

**Clinical Utilization Review Board (CURB)  
 Meeting Minutes for March 15, 2023**

**Board Members Present:**

X	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 Svcs. Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer	✓	Ella Shaffer DVHA Clinical Svcs. Team Admin. Services Staff
X	Andrea DeLaBruere DVHA Commissioner	✓	Erin Carmichael DVHA Director of Quality Improvement		
✓	Sandi Hoffman, LADC DVHA Deputy Commissioner	✓	Bill Clark DVHA Managed Care Compliance Director		

**Guests/Members of the Public: Margaret Haskins, Rachel Carpenter**

Topic	Presenter	Discussion	Action
Meeting Convened Introductions/ Acknowledgments	Sandi Hoffman, Deputy Commissioner	Sandi Hoffman convened the meeting at 6:38pm and noted that a quorum was not present. Members introduced themselves and quorum was met during this time.  Dr. Rapaport introduced Rachel Carpenter, a 3 <sup>rd</sup> year medical student interested in learning about the health care system.	
1. Meeting Minutes of November 16, 2022	Sandi Hoffman, Deputy Commissioner	<b>Motion:</b> To approve the January meeting minutes as presented. All approved.	<b>Motion: To approve the January minutes as presented Abstain: Approved: All</b>
2. New Business: PHE Updates	Michael Rapaport, MD	Dr. Rapaport began the meeting with updates for the end of the PHE. Reviews will begin in April and the first batch of disenrollment will be in June. DVHA expects the process to roll over the next 12 – 18 months.  Conversation turned to population numbers. It was estimated that about 8-10% (about 20,000 out of currently 210,000 members) will be disenrolled. Temporary employees will be hired to assist with eligibility reviews.	
3. Follow-Ups: Old Business	Christine Ryan, RN	Christine Ryan provided follow-ups on old business. Follow-up materials were sent out in late January from the last meeting. She noted that additional eating disorder treatment data would be sent in follow up.	
4. Risk Assessment Workgroup	Erin Carmichael & Bill Clark	Sandi Hoffman introduced the Risk Assessment Workgroup presenters, Erin Carmichael, DVHA Director of Quality Improvement and Bill Clark, DVHA Managed Care Compliance Director.  Bill presented that the Vermont Medicaid Comprehensive Risk Assessment Initiative focuses on the requirements of federal law, the Global Commitment to Health waiver with CMS, and an Intra-Governmental Agreement with AHS. The idea behind the project is to ensure DVHA stay addresses the findings of the last External Quality Review Organization (EQRO) audit in 2019, and at the same time ahead of and prepare for the 2023 Audit. This is being done by preparing and conducting an internal audit using many of the same standards that ERQO uses.	

		<p>Bill described his team’s goals as: understanding and prioritizing risks while developing improvement plans as deficiencies are discovered. He noted that DVHA is in a complex position due to its sister departments’ involvement. Erin noted that they’ve reviewed 50% of the standards DVHA must follow, to date.</p> <p>Bill highlighted two of his team’s recommendations for improvement:</p> <ol style="list-style-type: none"> <li>1. Sister departments should develop their own performance measures to provide improved feedback, and</li> <li>2. DVHA should engage in monitoring activities in the field. Erin explained that AHS contracts with an external review organization to perform an audit of these standards annually.</li> </ol> <p>Top priorities for the team in 2023 were noted. They want to prepare for the 2023 audit by addressing 2019 findings. They plan to go back to past year corrective actions and ensure that they are built into the tracking systems appropriately. Conversation turned to the audit cycle. It was explained that each year of the 3-year cycle contains a portion of the standards.</p>	
<p>5. Service Utilization Review – Top 25 High Cost, High Volume</p>	<p>Michael Rapaport, MD</p>	<p>Dr. Rapaport asked the board to consider what is relevant to the CURB in terms of utilization for review. He noted some limitations with systems in data gathering.</p> <p>The data for the presentation came from DVHA paid claims 2021-2022. To start the presentation, enrollment data was reviewed which showed an enrollment increase from 170,000 to 205,000 members between 2019 and 2022. Dr. Rapaport noted that DVHA does not know if or how much of the 35,000-member increase will be ineligible for coverage with the end of the PHE. A question was asked about the rising trend pre-PHE. It was noted that this pattern of increasing enrollment was not the same before because eligibility reviews occurred regularly and were on hold during the PHE.</p> <p>Sandi did note that DVHA saw an 11% increase in enrollment in 2015 due to significant changes in policies, and since then enrollment has held steady until the PHE when it increased again.</p>	<p><b>Motion:</b>  <b>Second:</b>  <b>Abstain:</b>  <b>Approved:</b></p>

