

**Clinical Utilization Review Board (CURB)
 Meeting Minutes for January 18, 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	✓	John Matthew, MD	✓	Matthew Siket, MD

DVHA Staff Present:

✓	Christine Ryan, RN DVHA Clinical Svcs. Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer	✓	Taylor Robichaud, PharmD DVHA Clinical Pharmacist
X	Andrea DeLaBruere DVHA Commissioner	✓	Danielle Bragg, LICSW DVHA Manager of Clinical Integrity Unit	✓	Ella Shaffer DVHA Clinical Svcs. Team Admin. Services Staff
✓	Sandi Hoffman, LADC DVHA Deputy Commissioner	✓	Lisa Hurteau, PharmD DVHA Director of Pharmacy	✓	Robin Strader DVHA Admin. Services Dir.

Guests/Members of the Public:

Margaret Haskins, Provider Representative, Gainwell Technologies

Topic	Presenter	Discussion	Action
Meeting Convened Introductions/ Acknowledgments	Sandi Hoffman, Deputy Commissioner	Sandi Hoffman, DVHA Deputy Commissioner, convened the meeting at 6:36 pm. She welcomed everyone and invited all members to provide a brief introduction. She noted that Dr. Colleen Horan has now joined the CURB as an official member of the Board, and added that due to a meeting conflict, Dr. Siket would join the CURB in progress tonight.	
	Christine Ryan, RN	Following Sandi's introduction of all DVHA staff members attending, Christine Ryan, RN, DVHA Clinical Services Team, introduced Ella Shaffer, the new	

		Administrative Services member of the Clinical Services team, who will be taking over responsibility for board minutes going forward, following the upcoming retirement of Robin Strader.	
1. Meeting Minutes of November 16, 2022	Christine Ryan, RN	<p>Motion: To approve the November meeting minutes as presented</p> <p>With the exception of Dr. Matthew and Dr. Riss, who were not present at the November meeting, all in attendance approved the minutes (Drs. Berry, Connolly, Green, Kloster, and McIntosh.)</p>	<p>Motion: To approve the November minutes as presented Abstain: Drs. Riss, Matthew Approved: ALL -----</p>
2. New Business: PHE Updates	Christine Ryan, RN	<p>Christine Ryan provided the Board with updated details on the Public Health Emergency (PHE) unwind, Medicaid continuous coverage work, and the redetermination process, which will begin in the spring of 2023. DVHA will utilize data and outreach to current members to determine their eligibility for continuing coverage over the next 12 months, using different modalities. She offered to include the unwind plan and redetermination process details when the draft minutes are sent out to CURB members.</p> <p>Dr. Rapaport commented that this process will be a slow unwind. There are currently 220,000 members affected.</p> <p>Christine Ryan asked the Board whether the PHE unwind/Medicaid continuous coverage work was a topic of ongoing interest. Would the CURB like to be kept informed of developments as they are contemplated or occur?</p> <p>Dr. Matthew indicated that he would like to know if those affected by the PHE unwind will be directed to the health exchange to explore their options. Dr. Rapaport replied in the affirmative; the available options will be discussed with those affected.</p> <p>Dr. Berry suggested the PHE unwind as a CURB agenda item going forward, although she did not feel that extensive detail would be needed. Dr. Matthew added that it would be good to be aware of its impact on DVHA.</p> <p>Christine Ryan added that the annual CURB legislative report will be sent following this meeting to keep CURB members informed.</p>	

<p>3. Follow-Ups: Old Business - CURB Recommendations submitted from 2022</p>	<p>Christine Ryan, RN</p>	<p>Following up on Old Business, Christine Ryan presented a summary of the Prior Authorization (PA) recommendations presented to CURB during 2022:</p> <ul style="list-style-type: none"> • Increase the limit of psychotherapy services from 24 sessions to 260 sessions per calendar year, prior to the requirement of prior authorization (PA) • Allow non-invasive prenatal testing (NIPT) screening for all pregnant members, regardless of age or baseline risk by aligning and expanding criteria coverage • Approval of the addition of 7 codes to the current Imminent Harm Codes list (2 surgical codes, 2 speech generating device codes, 3 wheelchair codes) • Adoption of position statement for PA changes specific to hysterectomy services for gender dysphoria-related diagnoses that: <ul style="list-style-type: none"> ○ Removes the PA for hysterectomy requests for members 18 years of age or older with GD-related diagnoses ○ Requires prior authorization for hysterectomy requests for members less than 18 years of age with gender dysphoria-related diagnoses <p>All of these recommendations were included in the CURB legislative annual report for 2022.</p>	
<p>4. CURB 2023 Workplan</p>	<p>Sandi Hoffman, Deputy Commissioner</p>	<p>Sandi Hoffman reviewed the 2023 CURB Workplan with the Board, beginning by noting a few changes over the past several months affecting the Board: Dr. Rapaport joined DVHA as Chief Medical Officer and Christine Ryan now has responsibility over all of the clinical units. Sandi will facilitate the CURB meetings to help streamline the agendas going forward, and a template has been developed for all PowerPoint presentations. Each presentation will focus on “What is the Ask?” of the Board, to keep the materials relevant and on point.</p> <p>In response to the question of how far in advance would Board members prefer to receive materials before each meeting, the general consensus was that one week was sufficient (Drs. Berry, Green, Horan, Kloster, Riss). Dr. Connolly expressed a preference for 7-10 days to allow extra time to read and prepare for the meetings. Sandi suggested reevaluating the</p>	

