenges, and key terms involved in the budget process were walked through. A timeline of the budget was then presented, following the forecasting and proposal progression throughout a standard fiscal year. Stephanie explained that the changes year to year are mostly marginal, but occasionally sweeping legislative issues can see larger impacts. She noted that the biggest change to the budget this year was in the childcare bill. A dive into DVHA's budget was presented next. DVHA's budget has two major components: Administration, which includes salaries, benefits, contracts, and operators totaling $184 million; and Program, which includes global commitment, state-only programs, and non-waiver totaling $933 million. The combined DVHA budget is $1.2 billion. A list of major changes to the budget in FY24 was presented. Highlighted budget pressures for upcoming FY25 were revenue growth, clawback, caseload & utilization, and expected continued rate pressure. A board member asked for clarification on what clawback entails. Clawback is a bill from the federal government driven by pharmacy expenditure. This payment has been in place since Part D began in 2006, with the rate based off of projections for how much money Part D has saved the state.	

		A Board member noted that the Federally Qualified Health Centers (FQHC) rate increase was quite high. Stephanie clarified that FQHC are paid in a combination of encounter rate and Fee-For-Service (FFS). The setting of the rate was based on 2016 data and is believed to be outdated. The Legislature is increasing the rate by 10% but the conversation is ongoing. Consensus for the budget is driven by DVHA, AHS central office, the Department of Finance and Management (governor's office), and the Joint Fiscal Office (legislature). The budget is comprised of balancing caseload and per-member per-month (PMPM) expenditures. Two primary constraints from this budget session were highlighted for the Board: unwinding, or the churn & utilization in post-pandemic enrollment; and revenues, or the Federal Medical Assistance Percentage (FMAP) federal landscape and other priorities. The FY24 budget includes a forecast for Medicaid eligibility groups (aged, blind, disabled; federal poverty level benchmarks; adult and children; etc.) The estimated caseload for SFY23 was very close to the actual number, with repots stating that this number was down further with the unwind since June. The data and estimates shown previously were then replaced with the PMPM budget for the same categories, which the Board lauded as a very helpful visualization. DVHA noted that a large chunk of Medicaid dollars shown in this data set is not under DVHA control; much of Medicaid spending falls under the Department of Disabilities, Aging, and Independent Living (DAIL). The Board requested a copy of the presentation be shared after the meeting, to which DVHA agreed and it is noted the presentation was attached to the meeting invite.	
5. Closing	Sandi Hoffman	Public Comments: No public comments were offered. Board Comments: Dr. Riss raised concern with receiving facilities requiring specific paperwork specific to facility-to-facility transfers. She requested additional time after adjournment to discuss with DVHA.	
Adjournment		Meeting adjourned at 8:01 pm.	