

**Clinical Utilization Review Board (CURB)
 Meeting Minutes for November 16, 2022**

Board Members Present:

✓	Zail Berry, MD	✓	Nels Kloster, MD	x	Valerie Riss, MD
✓	Thomas Connolly, DMD	x	John Matthew, MD	✓	Matthew Siket, MD
✓	Joshua Green, ND	x	Kate McIntosh, MD		

DVHA Staff Present:

✓	Christine Ryan, RN, DVHA Clinical Svcs. Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer		
x	Andrea DeLaBruere, DVHA Commissioner	✓	Robin Strader, DVHA Admin. Services Dir.		
x	Sandi Hoffman, LADC DVHA Deputy Commissioner	✓	Danielle Bragg, LICSW, DVHA Manager of Clinical Integrity Unit		

Guests/Members of the Public:

Colleen Horan, MD
 Margaret Haskins, Provider Representative, Gainwell Technologies

Topic	Presenter	Discussion	Action
Meeting Convened Introductions/ Acknowledgments	Christine Ryan, RN	Christine Ryan, RN, DVHA Clinical Services Team, convened the meeting at 6:33 pm. She invited all in attendance to introduce themselves and then asked Board members to indicate whether they had read and would vote to approve the September meeting minutes.	

		<p>Dr. Rapaport introduced Dr. Colleen Horan, and noted that while she was attending tonight as an invited guest and member of the public, she had been appointed by Governor Scott as the newest member of the Clinical Utilization Review Board, and would be attending in that capacity at future meetings.</p> <p>Dr. Horan provided a brief overview of her background, noting that she is a board-certified OB-GYN at Central Vermont Medical Center/UVM Health Network and looks forward to serving as a member of CURB.</p> <p>Christine Ryan reported that the Public Health Emergency (PHE) will be extended for another 90 days, beyond the expected mid-January expiration date, and DVHA staff are continuing to prepare for the eventual PHE unwind.</p>	
1. Meeting Minutes of September 21, 2022	Christine Ryan, RN	<p>Motion: To approve the September meeting minutes as presented</p> <p>With the exception of Dr. Berry and Dr. Kloster, who were not present at the September meeting, all in attendance approved the minutes.</p>	<p>Motion: Dr. Green Second: Dr. Connolly Abstain: Drs. Berry, Kloster Approved: All -----</p>
2. Mental Health Prior Authorization Proposal	Danielle Bragg, LICSW	<p>Christine Ryan introduced Danielle Bragg, LICSW, Manager of the DVHA Clinical Integrity Unit, to present a mental health proposal which would increase the allowable limit for individual psychotherapy sessions per year.</p> <p>Danielle Bragg informed the Board that, per the Vermont Medicaid General Billing and Forms Manual, prior authorizations (PAs) are required when claims for individual psychotherapy will exceed the annual limitation of 24 visits per calendar year. This limit applies to non-ACO attributed members only; there is no limit for ACO attributed members.</p> <p>Between January and October 2022, DVHA received 23 PA requests for individual psychotherapy. After clinical review and determination of medical necessity, all of these requests were authorized. The total number of sessions (visits) authorized thus far this year is 739. The DVHA Special Investigations Unit (SIU) reviewed claims data to determine if the limit of 24 sessions per calendar year existed in the Medicaid Management Information System (MMIS), and found that the limit is not in place. PAs</p>	<p>Motion to Approve Increasing the Limit of Individual Psychotherapy from 24 Sessions per Calendar Year (CY) to 260 Sessions per CY</p> <p>Motion: Dr. Berry Second: Dr. Kloster</p> <p>Motion Amendment to Increase Limit from 24 Sessions per CY to 206 per CY Motion: Dr. Green</p>

