

**PRESENT:**

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

**DVHA Staff:** Katie Collette, RN, Clinical Operations Nurse Case Manager; Christine Ryan, RN, Nursing Operations Director; Scott Strenio, CMO and meeting facilitator; Nancy Hogue, Pharm.D., Director of Pharmacy Services; Sandi Hoffman, MSW, LADC, Deputy Commissioner.

**Public:** Dubravka Abramovic, Gainwell Technologies, Margaret Haskins, Gainwell Technologies,

**ABSENT:**

**Board Members:** John Matthew, MD; Michael Rapaport, MD

**Meeting Handouts:**

- July meeting agenda
- May 2021 CURB meeting minutes
- Hypertension process improvement update
- Genetic testing slide presentation from the Medicaid Evidence-based Decisions Project (MED)
- Prior authorization proposals
  - Proposed updated hysterectomy consent form
  - Out-of-network facility list

**CONVENE: Dr. Scott Strenio convened the meeting at 6:40 pm.**

**1.0 Introductions and Acknowledgments**

Dr. Strenio welcomed all to the meeting and facilitated introductions of DVHA staff, Board members, and public guests.

**2.0 Review and Approval of Minutes**

Minutes were reviewed from the May 2021 meeting. Voting for approval was deferred until quorum is established at a future meeting.

**3.0 Old Business**

**Updates – Dr. Strenio**

Dr. Strenio reviewed that though Governor Scott ended all restrictions put in place in Vermont during the State of Emergency in response to COVID-19 on June 14<sup>th</sup>, certain actions put in place at DVHA remain in effect related to the remaining federal public health emergency currently in effect until October 31, 2021. These actions can all be found on the

DVHA COVID-19 response webpage. These will remain in effect for the duration of the federal public health emergency.

### **Legislative Updates – Christine Ryan**

H.104 (Act 21), H.430 (Act 48), and S.117 (Act 6) have been passed by the Legislature.

H.104 (Act 21) relates to considerations in facilitating the interstate practice of health care professionals using telehealth. This bill was enacted and allows the creation of a work group to compile and evaluate methods for facilitating the practice of health care professionals throughout the United States using telehealth modalities, on other words, across state borders. The workgroup must provide its findings to the legislative committees by December 15, 2021.

H.430 (Act 48) relate to expanding eligibility for Dr. Dynasaur-like coverage for all income eligible children and pregnant individuals regardless of immigration status. This bill was enacted and requires the Agency of Human Services to provide coverage equivalent to the Dr. Dynosaur program to children and pregnant individuals that might otherwise be eligible related to immigration status. This coverage will be available effective July 1, 2022 and is subject to same confidentiality provisions as the Medicaid program except AHS is prohibited from making information about applications/enrollees available to the federal government.

S.117 (Act 6) relates to extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone. This bill was enacted and extends through March 31, 2022 certain health care regulatory flexibilities put in place during the public health emergency. This act will allow continued coverage of health care services which are medically necessary and clinically appropriate provided by audio-only telephone. This act additionally allows variation through June 30, 2022 from the usual statutory witnessing requirements for advanced directives executed during the COVID-19 pandemic.

### **Hypertension Process Improvement Project (PIP) – Dr. Strenio**

Per the Center for Medicaid Services, DVHA is required to participate on one formal process improvement project at all times.. The current process improvement project is aimed at managing hypertension among the adult 18-85 Vermont Medicaid population. This PIP was selected as a result of Vermont Medicaid performance identified in the Global Commitment to Health Core Measure Set. This measure identified that Vermont Medicaid adults were below the 50th percentile national benchmark for Medicaid programs in blood pressure control. DVHA approval has been granted to expand diagnosis codes covered for receiving a blood pressure monitor set up. Public notice for this was issued on this on 7/6/2021. Expected implementation date of 8/6/2021.