		<p>timeframe in a few months.</p> <p><i>* Dr. Siket joined the meeting at 7:00 p.m.*</i></p> <p>Sandi Hoffman reviewed the duties and responsibilities assigned to CURB members, as well as the duties and responsibilities that fall to DVHA staff under the Workplan. The CURB Annual Report will be sent out soon to all CURB members; it is due to the Legislature annually by January 15th.</p> <p>Dr. McIntosh inquired whether the CURB would be kept informed over the next few years of all progress related to the CMS Interoperability Rules? Both Sandi and Christine responded in the affirmative.</p> <p>Sandi noted that the CURB Workplan would be sent out to Board members following this meeting. She then reviewed topics planned for upcoming meetings to be held throughout 2023:</p> <ul style="list-style-type: none"> • March: Top 25 Utilization; High \$\$ Claims presentation; PA Workgroup presentation • May: Dental Cap Utilization; PA Workgroup; PHE-Waived Services • July: Budget PowerPoint; Legislative Report • September: ACO; Clinical Guidelines; Grievances, Appeals, and Exceptions • November: Review of topics from the year, Imminent Harm Codes, Quality of Care report, Telehealth, Mental Health Outpatient PowerPoint <p>Following a request from Dr. McIntosh, Sandi offered to include a PowerPoint presentation on Medical Pharmacy from Lisa Hurteau, Director of Pharmacy, on the March CURB agenda.</p>	
<p>5. Expansion of Eating Disorder Treatment for Members</p>	<p>Danielle Bragg, LICSW</p>	<p>Sandi Hoffman introduced Danielle Bragg, Manager of Clinical Integrity Unit, to discuss the removal of the age restriction for residential eating disorder treatment.</p> <p>Danielle described a “Residential treatment facility” as nonhospital-based and providing voluntary, non-acute, short-term, 24-hour, individualized interdisciplinary treatment to a group of individuals.</p>	<p>Motion: Dr. Berry Second: Dr. Riss Abstain: --- Approved: ALL</p>

