



PRESENT:

Board Members: Thomas Connolly, DMD; Joshua Green, ND; Nels Kloster, MD; Zail Berry, MD; Kate McIntosh, MD; Michael Rapaport, MD; Valerie Riss, MD

DVHA Staff: Christine Ryan, RN, Clinical Operations Unit; Andrea DeLaBruere, Commissioner; Sandi Hoffman, MSW, LADC, Deputy Commissioner; Patrick Rooney, CFO; Erin Carmichael, Director of Quality Management; Lisa Hurteau, Director of Pharmacy; Robin Strader, Administrative Services Director

Guests/Members of the Public: Margaret Haskins, Provider Representative, Gainwell Technologies; Natalia Neaga, Quality & Service Leader, Gainwell Technologies; Jon Hassler, LabCorp; Marily Rhudy

ABSENT:

Board Members: John Matthew, MD

Meeting Handouts:

CURB Workplan CY2022

Genetic Testing

Quality of Care CURB Presentation

Remote Patient Monitoring Legislative Update

DVHA CURB Fiscal Follow-Up

Assessing Members' Experience of Care at DVHA

CONVENE: Christine Ryan, RN, Clinical Operations Unit, convened the meeting at 6:36 p.m.

1.0 Introductions and Acknowledgments

Christine Ryan welcomed all to the meeting, and introduced two newcomers: Dr. Kate McIntosh, a newly appointed Board member for CURB, who is the former Chair of Pediatrics at Porter Medical Center, and formerly with BlueCross BlueShield of Vermont, and is now Vice President and Chief Medical Officer for Health New England, a payer provider in Springfield, MA; and Robin Strader, Administrative Services Director at DVHA, who will take over minutes transcription for CURB. Christine Ryan noted that there would be two additional speakers on tonight's agenda: Erin Carmichael, DVHA Director of Quality Management, and Patrick Rooney, new DVHA CFO. She then asked all Board members, DVHA staff, and guests to introduce themselves on the call.

Christine Ryan noted that DVHA had hoped to introduce Dr. Julia Logan as the newly hired DVHA Medical Director at this meeting, but due to issues around locating suitable housing, Dr. Logan reluctantly made the decision to withdraw from consideration. The position has now been re-posted.

2.0 Review and Approval of March 16, 2022 Minutes

Minutes of the March 16, 2022 meeting were reviewed. Dr. Connolly asked if all dental care, which was listed as a critical expenditure last year, was in one bucket, or if it was broken into separate line items. DVHA confirmed that dental care reporting included all dental services. Dr. Rapaport moved approval of the minutes; the motion was seconded. Motion carried, with Dr. Berry abstaining, as she did not attend the March meeting.

3.0 Old Business

Remote Patient Monitoring Expansion/Legislative Update – Andrea DeLaBruere, Commissioner, and Christine Ryan, RN, Clinical Operations Unit

Commissioner DeLaBruere provided a brief overview and background on the expansion of Remote Patient Monitoring (RPM), which required DVHA, under Act 153 from the 2014 legislative session, to cover home telemonitoring services for congestive heart failure. DVHA originally opted not to include other diagnoses. DVHA is planning additional amendments to the original rule at this time, which will make the following changes: (1) Add audio-only under the Telehealth umbrella of service delivery methods; (2) Change the term “telemonitoring” to the more common “remote patient monitoring”; and (3) At CURB’s recommendation, expand conditions for RPM to include diabetes and hypertension. The amended rule will be implemented in early CY2023.

The Commissioner noted that the Legislature adjourned this historic and very difficult biennium session on May 13. During the session, DVHA tracked 10 bills. The Legislature ultimately passed an \$8 billion dollar budget, which is now awaiting the Governor’s signature. A veto session is not anticipated.

Commissioner DeLaBruere commented that more than 50 legislators have opted not to run for re-election, which promises a very different session next year.

Bills of interest:

H.266 – Hearing Aid Coverage. This bill does not affect Medicaid, since we already provide coverage. The bill takes effect in 2024 and will bring payers into alignment.

H.655 – Telehealth Licensure. While the bill has no fiscal impact on DVHA, it does provide flexibility for out-of-state providers who do not want to pursue full Vermont licensure, but wish to serve a limited number of patients in Vermont. The Office of Professional Regulation (OPR) will offer 3 options for licensing: (1) Telehealth registration; (2) Telehealth license; and (3) Traditional Vermont licensure. DVHA supports all three options.