## **4.0 New Business**

### **Genetic Testing – Dr. Strenio**

Dr. Strenio reviewed with the CURB a presentation from the Medicaid Evidence-Based Decisions Project which is a group that works with policymakers across the US at different levels to identify and utilize high quality, evidence-based evidence to guide decisions around policy making. The presentation outlined the significant variation between public and private payer genetic testing policy and coverage as well as approaches to determining medical necessity and prior authorization across state Medicaid programs. This was reviewed in light of the rapid expansion in the number of genes tested and genetic tests offered. Dr. Strenio shared that he aided to provided information about Vermont Medicaid's approach to genetic testing. The presentation concluded in reiterating the variation among payer type and across states and the noting the potential value in partnering with clinicians that have genetic experience. The board members shared experience and insights related to their respective experience with genetic testing in practice.

### **DVHA PA Workgroup Proposals – Dr. Strenio/Christine Ryan**

Per requirement of legislative bill H.960 (Act 140) from the 2019-2020 legislative session, DVHA has been charged with reviewing the medical procedures and tests for which they require prior authorization at least annually and eliminate the ones that are no longer justified or are approved so routinely as to no longer serve a purpose. A report with this information is due to the legislative committees by September of this year with. DVHA has convened a work group to gather and analyze prior authorization (PA) data to inform proposals. Christine and Dr. Strenio presented the proposals that DVHA is working on in regard to this work to the CURB. Services and summary of presented proposals include:

- High-tech imaging – DVHA proposes waiver all PA requirements and discontinuation of the associated vendor contract. This proposal was previously reviewed with the CURB and recommendation made to Commissioner.
- Physical therapy (PT), occupational therapy (OT), and speech therapy (ST) services – DVHA proposes to align payment methodologies, include the entire pediatric Medicaid population (instead of only the non-ACO attributed population), and increase service threshold prior to PA request from 8 to 30 visits. This proposal was previously reviewed with the CURB and recommendation made to Commissioner.
- Chiropractic services – DVHA proposes to expand adult service threshold from 10 to 12 visits prior to PA request and institute PA gold card process for pediatric chiropractic providers with specific credentials (DC, CACCP).
- DME equipment and supplies – DVHA proposes to waive PA requirements for DME/supplies in response to lack of significant increase in claims utilization to date.
- Hysterectomies – DVHA proposes to waive PA requirements for hysterectomies with modification of the required hysterectomy consent form. These modifications were reviewed with the Board.
- Dental – DVHA Proposes to waive specific identified dental codes and require PA for orthodontic service requests .
- Out-of-network requests services – DVHA Proposes two wave PA requirement for in network, out of state providers and require PA for all Medicaid members for out of network elective office visits/surgeries. List of specific surgeries this would include was reviewed.

- Service authorization requirement for high dollar inpatient stays – DVHA proposes to discontinue service authorization for high dollar inpatient stay reviews .

During the PHE, Medicaid waived three service categories to lessen the burden for health care providers. DVHA is planning around what will be next steps as emerging from the PHE regarding PA requirements. DVHA is also considering the development of proposals with the task of examining PA utility the issue of two different populations – ACO attributed versus non-ACO attributed. Additionally, DVHA is reviewing alignment other payers in appropriate cases. DVHA is moving towards supporting value-based payment and care and beginning to take a look at framework for clinical considerations that would be supporting operationalizing from a value-based care delivery system and determining if prior authorization is the mechanism to do that. The key piece of the work has been to gather data and examining other payers and other states and trying to create some equity and alignment between the ACO attributed and the non ACO attributed populations.

Board members will be asked to vote on support of the proposals in the coming weeks. This will be completed via email communication as not all board members were present and able to provide input.

## **5.0 Closing**

### **Next Steps – Dr . Strenio**

Dr. Strenio reviewed that the following will be discussed during the September meeting:

- Discussion related to expansion of coverage of telemonitoring services
- Per the CURB workplan, discuss and compare quality measures that the ACO and Medicaid address

**Adjournment – CURB meeting adjourned at 8:17 PM**

### **Next Meeting**

**September 22, 2021**

**Time: 6:30 PM – 8:30 PM**

**Location: Microsoft Teams Teleconference or Waterbury State Office Complex**