VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
March 16, 2022

PRESENT:
Board Members: Thomas Connolly, DMD; Joshua Green, ND; Nels Kloster, MD; Michael Rapaport, MD; Valerie Riss, MD

DVHA Staff: Christine Ryan, RN, Clinical Operations Unit; Andrea De La Bruere, Commissioner; Sandi Hoffman, MSW, LADC, Deputy Commissioner; Nancy Hogue, Executive Director of Pharmacy; Lisa Hurteau, Clinical Pharmacist; Steve Wisloski, CFO; Jennifer Rotblatt, Admin Services Coordinator

Public: Margaret Haskin, Provider Representative Gainwell Technologies; Natalia Neaga, Quality & Service Lender Gainwell Technologies

ABSENT:
Board Members: John Matthew, MD; Zail Berry, MD

Meeting Handouts: N/A

CONVENE: Christine Ryan, RN, Clinical Operations Unit convened the meeting at 6:34 pm.

1.0 Introductions and Acknowledgments

Christine Ryan welcomes all to the meeting and facilitated introductions of Board Members, DVHA staff, and public guests.

Christine announced that Dr. Julia Logan will be joining DVHA in April 2022 as the new Medical Director.

2.0 Review and Approval of Minutes

It was noted that the process of reviewing CURB minutes is changing. Effective this meeting, please review CURB meeting minutes prior to meeting and attend the meeting prepared to provide feedback and vote.

Minutes from January 19, 2022 were reviewed. Dr. Rapaport moved to adopt the minutes. Dr. Riss seconded. The minutes were approved unanimously.

3.0 Old Business

Updates – Christine Ryan, RN, Clinical Operations Unit
Nancy Hogue provided an update on H.728. It was explained that H.728 originated in the House Committee on Human Services and that the bill includes a section relevant to DVHA and the pharmacy program due to prior authorization requirements. Specifically, H.728

prohibits a health insurance plan from requiring prior authorization (PA) during the first 60 days of initiating medication-assisted treatment (MAT) when the prescribed medication is for opioid or opiate withdrawal. It is unclear if it will allow for prescriptions outside of FDA's dosing limits in that first 60 days of treatment.

On March 10, 2022, DVHA staff presented to the legislature regarding the clinical and fiscal impacts of this bill and provided additional testimony on March 16, 2022 to further discuss the fiscal impact. DVHA identified three anticipated fiscal impacts with prior authorization limitations: the loss of supplemental rebates ($4.2 million gross); previously denied prior authorizations being newly approved ($688,528 gross); and increased utilization of non-preferred medications ($12 million-$30.2 million gross).

It was explained that currently no prior authorization is required for the following MAT treatments: Methadone, Suboxone Film and buprenorphine/naloxone tabs (within FDA's dosing limits), and Narcan (naloxone) nasal spray. Prior authorization is required for non-preferred products which are clinically reviewed and determined to be equal to or clinically inferior to preferred products and/or more costly for the State of Vermont. These non-preferred products include Buprenorphine Mono tablets, Zubsolv®, Sublocade®, and ProBuphine®.

The CURB asked about the current approval rate of non-preferred prior authorizations. In the calendar year 2021, there were 254 approvals of Sublocade® and 24 denials. The denials are often due to Medicaid being a member's secondary insurance as opposed to clinical reasons.

The next step is that the legislature will consult with specialists to redraft some of the bill language.

The CURB shared the biggest concern is the mono product being removed from prior authorization requirements, due to addictive nature and regulation is deemed beneficial.

Christine noted that the Public Health Emergency (PHE) was extended in January 2022. The CURB can anticipate future dialogue on the topic of audio-only services.

Update on DVHA Budget – Steve Wisloski, DVHA Chief Financial Officer

An overview of the State budget process and key terms was presented. The 2022 "as-passed" or "base" Budget was approved during the 2021 Legislative Session. Changes to that budget are captured in the Budget Adjustment Act (BAA) in the following year's session (SFY22 BAA approved last week). The SFY23 Budget will be approved through the Appropriations Bill or "Big Bill" that is typically one of the last bills approved in the session.

It was explained that DVHA's budget can be divided into two primary components: Administration (salaries and benefits, contracts, grants, and operations) and Program (everything else, primarily services). Program is further divided into the following three sections.

- Global Commitment**:** costs that are paid with Medicaid funds (combination of Federal and State dollars)
- State-Only: costs that are paid by the State's general fund
- Non-Waiver: costs that are paid by a combination of Federal and State funds, but are not considered Global Commitment

The SFY22 as-passed budget was shared followed by a comparison of the SFY22 as-passed, SFY22 BAA, and requested SFY23. This was followed by a discussion of the top budget drivers for the SFY22 BAA and SFY23 Big Bill, beginning with costs associated with increased caseloads due to the PHE, which has paused processing that would otherwise allow Medicaid to disenroll members. Other drivers include the performance year 2020 ACO settlement payment and Brattleboro Retreat alternative payment model contract which is an internal transfer from DVHA to the Department of Mental Health. Additionally, the annual Medicaid rate adjustments; Medicare part A and B buy-in; and the Medicare Part D claw-back, salary and benefit changes, the ARPA Medicaid Postpartum Coverage Expansion; and other miscellaneous program and administrative costs represent drivers impacting these budgets.

The CURB asked for breakdown of pediatric vs adult costs for inpatient, outpatient, and medications (pharmacy/non-pharmacy).

Discussion ensued on the disenrollment limits among other budget items.

DVHA Utilization Data Report – Christine Ryan, RN, Clinical Operations Unit

Influencing factors that contributed to the data results were discussed. This included how the PHE has impacted healthcare utilization. Examples include waiving PA services for dental, durable medical equipment (DME), and imaging; limited access to providers; and increased need and utilization of mental health and substance use disorder services. Additionally, there has been an increased emergency department usage, increased acuity due to delayed care or limited access to health care services, and adoption and utilization of telehealth (including audio only).

This utilization report was compiled using the medical all-paid claims for fiscal years 2020 to 2021 to determine the most utilized medical services and procedures during this period. The report is limited to professional (type M) and dental (type L) codes, and two types of utilization were studied: claim volume and overall cost.

The Top 10 Codes from the following data sets, Professional (type M) and Dental (type L), were reviewed, noting that the members served data represents unique members. A consolidation of high-utilization services and high claims by cost was presented. These consolidated costs fall into four areas: Established Patient ($67M); Psychotherapy ($59M); Dental ($24M); and Drug Testing ($16M).

The CURB wanted to better understand how much of the psychotherapy amount represents addiction treatment vs other mental health concerns.

In response to inquiries regarding telehealth vs inpatient utilization, DVHA shared a comparison of telehealth vs audio only vs in person.

4.0 **New Business**

Public Comment
None.

5.0 **Closing**

Board Comments
Member asked that quantitative vs qualitative urine tests be presented to see where costs could be saved there.

Next Steps

Adjournment – CURB meeting adjourned at 7:59 PM

Next Meeting

May 18, 2022
Time: 6:30 PM – 8:30 PM
Location: Microsoft Teams or Waterbury State Office Complex