In response to a Member question as to whether the Telehealth license would apply to someone who needed mental health/eating disorders/nutritionist treatment out-of-state as well, Commissioner DeLaBruere responded that out-of-state mental health providers can obtain telehealth registration or

licensure, but nutritionists cannot do so. Telehealth registration allows 10 unique members within a 120-day period. Telehealth licensure allows up to 20 unique members within a 2-year period.

With regard to follow-up questions on telehealth licensing costs and whether the license would allow providers to care for non-Medicaid state residents, the Commissioner commented that if insurers cover telehealth, this will apply, as it is regulated by the OPR.

Link to licensing bill:

[H-0655 As amended after 2nd reading by the House Official.pdf \(vermont.gov\)](#)

Utilization and Budget Follow-Up – Patrick Rooney, DVHA Chief Financial Officer

Patrick Rooney was introduced as the new Chief Financial Officer for DVHA, recently arrived following the departure of former CFO, Steve Wisloski. Mr. Rooney noted that his presentation was designed to follow up on budget questions raised in the March 16th CURB meeting, with information taken from the State Fiscal Year (SFY)2021 Financial Balancing Report (FBR).

Discussion ensued regarding the \$30M budgeted toward GME (graduate medical education). Commissioner DeLaBruere stated that, through an ongoing intergovernmental transfer (IGT) of funds from UVM, Vermont has drawn matching federal Medicaid revenues targeted to the UVMHN at no additional cost to the State's general budget. She also noted that the State is currently negotiating with CMS for a new 1115 Waiver, and there is no guarantee that this agreement will continue.

Dr. Riss provided a link for more information explaining in depth how medical residents are paid:

[How Residents Are Paid – The Hospital Medical Director](#)

CURB Members reviewed the budget slides in detail with CFO Rooney and DVHA staff. Lengthy discussion ensued around several issues:

- Inpatient vs Outpatient – the single largest line item, which includes ACO capitation (OneCare VT) Do they still cost us more than they save us? This year, they received a payment of \$15M from the State. And – if 80% of Medicaid patients are ACO capitation, why are just 19% of the dollars going to those patients? This category is identified as confusing to Board Members.
- Adults vs Children – the largest component of the budget goes to adult services. CURB Members requested more information on services provided.
- Pharmacy vs Non-pharmacy – A deeper dive into this information was requested by the CURB; not enough detail was provided on the slide (see Slide #7). If Pharmacy is the biggest budget expenditure, it would be helpful to have a further breakdown of the category. Are inpatient medications costing more than other services provided in a hospital setting?
- Residents vs Non Residents - Enrollment requires a VT address. The DVHA Special investigations Unit looks at suspect cases. Enrollment remained in place throughout the Public Health Emergency (PHE). Expanded/inflated enrollment does not include out-of-state enrollees at higher numbers than during a non-PHE time. Questions were raised as to whether an enrollee was required to live in-state, or if having a Vermont mailbox or dropbox was sufficient. Additional information was requested on this subject.
- Designated Agencies (DAs) – less than 1% of DVHA's total budget. The vast majority of the DA budget is under the Department of Mental Health. Negative expenses are recorded, since cash

basis accounting is utilized. Board Member noted that the CURB was interested in a general sense of where the money was going, and how Members could be of help.

Commissioner DeLaBruere stated that the questions raised regarding the budget presentation would be further researched by staff and brought back for further discussion with CURB at the July meeting.

H.728 An Act Relating to Opioid Overdose Response Services – Dr. Nels Kloster, Board Member

Dr. Kloster, who had provided testimony on H.728 during the legislative session, offered an overview to the CURB on the final passed Bill. He noted that some sections of the Bill had given him and other providers concerns, particularly the sections about Prior Authorizations (PAs), formulation choices, and higher dosages of medication-assisted treatment. He and the other medical directors testifying raised concerns from a public health perspective around diversion, initiation into opioid use, and the need to keep protections in place.

Dr. Kloster noted that the final passed Bill removed the requirement for Prior Authorizations, and will cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid's preferred drug list, upon approval by the Drug Utilization Review Board (DURB). The Bill also requires DVHA to research and submit its findings to the DURB and to the CURB for review and recommendations around quantity limits and preferred medications, the feasibility and costs for adding mono-buprenorphine products as preferred medications, and an annual report to the Legislature on Prior Authorization processes for medication-assisted treatment in Vermont's Medicaid program.

Review of CURB Workplan – Christine Ryan, RN, Clinical Operations Unit

Christine Ryan reviewed the topics up for discussion on upcoming CURB agendas as part of the annual CURB workplan for the remainder of 2022. In July, the Board will have telehealth review and clinical guidelines work to do; in September, the topics are Medicaid continuous coverage and DVHA/ACO quality measures and alignment; and November will wrap the year with the year-end review, imminent harm codes, and planning for 2023. These activities can be refined as needed.