		<p>are not required to drive payment, and many providers were paid for more than 24 visits annually without a PA. Data was reviewed for 8,098 non-ACO attributed members and 11,065 ACO attributed members. Danielle Bragg also noted that BlueCross BlueShield of Vermont does not require a PA or put a limit on the number of sessions per calendar year.</p> <p>Following this review, DVHA proposes to CURB these recommendations:</p> <ul style="list-style-type: none"> • Align process and requirements for ACO and non-ACO attributed members • Align with other insurers (BCBS of Vermont) • Increase the limit from 24 sessions per calendar year to 260 sessions per year (1 session/day 5 days/week/ for 52 weeks/year) • Implementation date of January 1, 2023 <p>Danielle Bragg stated that making this change would reduce barriers to accessing treatment and allow for seamless continuity of treatment; it is clinically appropriate and medically necessary; likely to be cost-neutral, since members were already receiving more than 24 sessions without a PA in place; and it would decrease the administrative burden for members, providers and DVHA.</p> <p>Dr. Kloster observed that over 70% of the non-ACO members only used 24 sessions or less; by changing to 260 sessions, we would do away with the PA entirely. Christine Ryan responded that the SIU will track this going forward. Utilization data reports are set up to show what the trends are when we make changes. If concerns arise, or if it's not working, provider concerns and education can be addressed.</p> <p>Dr. Rapaport asked staff to verify that members utilizing a high number of psychotherapy visits had low hospitalization rates. Danielle Bragg replied that only 2 out of 43 non-ACO attributed members required hospitalization. Dr. Rapaport added that this shows that increased services decreases hospitalization. Dr. Berry stated that she strongly supported this change.</p> <p>Dr. Berry MOVED and Dr. Kloster SECONDED the MOTION to APPROVE the recommendations set forth above regarding increasing the limit for Individual Psychotherapy Sessions.</p> <p>Dr. Green expressed concern about what would be the best decision here:</p>	<p>Second: None Amendment Fails</p> <p>Original Motion: Approved Dr. Green - Opposed</p>
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<p>3. Follow-Ups: Old Business</p>	<p>Christine Ryan, RN Dr. Michael Rapaport</p>	<p>Christine Ryan revisited the CURB discussion from previous meetings on noninvasive prenatal testing (NIPT) and the number of times that the tests have been requested/approved/denied.</p> <p>Dr. Rapaport reviewed the coverage criteria for the CPT codes 81420 and 81507, and noted that we are now asking CURB to consider aligning coverage criteria and expanding coverage to allow testing regardless of maternal age and baseline risk. The American College of Obstetricians and Gynecologists (ACOG) recommends all options for all pregnant patients regardless of age or risk; other payers cover the costs associated with both codes; and labs designate CPT code #81420 for all testing (with the exception of one lab).</p> <p>In CY2019, for Code #81420, there were 40 approved PAs, 94 denied. In CY2020, 13 approved and 16 denied; and in CY 2021, 12 approved and 17 denied. The 3-year cost impact was \$96,399.</p> <p>For Code #81507, in CY2019, there were 2 approved PAs and 7 denied. In CY2020, 11 approved and 18 denied. In CY2021, 5 approved and 17 denied. The 3-year cost impact was \$31,800.</p>	<p>Motion to Approve ACOG Recommendation to offer NIPT Screening to all pregnant patients, regardless of maternal age or baseline risk</p> <p>Move: Dr. Siket Second: Dr. Green</p> <p>Motion Amendment to perform 2-year retrospective “look-back” at utilization of screening tests in 1-2 years</p> <p>Move: Dr. Berry Second: Dr. Green</p>

		<p>The Recommendation for CURB’s consideration is as follows:</p> <p>DVHA should consider expanding coverage for NIPT screenings regardless of maternal age and risk:</p> <ul style="list-style-type: none">• 81420 covered for all pregnant women with singleton pregnancies• 81507 covered for all pregnant women with singleton or twin gestations <p>Christine Ryan pointed out that DVHA is attempting to align the coverage criteria with maternal age and baseline risk. This question came to CURB in March 2022 because of the ACOG recommendation – and also due to the fact that only one lab processes some of these requests; it is hard to align with what other payors and states are doing.</p> <p>Dr. Green questioned the cost of a lifetime of care for a Medicaid patient with Down Syndrome. While DVHA does not have that information, Dr. Green went on to state that the additional cost for NIPT screening could potentially save the State money if the patient decided to terminate their DS pregnancy.</p> <p>Dr. Siket added that the fact that ACOG recommends this test, regardless of maternal age or baseline risk, could inform our decision. Dr. Rapaport observed that the provider should have a conversation with the patient regarding their risk based on the ACOG recommendation.</p> <p>Dr. Horan suggested asking the patient whether they would be interested in screening for chromosomal abnormalities, regardless of their age.</p> <p>Dr. Siket proposed a MOTION to recommend coverage expansion for NIPT testing in alignment with the ACOG recommendation:</p> <ul style="list-style-type: none">• Options should be discussed and offered to all pregnant patients regardless of maternal age or risk of chromosomal abnormality <p>Dr. Green SECONDED the MOTION.</p>	<p>Motion as Amended: All Approved</p>
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4. Imminent Harm Code Review	Christine Ryan, RN Dr. Michael Rapaport	<p>Christine Ryan presented the Annual Imminent Harm (IH) Code review for the CURB’s consideration.</p> <p>“Imminent Harm” is defined as a situation in which an action causes, or is likely to cause, serious injury, harm, impairment, or death to a beneficiary. It is not restricted to services that are committed, but can also apply to services that are omitted. The harm that results does not need to occur within a certain timeframe, but may occur on a pathway</p>	<p>Motion to Approve all 2023 Imminent Harm Code Additions</p> <p>Move: Dr. Berry Second: Dr. Siket Approved: All</p>

