VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS
Clinical Utilization Review Board (CURB)
January 19, 2022

PRESENT:
Board Members: Joshua Green, ND; Valerie Riss, MD; Nels Kloster, MD; John Matthew, MD; Thomas Connolly, DMD; Zail Berry, MD

DVHA Staff: Katie Collette, RN, Clinical Operations Nurse Case Manager; Christine Ryan, RN, Nursing Operations Director; Sandi Hoffman, Deputy Commissioner; Andrea De La Bruere, Commissioner; Nissa James, Health Care Director; Sue Mason, Clinical Operations Unit PT

Guest: Margaret Haskins, Provider Representative, Gainwell Technologies

ABSENT: Michael Rapaport, MD

Meeting Handouts:
- January Meeting Agenda
- Minutes – November 2021
- Speech Generating Device Accessories PowerPoint
- 2022 CURB Workplan

CONVENE: Katie Collette convened the meeting at 6:36 pm.

1.0 Introductions and Acknowledgments

Katie Collette welcomed all to the meeting and facilitated introductions of DVHA staff, Board members, and public guests. This included an introduction of Dr. Zail Berry, newly appointment member of the Board and Andrea De La Bruere, Commissioner of DVHA who has been in the role about four weeks.

Christine noted that the CURB annual report was completed and is waiting to be submitted and reviewed by the legislative body.

2.0 Review and Approval of Minutes

Minutes were reviewed from the following meeting dates:
- November 17, 2021

Dr. Green moved to adopt the minutes. Dr. Connolly seconded. The minutes were approved unanimously.

3.0 Old Business

Update on Post Public Health Emergency (PHE) Audio-Only Plan – Nissa James

Nissa James – The CURB received an update in the first quarter of 2021 regarding DVHA efforts to develop recommendations for audio-only telemedicine coverage in the post public health emergency period. DVHA was in process of meeting requests from the Department of Financial Regulation to provide recommendations for continuing audio-only coverage for the

period after the federal COVID-19 public health emergency ends. These recommendations were also presented to the Medicaid and Exchange Advisory Committee (MEAC). The recommendation document presented during the January CURB meeting can be found on the MEAC website currently. After input and comment has been received, the recommendations will be updated and then will go before MEAC again. Written confirmation was received from Center for Medicaid and Medicare Services (CMS) that DVHA has broad flexibility to continue to cover audio-only healthcare service delivery. Administrative rules are being revised to allow for continued coverage as well as revising coverage and reimbursement for remote patient monitoring.

At the November CURB meeting, work related to revision of Medicaid Health Care Administrative Rule on Telehealth was reviewed. These revisions would include that audio-only would be an allowable telehealth modality within Health Care Administrative Rule through the rule-making process. Development of these recommendations is related to the work to revise these rules. DVHA's goal in revising Rule for the post-PHE period was to provide coverage and reimbursement in a way that is medically necessary and clinically appropriate. DVHA's proposal for post PHE coverage of audio-only telemedicine has remained largely the same from the earlier proposal which includes the following:

- For the period post-public health emergency, Providers will be able to continue to bill for medically necessary and clinically appropriate evaluation and management services using their normal new and established patient office visit procedure codes and the V3 modifier to indicate when the service is delivered via audio-only. As a result, the Department plans to "turn off" the duplicative telephonic evaluation and management procedure codes (CPT codes 99441-99443) as these codes were cited by providers as having too many requirements within the code description to allow them to be utilized effectively. As part of the post-PHE planning, the Department plans to engage with the Clinical Utilization Review Board in a determination of clinical appropriateness of audio-only delivery of the higher-level new and established patient office visit procedure codes prior to posting the proposed policy. Once the crosswalk of the most recently updated Medicare Telehealth Services List to Vermont Medicaid coverage and reimbursement of procedure codes is completed, the Department will share the list with the Clinical Utilization Review Board for review and discussion at their next regularly scheduled meeting.

- Providers who are not eligible to bill for evaluation and management services would continue to use their normal procedure codes and the V3 modifier to indicate when medically necessary and clinically appropriate services were delivered by audio-only. As a result, the Department will not provide coverage of reimbursement for telephonic assessment and management procedure codes (CPT codes 98966 - 98968).

