VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
Meeting Minutes for May 17, 2023

Board Members Present:

X	Zail Berry, MD	X	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	✓	Frank Puleo DVHA Dir. Special Investigations Unit	✓	Sawyer Joecks DVHA Special Investigations Unit Auditor
✓	Sandi Hoffman, LADC DVHA Deputy Commissioner				

Guests/Members of the Public: Timothy McSherry, Margaret Haskins

Topic	Presenter	Discussion	Action
Meeting Convened Introductions/ Acknowledgments	Sandi Hoffman	The meeting was convened at 6:37pm. Introductions were given. We were joined by a member of the public, Tim McSherry who identified himself as the Director, Regional & Government Accounts for Johnson & Johnson and reported he was interested in seeing what the meeting was like. The option was given to discuss a potential hybrid remote format for future CURB meetings. It was tabled for end of meeting, time pending.	
1. Meeting Minutes of March	Sandi Hoffman	**Motion**: To approve the March meeting minutes as presented. Two typos were identified in the March minutes. All board members approved the minutes pending resolution of typos.	**Motion: To approve the March minutes as presented** **Abstain: Berry, Horan, Matthew** **Approved: All**
2. Old Business: Suboxone utilization change	Dr. Rapaport	Following up on the March meeting, additional data was presented to explain an observed 50% decrease in 8mg suboxone utilization from 2021 to 2022. The explanation was presented as follows: 1. Jcode buprenorphine claims are submitted by Hubs (OTP's) and hospitals, and the significant majority come from Hubs 2. The reduction noted was consistent with the previously reported observational trend of reduced suboxone utilization in Hubs when Fentanyl into the state and supplanted heroin as the predominant street opiate. This observational trend was confirmed by the data team's finding that in 2019 the suboxone 8mg claims were 30% higher than in 2020. 3. The additional reduction was attributed to 2 other factors. First, a Suboxone Hub in southern Vermont closed in 2020. Second, There is lag and irregularity in claims submission among Hub providers. It was noted that Jcode utilization in general will be shifted to the pharmacy reports for the Drug Utilization Review Board (DURB) going forward.	
3. New Business: Special Investigation Unit – Fraud, Waste, and Abuse	Frank Puleo	Frank Puleo, Director of DVHA Special Investigations Unit (SIU) presented an overview of the unit's scope of work. Takeaways were as follows: • The SIU works to establish and maintain integrity within Medicaid by preventing, detecting, and investigating provider and beneficiary fraud, waste, and abuse (FWA). • Work to detect and prevent FWA ensures that funds are available	

		for the recipients that really need it. Frank provided an overview of processes used to identify and prevent fraud, waste, and abuse and issues commonly identified and investigated. Frank commented that tools and systems put into place to prevent FWA can help protect providers from unintentional mistakes that could get them in legal or financial trouble. He closed the presentation with instructions for reporting suspected fraud, waste, and abuse. A Board member asked about the volume of fraud cases the team sees in a year. Frank reported that the number is very small, less than 5% of cases seen. Frank noted that there are roughly 150 open matters currently, and maybe 4-5 a year are referred to MFRAU. Frank commented that last year, 3.5 tons of medication were returned during drug take back days in Vermont and that this is a kind of waste that he would like to find a way to address. CURB members agreed that this was an area worth looking into. SIU will provide updates related to their work at future CURB meetings.	
4. New Business: PHE Prior Auth Waived Services	Christine Ryan	Christine provided a presentation related to waived prior authorization (PA) requirements for services during the Federal Public Health Emergency (PHE). PA was waived effective March 2020 for dental, durable medical equipment (DME), and imaging services. Effective June 1, 2021, the PA requirement for imaging was eliminated altogether. DVHA developed a dataset to monitor costs and quantity of services for which PA was waived during the PHE. The measure includes both the volume and cost of paid claims. Slides followed that indicated the above data from 2019-2022, as well as the percentage of Medicaid recipients who exhaust their dental cap. Select dental codes – cone beam imaging, orthodontics, and miscellaneous codes – require PA again as of March 2023. The Board observed a notable drop in claim volumes in 2020 as dental offices closed for several months.	

		The Board noted the data did not show an increase in utilization in response to PA requirements waiver. One member advised DVHA to take caution when using this data as a trend or as guidelines going forward. There were many other variables in play related to the pandemic that mean this trend is an incomplete picture. Dr. McIntosh shared her personal experience seeing utilization and demand skyrocket in 2023 compared to prior years. She recommended DVHA reengage eviCore, the imaging vendor previously contracted by DVHA. DVHA reminded the board that the PA changes were a response to the Legislative requirement to evaluate PAs and remove them when possible. DVHA plans to continue to monitor utilization and adjust utilization management interventions based upon data analysis. Dr. Riss asked if all the PA Changes were reviewed by the CURB and this was confirmed that this did occur and the board recommended proceeding with the changes at the time they were presented. Discussion proceeded about dental cap numbers due to changes in eligibility as the Public Health Emergency (PHE) ends. DVHA is currently working through the eligibility process and expects this to impact volume. It was noted that there are several dental-related legislative bills this year as well, which may have additional impact. DVHA is working to produce reports in terms of per-1000 members and per-member-per-month (PMPM) costs to create uniform units of measure for trending. The Board raised concerns about members' access to dental care. DVHA affirmed that working to improve dental access for members was a priority. A member asked about the subset population that is reaching dental caps: what services or diagnoses are pushing people over the cap? DVHA explained that before the cap was increased, many dentists struggled to provide services that were needed when limited to $500/year. The increase to $1000/year has helped. DVHA reported that the data shows that the majority of dental services are restorative. Preventative services are no longer included in the dental cap and the cap was also raised to $1000, with the intent of increased access to preventative services and the cap being used for more complex cases.	