4.0 New Business

CAHPS, Grievances, and QOC – Erin Carmichael and Christine Ryan, RN (CAHPS= *Consumer Assessment of Healthcare Providers & Systems*)

As a Medicaid managed care plan, DVHA is required to assess customer satisfaction and follow formal grievance processes. As Director of Quality Management, Erin Carmichael is responsible for coordinating an annual experience of care survey (CAHPS survey) for both adults and children. The DVHA Compliance Director is responsible for monitoring our grievance process. The CAHPS and grievance reports are presented annually to the DVHA Quality Committee for analysis, which she chairs.

The Agency of Human Services has adopted a performance management scorecard to display our results. DVHA uses an NCQA-certified vendor to distribute the Medicaid health plan survey tool and to

summarize results. Overall sample size for each of the Adult and Child surveys is 1,650. The 2021 response rates were 19.9% for Adults and 15.9% for Child Surveys. These numbers used to be closer to 30%.

Board Members questioned whether this sample size was returning a valid, clinically significant response. Erin replied that the response is considered acceptable and typical, according to NCQA standards as interpreted by our vendor. DVHA is researching other survey sponsors since the vendor contract is renewable annually.

Erin Carmichael reviewed the Dashboard results for the Board, noting that DVHA scores high in all categories. Board Member commented that the responses received are reassuring, even if the response rate isn't high.

The CAHPS Adult survey has a subset of questions on smoking and tobacco use, which shows the lowest rate since tracking began in 2021.

New to the survey are questions on telemedicine; the highlight here is a slightly lower satisfaction rate in 2021 than in 2020 with specialists and PCPs, particularly dissatisfaction with accessing appointments for mental health care (adults).

Erin Carmichael reported that the DVHA Compliance Director is in charge of responding to grievances. DVHA does not receive a large volume of grievances. DVHA meets on a quarterly basis with the Health Care Advocate to see what their high call volume topics are. Concerns have been expressed regarding program eligibility, access to care, prescriptions, providers, billing practices, consumer education, dental services, and transportation.

Resources for more information for the CURB from Erin Carmichael's presentation:

Quality Resources on the DVHA website:

<https://dvha.vermont.gov/quality>

Link to the current DVHA Experience of Care Scorecard:

<https://app.resultsscorecard.com/Scorecard/Embed/10292>

Quality of Care Presentation – Christine Ryan, RN

Christine Ryan reported that the Quality of Care (QOC) process at DVHA was designed to address any concerns with the delivery of health care services to Vermont Medicaid members, to ensure a standard of care, and to evaluate and address the concerns experienced. She noted that the care concerns could be identified either internally or externally to DVHA.

Concerns could be rated on a “Determination” Level from Zero to Three (0 – 3), where Level 0 indicates no confirmed concerns and Level 3 indicates a confirmed Quality of Care problem with significant adverse effect on the patient.

Genetic Testing – Christine Ryan, RN

DVHA has been reviewing prior authorization processes, utilization management efforts and criteria. Staff are planning a closer look at the topic of genetic testing, and would like to receive recommendations from the CURB to DVHA regarding:

What utilization data specifications would the CURB recommend to DVHA for investigation of code coverage and criteria, specific to genetic tests?

Board Members expressed Interest in repeat genetic testing, along with a breakdown of the costs involved, as well as in prenatal and CF genetic testing, the efficacy of medications in the mental health world/genetic testing, and in mutation testing (compliance in taking B12 and folate among general anxiety, panic disorder and chronic fatigue patients).

The following questions were raised:

- How will this information be used?
- Who is ordering the genetic tests? (Member would like to see that breakdown as well).

Public Comment

None

5.0 Closing

Board Comments

Dr. Riss mentioned that putting together single contracts with Medicaid, dealing with eating disorder issues, is difficult to coordinate in Vermont. She suggested that banding together with other small states to create a single contract might work, and that being licensed to provide telehealth services with other states would be very helpful as well. DVHA Deputy Commissioner Sandi Hoffman responded that we currently have one provider, Walden, in this specialty. DVHA will follow up on the Member's suggestion.

Next Steps

Christine Ryan thanked the Members for their contributions, and noted that staff will follow up on questions raised during this meeting, and forward the links that Erin Carmichael mentioned during her presentation.

Adjournment – The CURB meeting was adjourned at 8:47 p.m.

Next Meeting

Wednesday, July 20, 2022

Time: 6:30 PM - 8:30 PM

Location: Microsoft Teams or Waterbury State Office Complex