One Board member noted that Medicare requires that a patient has been seen in person within six months prior to use of telemedicine and should be seen in-office at least annually going forward. The Member reiterated that there is a value to telephonic care, however, there is need to be cautious about relegating people to teleservices who ought to be seen. Another member concurred with the concern. There are conveniences with telemedicine for both the providers and

the patients, but things can be missed. The second member asked if DVHA had any plans regarding measurement of this going on around this?

The Clinical Services Team also identified these concerns and shared them with the legislature during the last session. DVHA wants to ensure that care being provided via audio-only telemedicine is clinically appropriate for that modality. After the public health emergency is over, there will be monitoring to identify providers who may use it inappropriately.

Discussion ensued on telemedicine services and the points brought up by Board members included:

- There should be monitoring of telehealth services for medical necessity and clinical appropriateness sooner rather than later as it is unclear how long the public health emergency will last
- The possibility that health conditions are discovered and managed later than they might have been prior to the pandemic is related to fear of seeking care during the pandemic more than a failure or inadequacy in telemedicine.
- Resources such as connecting to an on-site community resource person, providing highlighted handouts, etc. are not
- Board members generally expressed that providing care to patients, in any form, is better than them not being able to access the services
- Differences exist among providers and practices regarding telemedicine and utilization of telemedicine modality, e.g. audio-video versus audio only.

Per Act 6, DVHA is required to cover all clinically appropriate healthcare service delivery by audio only. Nissa noted that there are plans to monitor telemedicine service utilization via post-payment audit in the future. Nissa shared the Centers for Medicare and Medicaid (CMS) List of Telehealth Services which are a national standard and represent what Medicare covers. This list is being used to cross reference with the telemedicine codes Vermont Medicaid covers. Once the review is complete, the table of codes will be sent to Board members with the ask that members provide feedback on the codes that are flagged to add to covered telehealth services. The federal PHE has been extended with no confirmation of end date at this time.

Imminent Harm – Speech Generating Device (SGD) Component Codes – Sue Mason

Christine Ryan introduced Sue Mason to provide additional information about speech generating device (SGD) accessories as a follow up to the discussion from the November meeting. At the prior meeting, the Board was asked to review and vote on changes to the Imminent Harm Code List.

Sue began by reviewing the definition of imminent harm as referred to as basis for the Imminent Harm Code List. She explained that in order for speech generating devices to work, the accessories used in conjunction need to be appropriate for that device. Having the appropriate accessories supports the user's ability to be heard and allows users to generate messages independently. Sue explained that in her work, she reviews prior authorization requests for speech generating device accessories to ensure that patients receive the right devices at the right time to meet their needs. Imminent harm can be caused related to speech generating device

accessories, when a device accessory is incorrect and a user isn't able to communicate in scenarios where it may be imperative to do so, such as an emergency room, a school nurses' office, a primary care practice, at home, or in the community. Sue discussed that there is a core group of speech language pathologists with expertise in the device accessories in the state, however not all are experts in these technologies. Sue reviewed that the process of reviewing requests for accessories allow a point to connect speech language pathologists with expert guidance when needed and to avert the potential for harm to the member.

Discussion ensued during which it was estimated that there are about 50 prior authorizations completed for SGDs as well as SGD accessories annually.

To complete the vote from the November meeting, Dr. Valerie Riss moved to approve the inclusion of speech generating device accessories on the imminent code list. Dr. Zail Berry seconded the motion. The Board voted to approve unanimously.

CURB 2022 Work Plan – Katie Collette and Christine Ryan

The CURB 2022 workplan was reviewed with the Board at the November meeting. The Board was provided with a copy of the workplan for additional review and was asked to bring to the January meeting, questions, comments, and additional suggestions for topics for the workplan for 2022.

Additional suggestions included:

- Access and workforce issues, particularly related to the mental health crisis
    - Expected shortages of psychiatrists as well as the load on primary care providers which is where mental health issues often present first.
    - Impact is not only on PCPs, but also affects the designated agencies in these regions who are facing shortages of care coordinators and counselors due to the strain on the system.
- High-level budget update.