		A Board member praised the significant change in these prophylactic services due to the overall impact they have on the health of members.	
5. PA Workgroups	Sandi Hoffman	Sandi provided an outline of the PA workgroup including goals, efforts, and participants. The DHVA prior authorization (PA) workgroup was convened in 2021, as a result of Act 140 (H.960) associated with the 2020 Vermont legislative session. The intent of the legislation was to reduce administrative burden and align PA requirements among payers. Per Act 140, payers participating in the All-Payer Model must evaluate opportunities and obstacles to align and reduce prior authorization requirements. The objective of the presentation was to share with the Board DVHA's plan to monitor utilization of services for which PA requirements have changed. • Data is gathered and reviewed internally at least quarterly. • Cumulative annual data is also reviewed with CURB. • Chiropractic services, physical/occupational/speech therapies, prosthetics/orthotics, supplies, and hysterectomies are being monitored due to PA changes effective 1/1/23. A Board member informed DVHA that creep in utilization takes about 2 years as the providers take time to stray from training. They suggested breaking the data down by provider to identify possible outliers. DVHA reviewed a sample of the data tool used for quarterly tracking after the 1/1/23 changes. DVHA noted that data gathered to date is insufficient to track trends due to the limited timeframe, but asked the Board for input on how they would like to see the data reported in the future. One member asked if this data will be trended year-over-year, pointing out that many of these services tend to be seasonal which can mask creep. DVHA shared graphs, showing year-over-year trends, to aid the discussion. It was suggested that DVHA look into developing charts as a useful tool to examine outliers more easily. The consensus of the discussion was that concise and relevant data for the CURB should be a priority, with the nuance that more data is not always helpful. The PA Workgroup reports will be pared down to an annual report with additional info as necessary. A member asked: What is the current conversation with providers regarding	**Action item: DVHA will inquire with their business office to implement run charts.** **Action item: DVHA will present PA Workgroup data to the CURB annually. The Board can request more info as needed.**

		the value of PAs in aiding DVHA being good stewards of healthcare? DVHA responded, saying that there are provider groups who strongly advocate for removal of PAs due to the administrative burden they add and that it is sometimes difficult to get them to see that PA's have significant value in ensuring both patient safety and cost-efficiency. There was additional nuance noted in the intent of providers, especially regarding FWA. The Board discussed the overhead costs of PAs: programs, paperwork, manhours, etc. The DVHA team spoke about a legislative bill in the current session that is looking at Gold Carding medications with certain approval ratings to go through without a PA, and explained to the board that even a 10% rate of denial still at significant safety and cost efficiency value. Additionally, it is hard to estimate the amount of improper prescriptions that are never written because PAs are in place. The Board shifted the discussion to the ACO. Approximately 85% of those members covered by Medicaid are attributed to the ACO. Prior Authorization requirement alignment with ACO was prioritized. This alignment meant that some services previously not requiring PA now do. There is an annual report out to the CURB on ACO activities in September.	
6. Public Comment		No public comments were offered.	
7. Closing		The Board elected to discuss telehealth updates with the remaining meeting time. DVHA has been working with an interdisciplinary team to examine telehealth requirements. The team has reviewed codes for audio only service provision that were allowed during the PHE to determine whether to allow those codes post-PHE. The team has elected to align with Medicare when possible. It was also decided that DVHA would not allow audio only when correct coding prohibits that mode of delivery. Codes that meet correct coding requirements for audio only, and services delivered via telemedicine (audio and video) will be paid at parity with in-person visits through December 2024. The team will use the next 1.5 years to determine efficacy and payment for services. The team will present their findings to the CURB for recommendation. DVHA will post a list of codes that have been billed over	

		the PHE as audio only, denoting whether they will continue to be allowed. It is important to note that the DVHA is collaborating with VAHHS, VMS, VCP, Bi- State, and Vt Heath First on telehealth service provision. In final remarks, DVHA staff informed the Board that they will receive a poll seeking input for future meeting format, e.g., hybrid, remote, and meeting duration.	
Adjournment		The meeting adjourned at 8:03pm.	

Next Meeting:

Date: Wednesday, July 19, 2023
Time: 6:30-8:00 pm
Via Microsoft Teams