VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
Meeting Minutes for July 20, 2022

Board Members Present:

✓	**Zail Berry, MD**	✓	**Nels Kloster, MD**	✓	**Michael Rapaport, MD**
✓	**Thomas Connolly, DMD**	✓	**John Matthew, MD**	✓	**Valerie Riss, MD**
✓	**Joshua Green, ND**	X	**Kate McIntosh, MD**		

DVHA Staff Present:

✓	**Christine Ryan, RN**	✓	**Robin Strader, Adm. Svc. Dir.**		
✓	**Sandi Hoffman, Deputy Cmsr**	✓	**Danielle Bragg, LICSW**		
X	**Andrea DeLaBruere, Cmsr**	✓	**Dani Fuoco, DVHA Health Care Asst. Administrator II**		

Guests/Members of the Public in attendance:

Margaret Haskins, Provider Representative, Gainwell Technologies
Natalia Neaga, Quality & Service Leader, Gainwell Technologies

Topic	Presenter	Discussion	Action
Meeting Convened Introductions/ Acknowledgments	Christine Ryan, RN	Christine Ryan, RN, DVHA Clinical Services Team, convened the meeting at 6:36 p.m. She noted that she and Deputy Commissioner Sandi Hoffman would co-lead the meeting in the absence of Commissioner Andrea DeLaBruere. She invited Board Members to introduce themselves, and to also indicate whether they voted to approve the May meeting minutes.	
1. Meeting Minutes of May 18, 2022	Christine Ryan, RN	**Motion**: Approve the May meeting minutes as presented *(Dr. Matthew abstained, as he did not attend the May meeting).* Dr. Connolly inquired about the $30M directed toward GME in the DVHA budget – are those funds designated as such? Sandi Hoffman replied that this	**Motion: Dr. Green** **Second: Dr. Connolly** **Abstain: Dr. Matthew** **Approved**

		was a question for UVM. Dr. Connolly then asked whether DVHA has any way to direct those funds specifically to enhance care for our members? Sandi responded in the affirmative; DVHA works directly with UVMMC to select quality measures to evaluate patient care. Christine Ryan announced that DVHA will have a new Chief Medical Officer beginning in September: current CURB Member, Dr. Michael Rapaport. He will act primarily as an observer at tonight's meeting, instead of commenting as a Board Member; Dr. Rapaport noted that he is very excited to get started in his new role. The rest of the CURB Members expressed their great approval of Dr. Rapaport's selection, and congratulated him on his new position.	
2. Eating Disorder Data	Danielle Bragg, LICSW, Manager of DVHA Clinical Integrity Unit	Christine Ryan introduced Danielle Bragg, LICSW, who serves as the Manager of DVHA's Clinical Integrity Unit. She has been with DVHA for 8 years, and worked previously with the Designated Agencies. Danielle Bragg provided an overview of the Clinical Integrity Unit, which is staffed by 4 licensed Mental Health clinicians. The Unit is responsible for utilization management of behavioral health services, including Eating Disorder Treatment, and provides authorization decisions within one business day of receipt of the necessary clinical information required to complete a review. There are four levels of care for Eating Disorder Treatment: Inpatient for all ages (12 years and up); Residential (under 21 years); Partial Hospitalization Program (PHP) for all ages/virtual; and an Intensive Outpatient Program (IOP) for all ages/virtual. Trends in admissions and episodes of care show an increase in 2021 and 2022, which are attributable to the COVID-19 pandemic. There has been a slight increase in Inpatient care for Adults. A total of 46 unduplicated members were served between 2019-2022 (11 members were served in more than 1 year). Danielle Bragg noted that there is some recidivism in treatment; Dr. Riss commented that her experience shows that Intensive OP treatment will continue to stay high. Total claims submitted from SFY19-SFY22 are at $1.978M. We encourage providers to have rates on file; this allows for a more seamless transition for	

		claims submitted and payments to providers. Danielle noted that all currently enrolled providers are located out-of-state. The Cambridge Eating Disorders Center in MA is enrolled for Residential, PHP and IOP (but is not currently enrolled for virtual treatment). The Center for Change in Utah and Cumberland Hospital in Virginia are both Inpatient only (Cumberland has a general psych IP unit, but does offer Eating Disorders IP treatment). Walden Behavioral Health in MA serves 95% of our patients, and offers IP, Residential, PHP and IOP treatment. In terms of Unauthorized Services, DVHA has only issued 2 denials for the four levels of care; both were in SFY22, and the request was for Residential care. The need for this level of care was not demonstrated by the patient and did not meet clinical criteria. DVHA continues to outreach and enroll new providers; we are currently looking at centers in Kansas and Colorado for virtual care. Limits on medical nutrition therapy (MNT) services delivered by registered dieticians have been removed. Act 115 – Creation of Working Group on Services for Individuals with Eating Disorders: Danielle Bragg has been invited to participate in this legislative group to inventory existing services in Vermont and make recommendations for expanding services. VT Medicaid is exploring the removal of the age limit for Eating Disorder residential level of care treatment. Requesting feedback from CURB Members on this data, Dr. Riss commented that the focus on increasing virtual IOP treatment to keep patients out of the hospital would be a big step in the right direction. Dr. Rapaport asked whether we are just scratching the surface of those who need treatment? Dr. Riss responded that catching them at an earlier point would help – but right now, there's nowhere to send them. An adolescent medicine provider in MA would be helpful – early access to resources is crucial.	
3. Genetic Testing Data	Christine Ryan, RN	*Before moving on to the Genetic Testing Data discussion, Christine Ryan stated that two items originally slated for the CURB July Agenda would be*	