Dr. Zail Berry voted to approve the workplan with additions discussed this evening. Dr. Joshua Green seconded. The workplan was approved unanimously.

Updates – Christine Ryan

Act 48

Christine Ryan provided an update on Act 48 of the 2021 legislative session, which created a program to allow for reimbursement for healthcare providers for care provided to individuals age of 19 or who are pregnant regardless of immigration status. Updates for this program implementation are on a dedicated page on the DVHA website (https://dvha.vermont.gov/information-for-non-citizens/act-48-funding-providers).

DVHA is in phase one of the grant opportunity for providers to receive funding for delivering these healthcare services. A number of grant applications have already been issued and the phase is ongoing.

One Board member mentioned an experience with patients of different immigrant statuses and that not all the legal immigrants have health insurance access depending on their visa. DVHA Commissioner Andrea De La Bruere explained that immigrants labelled "humanitarian parolees" have been allowed federal benefits as part of the Congress initiative this past December. She recommended providers seeking to help those in this status get in touch with US Committee of Refugees in VT and also VT's State Office of Refugees which is part of AHS.

Genetic Testing – Noninvasive Prenatal Testing – Christine Ryan

Christine Ryan explained that DVHA has received multiple requests from vendors regarding the code coverage and policies for noninvasive prenatal testing. When DVHA does receive a request the response includes reference to the fee schedule and policy. Codes are reviewed quarterly and annually to capture what has been requested; however, DVHA's policy is that requests for coverage by a third party or manufacturer are not reviewed. Noninvasive prenatal testing is already on DVHA's schedule of criteria to review in March 2022. Currently the decision is to maintain the code coverage as it is until it can be reviewed further.

4.0 **New Business**

Legislative Updates – Christine Ryan

There are no further updates for this meeting; however, DVHA staff will continue to work closely with Nissa James to provide updates to the Board regarding relevant legislative updates.

DVHA Health Care Utilization and Spend Data -

Katie Collette explained that DVHA is investigating data resources to provide a data set that can show areas of high utilization by cost and by volume. Board members were asked to share what types of utilization data they interested in reviewing.

The following areas were identified:

- Overall budget organized into categories:
    - Particular populations or services that are high-cost and how that is reviewed by DVHA
    - Areas where utilization patterns are changing quickly, either going up or down
- Breakdown of how services presented to the Board for review/approval save or cost DVHA money
- Data broken down not just by age group, but also by diagnoses or categories of services, e.g., mental health services, out of state care, etc. and how these services relate to the budget
- Clarity about enrollment and disenrollment criteria

    - Concern that members could move out state without reporting the move and continue to receive Medicaid
- Emergency room utilization
    - Review for correlation of conditions for which, treatment may have been able to be provided at a different level of care, e.g. urgent care or primary care

Public Comment

No public comment was provided.

5.0 **Closing**

Comments

One Board member brought up a concern over an FDA-approved drug for dementia which is expensive and has a high rate of negative side effects, namely a 40% rate of users having a cerebral bleed. Medicare is not allowing it to be prescribed until it has gone through a clinical trial and Medicaid doesn't necessarily have the flexibility to place that restriction on it.

Nancy Hogue, DVHA Director of Pharmacy Services, stated that in order for a Medicaid patient to be prescribed this drug at this time, they would need to be in a clinical trial which means the cost would not be charged to Medicaid. DVHA also has concerns and the drug is likely to be discussed by the Drug Utilization Review Board at a future date.

The same Board member reviewed that at one point in the past, thank you letters were sent out to providers from Vermont Medicaid. The Board member noted that these thank yous were a sentiment appreciated by providers and suggested to the commissioner that this might be a welcome gesture in the future.

Christine Ryan thanks the CURB members for their attendance and participation and encouraged the Board to reach out regarding colleagues who may be interested in participation on the Board as vacancies remain.

Next Steps

None.

Adjournment – CURB meeting adjourned at 8:26 PM

Next Meeting

March 16, 2022
Time: 6:30 PM – 8:30 PM
Location: Microsoft Teams and Waterbury State Office Complex