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**Clinical Utilization Review Board (CURB)  
September 18, 2019**

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**PRESENT:**

**Board:** Nels Kloster, MD; Thomas Connolly, DMD; Joshua Green, ND; Elizabeth Newman, MD; Valerie Riss, MD

**DVHA Staff:** Katie Collette, RN; Scott Strenio, MD (moderator); Christine Ryan RN; Suellen Bottiggi

**Guests:** Jenna Cebelius (CURB Data Analyst effective 10/14/19)

**Absent:** Anne Goering, MD; John Matthew, MD; Michael Rapaport, MD

**HANDOUTS**

- Agenda
- CURB recommendation – dental fee schedule
- Related research articles dental fee schedule
- Prior meeting minutes were reviewed on screen

**CONVENE: Dr. Scott Strenio convened the meeting at 6:35 pm.**

**1.0 Introductions**

Christine announced and introduced Jenna Cebelius, the newly hired CURB data analyst who was also present for the meeting.

**Departures**

Service and departure of CURB members Jessica MacLeod, NP and Christie Allen, RN was acknowledged and recognized. The members were asked to bring forward any recommendations for future member nominations.

**2.0 Review and Approval of Minutes**

The minutes from the 05/15/2019 meetings were reviewed. Quorum was not obtained, therefore final review and approval will occur when quorum is next met.

**3.0 Old Business**

**Updates on Past Initiatives, Prior Topics, and Discussion**

**Dental Benefit Recommendation Letter – Christine Ryan and Scott Strenio**

Christine reviewed the three different components of recent work related to dental services for Medicaid members including 1) legislative bill S. 94 that increases the dental cap from \$500 to \$1000 and allows for up to two dental visits for preventative services outside of the cap; 2) the ongoing work of the legislatively-formed dental work group tasked with evaluation of current reimbursement rates and work to determine responsible rate increases;

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and 3) the CURB recommendation for increases to the dental fee schedule. Dr. Connolly is on the dental work group and reviewed progress of the work group to date.

**Discussion**

The group agreed to await findings of the dental work group. Dr. Connolly will report back when these are available. At that point, the CURB may further review the recommendation and move forward as the group determines.

**Dental eConsults — Christine Ryan**

DVHA has been investigating dental eConsults through discussion with the Weitzman Institute of Connecticut. The Weitzman Institute implemented a dental eConsult pilot for children in 2018 and it is complete. The pilot brought a dental hygienist traveling with a dental chair and camera to schools in rural parts of Connecticut. A dentist at a central location would review the high-quality images and determine if the child required a visit to a pediatric dental specialist or not. DVHA has reached out to contacts at the Institute to obtain data related to results, but they have not been received to date. DVHA will report back to the CURB when results are received.

**Discussion:**

This concept potentially lends itself to structuring the system so that public health hygienists and midlevel providers aid to evaluate and provide basic care as well as triage. This may also allow care to be provided in an expedited fashion.

**COU Projects Panel – Katie Collette**

**Completed Projects**

*Collaboration with Disability Determination Services for Recruitment for Disability Exams*

COU RN Suzanne Webb has completed work with staff from Disability Determination Services to put together a list of active Medicaid providers to outreach for participation in disability exams. Suzanne condensed the list and assisted with putting together a mailing to these providers. Information was also submitted for inclusion in the August 27<sup>th</sup> Vermont Medical Society e-newsletter.

*Advance Care Planning Code Coverage*

COU RN Linda Martinez has completed work resulting in coverage of Advance Care Planning Codes effective 8/15/19. The list of codes newly covered for these services include 99497, 99498, 99441, 99442, and 99443. Rates for these newly covered codes can be found <http://vtmedicaid.com/#/feeSchedule>.

*Telemedicine*

COU RN Andrew Wojtyna has completed work on a presentation that includes information to promote telemedicine and expanded utilization of telemedicine among Medicaid providers. This presentation includes information about telemedicine rules and coverage requirements per Vermont Medicaid as well as information about provider requirements.

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**Ongoing Projects**

Ongoing work related to promotion of telemedicine use includes work by COU physical therapist, Sue Mason, working to provide education to community physical therapists and groups as well as assistive technology professionals. Sue has been working specifically on promoting use of telemedicine in the process of wheelchair evaluations.

*Palliative Care*

COU RN Linda Martinez is actively working on collaborating with staff from the Vermont Department of Health, the Vermont Ethics Network, and a UVM palliative care specialist to organize educational sessions related to advance care planning (ACP) and palliative care for VDH and DVHA staff. The aim of the education is to inform staff so that they may be better prepared to educate beneficiaries about palliative care and ACP. Additionally, Linda is working with VDH staff to develop a pilot for a transitional program for pediatric members receiving palliative care.