		moved to this Fall instead: the report on Telehealth data and the results of the Clinical Guidelines Survey. --- Christine Ryan noted that the Genetic Testing Data discussion on NIPT (noninvasive prenatal testing) was in follow-up to the brief review at the May meeting. Tonight's agenda is to review the code descriptions, current coverage criteria, and pricing. There are two CPT codes at issue: ***81420** – a screening test wherein a positive result requires confirmation by invasive testing. The code description is for fetal chromosomal aneuploidy, including analysis of chromosomes 13, 18, 21. The cost of the test is $759.05, and is currently covered for members with a singleton pregnancy after 10 weeks, and for any of the following criteria: maternal age 35 or older at delivery, has an increased risk of aneuploidy, or a history of previous pregnancy with trisomy. ***81507** – this test results in a risk score. The code description is for fetal aneuploidy (trisomy, 21, 18 and 13) and the test cost is $795.00. It has the same coverage criteria, except it is covered for pregnant women of <u>all</u> ages and for <u>twin</u> gestations. The request to CURB is to review the NIPT criteria for codes 81420 and 81507, and to consider aligning clinical coverage criteria and expanding coverage to allow testing regardless of maternal age and baseline risk. Should we cover code 81420 for all pregnant women, regardless of maternal age and baseline risk? Recommendations from many external stakeholders agree that "options should be discussed and offered to all pregnant patients regardless of maternal age or risk of chromosomal abnormality." These stakeholders include the American College of Obstetricians and Gynecologists (ACOG), other payers (Cigna, United Healthcare, Aetna, Anthem, Maryland Medicaid), and laboratories (Natera, LabCorp, Quest and Myriad). CURB Members discussed the potential fiscal impact of this change, which could significantly increase the number of tests ordered, if made available,	

		at an additional cost per test of $40. However, DVHA staff has researched denial rates and could not see a practice pattern. CURB Members agreed that the ACOG recommendation carried great weight and they were comfortable moving forward. Sandi Hoffman agreed that DVHA would look at the potential fiscal impact, run the financials, and report back to the Board. Staff will also speak with counterparts at BlueCross Blue Shield and with State of New York to understand how they have been impacted fiscally. DVHA will move forward to expand coverage for screenings as follows: • 81420 would be covered for all pregnant women with singleton pregnancies. • 81507 would be covered for all pregnant women with singleton or twin gestations.	NIPT: DVHA to monitor fiscal impact and conduct due diligence with BCBS and State of New York **81420** would be covered for all pregnant women with singleton pregnancies. **81507** would be covered for all pregnant women with singleton or twin gestations.
4. Hysterectomy Prior Authorization Requirements	Dani Fuoco, DVHA Health Care Asst Administrator II/ Christine Ryan, RN	Christine Ryan introduced presenter Dani Fuoco, who works in the Medicaid Policy Unit as a Health Care Assistant Administrator II. Together, they are currently at work on an administrative rule addressing gender dysphoria. Dani Fuoco offered an historical perspective on policy and Prior Authorization(PA) requirements affecting hysterectomies for Medicaid members, noting that in 2008, gender identity was formally recognized as a protected state in Vermont, and in 2019, it was finalized in an administrative rule. She noted that currently, PAs for hysterectomies are required. Currently, Christine Ryan stated that DVHA waives the PA requirement for hysterectomy procedures <u>EXCEPT</u> in the case of Gender Affirmation Surgery Diagnosis on the Imminent Harm Code list for all Medicaid members. For future consideration, DVHA is exploring the removal of the PA requirement for the hysterectomy procedure for all diagnoses by examining fiscal impact and ensuring equity and access for all VT Medicaid members.	

		Member inquired as to the criteria used for approving hysterectomies for gender affirmation surgery. Christine Ryan responded that the criteria are very specific and different; they are diagnosis-based (not based on pain, etc.) Sandi Hoffman added that a patient's mental health can be affected by the fact that they are unable to get a hysterectomy. Attached here is the link to the Health Care Administrative Rules Adopted Rule 4.238 for "Gender Affirmation Surgery for the Treatment of Gender Dysphoria": HCAR_4.238_Gender_Affirmation_Surgery_Adopted_Rule_New.pdf (vermont.gov) Dani Fuoco stated that all public comments received on the above-mentioned Rule were positive in nature; the consensus was that DVHA should remove the PA requirement for a hysterectomy procedure for gender dysphoria. **Motion**: Approve the waiver of the Prior Authorization requirement for Hysterectomy procedures in the treatment of Gender Dysphoria for all Vermont Medicaid members. Member suggested utilizing a "group" PA, instead of singling out hysterectomies; in other words, "bundling" the procedures requiring a PA. Sandi Hoffman replied that DVHA did not want to authorize procedures "across the board". Sandi recommended that Christine Ryan and Dani Fuoco draft proposed language concerning this change in PA requirements which could be shared with the public, and review at the CURB meeting in September if needed. The draft language will be sent to CURB members via email in advance. It was so agreed.	**Motion: Dr. Berry** **Second: Dr. Kloster** **Abstain: Dr.Rapaport, Dr. Riss** **Approved - PA requirement for hysterectomy for treatment of gender dysphoria waived.**
5. Public Comment		None	
6. Closing	Board Comments	Dr. Matthew is interested in knowing how many people are looking for hysterectomies, and how many were denied approval.	

	Next Steps	Sandi Hoffman will follow up by email to share proposed language for CURB Members to contemplate regarding the PA waiver for hysterectomy. Christine Ryan will follow up with a few Members on the Clinical Guidelines Survey. The next CURB meeting will be held on Wednesday, September 21, 2022.	
Adjournment		The meeting was adjourned at 8:13 p.m.	

Next Meeting:

Date: Wednesday, September 21, 2022
Time: 6:30-8:30 p.m.
Microsoft Teams or Waterbury State Office Complex