		<p>CPT and HCPCS codes included in the data were limited to professional and dental services. The first data identified the highest cost services for non-inpatient and non-dental categories. Dr. Rapaport explained that this year psychotherapy services and outpatient office visit were each bundled into their own buckets, rather appearing as separate categories based on the durations of the encounters. While there were no changes in the top 5 highest cost services compared with last year, the re-grouping showed that physical therapy, new patient office visits, preventative office visits, skilled nursing services, and ED services were in the top 10 drivers of cost.</p> <p>Dr. Rapaport asked the board what utilization data they felt would be worth looking into and shared that for example he believed it may be worth looking at Emergency Department data in the future to identify inappropriate utilization of EDs as a directly impactable driver of cost.</p> <p>The discussion shifted to transportation services. During the PHE, transportation was funded through special COVID-19 federal funding. The cost has since gone back to pre-PHE levels. Dr. McIntosh advised DVHA to examine commercial transport costs for price gouging. DVHA has had trouble finding ambulance services for out of state transport in the past. It was suggested that DVHA may contact their reinsurer for better rates.</p> <p>Dr. Rapaport next reviewed highest utilization services by volume, stating that psychotherapy was the highest.</p> <p>It was noted that vaccine service volumes were up and that's a good thing. It gives a sense of how many members are getting vaccinated.</p> <p>Dr. Riss observed a high ratio of cost to drug testing claims. Dr. McIntosh suggested that if DVHA is doing enough testing, it may be worth bringing testing in-house to control the cost margin.</p> <p>Dr. Rapaport continued, noting that the HUBs are dispensing less suboxone and claims have gone down. Additionally, there are claims from pharmacy that are not captured here.</p> <p>Dr. Kloster remarked about the number 11 spot, Buprenorphine/Naloxone</p>	
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		<p>push to make CAR T therapy services outpatient to reduce the costs of facility fees. Dr. McIntosh asked if we could get data in cost per member per month (PMPM) and Dr. Rapaport agreed that would be an excellent way of looking at cost trends over time.</p> <p>Dr. Rapaport that the data from the stays totaling \$300K or greater were not for services that may have been avoidable or delivered more cost efficiently and he identified that it may be more impactful to look at hospital readmissions and the most frequently occurring diagnoses. Next year he would like DVHA to provide a report looking at the diagnoses the most frequently triggered admissions, as well as repeat admissions, and cost associated with admissions.</p> <p>The board touched on VisualDX, a vendor with a web-based tool that might aid in confirming diagnoses. Dr. Rapaport noted little uptake of this tool so far, but said the data shows good results at reducing admissions. Dr. Siket shared that it was not as ubiquitous as other online tools in the ER, in his experience.</p> <p>DVHA staff asked the board what inpatient utilization metrics they thought would be important to look at in the future. Dr. Riss said that pediatric vs adult breakdown of the data would be useful.</p> <p>Conversation turned to DVHA's ability to impact the high-cost category. Dr. Rapaport proposed lumping claims together to allow DVHA to share diagnoses in the future while maintaining confidentiality and safe harbor rule. Sandi proposed that DVHA look into this data further and report back to the board at a later date.</p> <p>The Board discussed presentation of inpatient stay data and whether mental health inpatient stay data should be included with physical health inpatient stays. Dr. Riss supported the idea to look at physical and mental health as separate buckets.</p> <p>Dr. Horan asked for clarification around cost of out-of-state and access issues surrounding typically out-of-state procedures. Dr. Rapaport reviewed the recent change to align prior authorization requirements for out-of-state office visits services for all Medicaid members regardless of</p>	
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6. Public Comment		Sandi opened the floor for public comments at 8:01 pm. None were offered.	
7. Closing	<p>Board Comments</p> <p>Next Steps</p>	Dr. Rapaport thanked Rachel for coming.	
Adjournment		The meeting was adjourned at 8:03pm.	

**Next Meeting:**

**Date: Wednesday, May 17, 2023**

**Time: 6:30-8:00 pm**

**Via Microsoft Teams**