		<p>that can predictably and within reason result in harm to the member. The risk of IH can also be cumulative over time.</p> <p>The proposal to the CURB is designed to prevent IH of Vermont Medicaid beneficiaries by:</p> <ul style="list-style-type: none"> • Pre-provision review for services that can reasonably be anticipated to cause IH • Annual review of recommended codes by the DVHA Chief Medical Officer, Clinical Services Team and CURB, following thorough research by clinical experts <p>The IH codes are designed to cover the entire Medicaid population.</p> <p>The 2023 IH Code Addition Recommendations under Surgical Procedures are as follows:</p> <ul style="list-style-type: none"> • 22856 Total disc arthroplasty (artificial disc) • 22858 (Total disc arthroplasty artificial disc) <p>Prior Authorization is required.</p> <p>The 2023 IH Code Addition Recommendations under Durable Medical Equipment are as follows:</p> <p>Speech generating devices</p> <ul style="list-style-type: none"> • E2511 – speech generating software program • E2512 – accessory for speech generating device, mounting system <p>Wheelchairs</p> <ul style="list-style-type: none"> • K0800 – power operated vehicle • K0869 – power wheelchair • K0900 – customized DME, other than wheelchair <p>Prior Authorization required.</p>	
<p>5. Annual Telemedicine Data Report</p>	<p>Christine Ryan, RN Dr. Michael Rapaport</p>	<p>Dr. Rapaport and Christine Ryan presented the annual telemedicine data report to the CURB, noting that the Commissioner was looking for a recommendation from the Members regarding whether to continue to pay providers who offered Audio-only telehealth services at parity with those offering telemedicine or in-person visits.</p>	

		<p>The breakdown of services by delivery method shows that Vermont Medicaid provided telemedicine, voice only, and brief communication services by the following provider groups - PCP, specialist, behavioral health, physical therapist, and diabetes educator. The increase in telemedicine visits was substantial throughout the pandemic, particularly in 2020-2021; it has dropped from 127,510 voice-only visits in 2020-21 to 65,568 in 2021-2022.</p> <p>Dr. Rapaport noted that during the pandemic, telemedicine providers were paid on par with providers offering in-person visits. As the Public Health Emergency winds down, Commissioner DeLaBruere is interested in knowing whether audio-only is sufficient. Should we incentivize providers to see patients via telemedicine or in-person?</p> <p>Dr. Siket stated that we should continue to pay on parity for patients who do not have video options. Dr. Rapaport offered that we should support audio-only, but not necessarily on par with in-person or video. Dr. Berry agreed with Dr. Rapaport's statement.</p> <p>Dr. Kloster stated he was in favor of equity pay for audio visits, particularly for long-term stable patients.</p> <p>Dr. Green observed that patients in addiction recovery don't always have great Wi-Fi access; once you drop the pay, you decrease the doctor's ability to pay for the audio visits/administrative burden. He noted that he does not do many audio-only visits – mainly telemedicine or in-person – and he finds it helpful to see the patient's body language. He is concerned about access to care if there is a decrease in parity for audio-only. If you drop pay to 80-85%, it might not be worth it to the provider to continue.</p> <p>Christine Ryan noted that the data presented tonight will be refreshed again next year. Dr. Rapaport stated that he will present the CURB's opinion on this matter to the Commissioner. All opinions will be shared with her.</p>	
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6. Public Comment		None offered.	
7. Closing	Board Comments Next Steps	None offered. Christine Ryan mentioned that the next CURB meeting date will be Wednesday, January 18, 2023. Members should expect to receive an email soon with wrap-up for the year and a meeting invite for January, which will be sent from Christine, Dr. Rapaport, Katie Collette, and Sandi Hoffman. She extended a huge “thank you” to the Members for their participation tonight, and to Dr. Horan for joining the discussions.	
Adjournment		The meeting was adjourned at 8:52 p.m.	

Next Meeting:

Date: Wednesday, January 18, 2023

Time: 6:30-8:00 pm

Via Microsoft Teams