*Clinical Audit*

COU RN Katie Collette has been working with COU leadership to develop a clinical audit program to add to the existing utilization management strategies. Clinical audit involves retrospective review of medical records. The aim of the clinical audit is to monitor and ensure appropriate use of health care services to promote quality patient care and treatment outcomes. The COU is working to develop data sources that will drive targeted clinical audits for utilization management. The COU aims to begin targeted review of inpatient hospital stays in November.

**Future Projects**

*Collaboration with NIH Grant Recipient Dynamicare*

DVHA has been working to participate in a research study with a company, recently awarded a National Institute of Health grant, that offers a remotely delivered platform for supportive techniques for individuals with alcohol use disorder (AUD). Supportive techniques offered by this company include contingency management, recovery coaching, and cognitive behavioral therapy (CBT). DVHA will contribute deidentified claims data. The Alcohol and Drug Abuse Program (ADAP) of VDH will assist by outreaching their provider network to gain participation. The purpose of the collaborative efforts between this group and VT Medicaid includes evaluating the cost-effectiveness and return-on-investment from the payer perspective as well as clinical effectiveness.

*Smoking Cessation Incentives*

The COU is investigating avenues for provision of smoking cessation incentives as a future member benefit. One potential idea includes inclusion in the Global Commitment to Health waiver (1115).

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Discussion

Has there been any thought of tying this concept of incentive use to some sort of jobs program to investigate employment rates as a possible outcome measure? At this time, this is not one of the outcome measures included in this study. An ultimate concept that may be valuable for consideration instead of just Medicaid dollars spent, might be looking at the total cost of care including spending across the programs that provide services for Vermonters and evaluation of metrics such as how many members are obtaining employment. It was suggested that families involved with DCF may be a particularly motivated population to work with.

Even provision of small incentives may be valuable. For future proposals to the legislature, it may be beneficial to suggest incentives would be one time only though the member would be eligible for receipt of the services as many times as needed. Contingency management (reinforcement of desired behaviors) has been shown to be effective in cocaine cessation. Regarding tobacco cessation, the average number of quit attempts prior to successful cessation is 10. Therefore, each attempt should be considered a small success and it may be beneficial to offer the incentives numerous times so that the member may be more likely to obtain absolute cessation.

#### 4.0 New Business

##### **Provider Management Module – Suellen Bottiggi**

Per bill S.282, effective July 1<sup>st</sup>, 2019, DVHA is required to complete the screening and enrollment of health care providers seeking to participate in Vermont Medicaid within 60 days of application receipt. To meet this requirement, Provider Member Relations has worked to roll out an online provider enrollment module available at <http://vtmedicaid.com/#/home>. Any updates or changes to provider demographics can also be made on the Vermont Medicaid portal through the Provider Management Module. The information that is contained in the Provider Management Module is the information that our member vendor Maximus, utilizes to provide information to members seeking new providers as well as the information used to populate the Medicaid provider lookup at vtmedicaid.com. It is a federal requirement that revalidation of participating providers occurs every 5 years. Provider licenses are checked monthly against state licensing boards.

Improvements to date include significant reductions in average number of days to process an application from 63 days to 15 days as well as average time to complete enrollment for the applicant from 1 hour to 15 minutes. Applications through the online module may be saved mid application if the applicant is interrupted. If information is missing or identified as invalid, the applicant will receive follow-up communication. Training and instructions are also available on the module website.

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**Discussion:**

Members inquired about the reasoning behind use of the Provider Management Module versus CAQH. This greatest indication was cost with CAQH costing \$5.2 million greater. Providers can also update accepting patient status from the module.

**PA No Longer Required:**

Effective October 15<sup>th</sup>, 2019, prior authorization will no longer be required for vision related services including frames, lenses, and contact lenses. Also effective October 15<sup>th</sup>, prior authorization will no longer be required for genetic testing for Cystic Fibrosis and Hemochromatosis.

**Coverage Added:**

Effective 8/15/2019, Advance Care Planning CPT codes 99441, 99442, 99443, 99497 and 99498 are covered services.

**Adjournment – CURB meeting adjourned at 8:28 PM**

**Next Meeting**

**November 13, 2019**

**Time: 6:30 PM – 8:30 PM**

**Location: Albany College of Pharmacy and Health Sciences**