		<p>Why the Ask?</p> <p>Once a member turns 21 years old, they are no longer eligible for residential eating disorder treatment. While under the age of 21, residential treatment is a benefit available through Early & Periodic Screening, Diagnostic & Treatment (EPSDT), which is the child health component of Medicaid. Currently, there are two residential eating disorder treatment providers enrolled with Vermont Medicaid – Walden Behavioral Health and Cambridge Eating Disorder Center.</p> <p>Danielle noted that DVHA issued 2 denials for residential level of care for adults in SFY22. The denials were issued as they did not meet the clinical criteria for admission, and there had been no history of access or engagement in lower levels of care (PHP or IOP).</p> <p>Professional Society recommendations are twofold:</p> <ul style="list-style-type: none">• Residential treatments are often recommended for adult patients, especially those with anorexia nervosa who do not respond to less intensive outpatient treatments or who have an eating disorder that cannot be safely managed in an outpatient setting; and• Residential treatment for eating disorders is effective at the group level, and effective for the majority of individuals within the group. <p>Stakeholder comments on the residential treatment program were garnered from the multi-disciplinary team assigned by the Legislature to address eating disorder treatment in Vermont (Danielle Bragg was a participant on this team). The team endorsed the alignment of Vermont Medicaid with other payors (BlueCross BlueShield) to allow for members over the age of 20 years to access residential eating disorder treatment.</p> <p>Danielle noted that other State Medicaid programs cover residential mental health treatment in their State Plan via the rehab benefit; also, some States cover residential mental health treatment for adults in their State Plan, which could include treatment for eating disorders.</p> <p>She also pointed out that BlueCross BlueShield of Vermont, MVP Health Care, and Cigna do not have limits or exclusions for residential level of care.</p>	
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		opportunities for other treatment prior to sending patients into residential eating disorder treatment.	
6. Report on MAT Pre-Authorization as Requested by Legislature	Lisa Hurteau, PharmD Taylor Robichaud, PharmD	<p>Lisa Hurteau, DVHA Director of Pharmacy, was introduced to review Legislative Bill H. 728 (An Act related to opioid use disorder treatment and recovery), which passed both the House and Senate, but was ultimately vetoed by Governor Scott.</p> <p>Section 4 of Bill H.728 states: “The Department of Vermont Health Access shall research the following, in consultation with individuals representing diverse professional perspectives, and submit its findings related to prior authorization (PA) for medication-assisted treatment (MAT) to the Drug Utilization Review Board and Clinical Utilization Review Board for review, consideration and recommendations.”</p> <p>Lisa Hurteau then introduced DVHA Clinical Pharmacist Taylor Robichaud to discuss the particular issues in H.728. Taylor outlined the following specific issues reviewed in the bill:</p> <ul style="list-style-type: none"> • Quantity limits for preferred product • Feasibility for adding mono-buprenorphine products as preferred • How other states’ Medicaid programs address medication-assisted treatment (MAT) • Feasibility of removing annual renewal of prior authorizations (PA) • Feasibility of creating parity between hub-and-spoke providers • Feasibility of creating an automatic emergency 72-hour pharmacy override default <p>Taylor Robichaud reviewed how other states’ Medicaid programs address Prior Authorizations, including the 60-day deferral of PA (Oregon’s Medicaid program). Vermont has enacted a Hub-and-Spoke model not seen in other states; this model differentiates Vermont MAT from other states. This deferred prior authorization would not meet the terms of manufacturer rebate agreements. Vermont Medicaid would not be able to accept or negotiate supplemental manufacturer rebate agreements. An analysis of cost estimate involved would be an increased spend of \$15 million.</p> <p>Regarding the feasibility of creating parity between Hub-and-Spoke</p>	

		<p>providers and MAT quantity limits, Taylor pointed out that Hubs provide specialized treatment for MAT in a complex population; have a greater amount of regulation and monitoring through federal and state levels to account for increased responsibility; and Hub providers may use up to 24 mg of the combination buprenorphine product with a PA. For Spokes (or office-based opioid treatment (OBOT) settings, doses over 16 mg require a PA.</p> <p>Due to current system configurations, it is not feasible at this time to create an automatic emergency 72-hour pharmacy override default. The system is meant to be at the pharmacist’s professional discretion, as opposed to an automated system.</p> <p>The Drug Utilization Review Board (DURB) voted in December 2022 to adopt a Safety and Compliance Checklist to support the evaluation of requests over 16 mg in the setting of opioid use disorder (OUD), pregnancy in the setting of OUD, and for requests with a dual diagnosis of pain and OUD. The form was developed using the Vermont MAT rule as a guide – monitoring for diversion protocols and guideline-recommended dosing options.</p> <p>Sandi Hoffman commented that, in his communication to the House last June regarding his veto of the bill, the Governor said the following: <i>“I am returning H.728...without my signature because it directs my Administration to design a plan for the implementation of one or more overdose prevention sites (also known as “safe injection sites”). From my standpoint, it seems counterintuitive to divert resources from proven harm reduction strategies to plan injection sites without clear data on the effectiveness of this approach.”</i></p> <p>Sandi encouraged the Board members to share any feedback they might have on this research with DVHA staff. Christine Ryan suggested that any feedback on the research could be sent to her directly.</p> <p>Dr. Riss observed the importance of keeping the pregnant population under treatment.</p> <p>Dr. Matthew praised the DVHA team’s excellent work, and agreed that</p>	
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7. Public Comment		None offered.	
8. Closing	<p>Board Comments</p> <p>Next Steps</p>	<p>None offered.</p> <p>Sandi Hoffman reminded the Board that the CURB Workplan for 2023 and the annual Legislative Report would be sent to them via email in the near future, and expressed her thanks to all for a robust and collaborative meeting.</p>	
Adjournment		The meeting was adjourned at 8:15 p.m.	

Next Meeting:

Date: Wednesday, March 15, 2023

Time: 6:30-8:00 pm

Via Microsoft Teams