

**Clinical Utilization Review Board (CURB)**

**May 15, 2019**

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**PRESENT:**

**Board:** Michael Rapaport, MD; Nels Kloster, MD; Thomas Connolly, DMD; Joshua Green, ND; Ann Goering, MD; Elizabeth Newman, MD

**DVHA Staff:** Katie Collette, RN, Scott Strenio, MD (moderator), Christine Ryan RN, Evan Welsh

**Guests:** Oleg Neaga (DXC)

**Absent:** Jessica MacLeod, NP; Christie Allen, RN; Valerie Riss, MD; John Matthew, MD

**HANDOUTS**

- Agenda
- Draft minutes from 03/20/2019
- Telehealth brochure and information

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

**1.0 Introductions**

The CURB welcomes Elizabeth Newman, MD. Elizabeth is a family practitioner who has been practicing since the 1980's. She currently works for Evergreen Family Health and has an interest in palliative care.

**2.0 Review and Approval of Minutes**

The minutes from the 03/20/2019 meetings were reviewed and approved with changes.

**3.0 Old Business**

**Updates on Prior Topics and Discussion**

**Telehealth** - Katie Collette

During the March CURB meeting Suellen Bottiggi gave a presentation on telehealth and the Department of Vermont Health Access's (DVHA) efforts to increase utilization. The Vermont Agency of Human Services (AHS) expanded telehealth reimbursement as of October 2017. Telehealth services can be billed under a place of service code 02. Currently there is no set list of CPT codes that are billable for telehealth. Providers can reach out to Provider Services (DXC) to confirm if a code is reimbursable as a telehealth service. Telemedicine services involving audio only conferencing is not covered. DVHA is working to create a presentation to guide providers through the appropriate steps to be reimbursed for telehealth. DVHA is currently working on pilots involving assistive technology professionals and therapists for telehealth viability. DVHA has been working with a

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Connecticut FQHC regarding their e-consult program that deals with provider to provider telehealth.

Discussion

Pathways to Housing has been using telehealth and have received good feedback from the community surrounding its use. Is there any reimbursement for Medicaid around Visiting Nurse Agencies of Vermont (VNA), DVHA will follow up on the reimbursement to VNAs. Blue Cross Blue Shield Vermont (BCBSVT) has been doing telemonitoring with an onscreen telehealth portion. What are the current number of telehealth providers enrolled with Vermont Medicaid? DVHA will gather data surrounding the number and demographics of the members utilizing telehealth services. Increasing the utilization of telehealth may have the benefit of decreasing unnecessary out of network (OON) and out of state (OOS) office visits and costs. It will also help reduce transportation costs and logistical transportation barriers faced by Medicaid. Providers that are OOS will still need a PA for codes that require a PA. The ability to use telehealth can help aid in care for single parent households and members traveling during the winter months. Most Medicaid members have the technology available to participate in telehealth. It was discussed that barriers to increasing telehealth utilization is members' internet and mobile data costs, and federal guidelines surrounding certain MAT services that otherwise could benefit from telehealth.

**Updates on Past Initiatives and Discussion**

**Acupuncture RFP Update** – Scott Strenio

Per legislative order, an RFP was issued. There was one bid. The bidding group proposed a retrospective study design to look at both commercial and Medicaid claims data to compile a sample large enough for analyses. DVHA determined there is not enough available data for a retrospective study. The bid was rejected.

**Palliative Care** – Scott Strenio

DVHA has been working on increasing access and initiatives surrounding palliative care in the adult Medicaid population. Currently DVHA is looking at the best approaches to creating an adult palliative care program. DVHA is working on an internal proposal to reimburse advance care directive counseling. DVHA will be presenting the current info and proposal at the next Medicaid and Exchange Advisory Board (MEAB).

Discussion

Vermont Medicaid is looking to follow the model Medicare uses. DVHA has investigated and worked with the Vermont Ethics Network and their “Who’s your person, What’s your plan” program.

**Individual Education Plans (IEP)** – Scott Strenio

The IEP initiative DVHA has been working on has led to over 50% of members involved being referred to a PCP. While, the number of IEPs without a medical home has been

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dropping. DVHA has developed educational materials for providers on how to be reimbursed for completing a members IEP.

Discussion

There is still an unknown number of members without a medical home. There is a number of members going to urgent care rather than a primary care provider (PCP). Medicaid does not require a member to lock in to one PCP. The provider Medicaid portal only list a member's PCP depending on the Medicaid plan they are enrolled in. the Vermont Chronic Care Initiative (VCCI) is working with new Medicaid members to help connect care and PCPs.

Outcomes

DVHA will investigate the statewide access trends to PCPs.

**4.0 New Business**

**Dental e-Consult** – Christine Ryan

As part of the collaboration with Connecticut's Weitzman Institute, DVHA has been investigating dental e-consults. Connecticut started the program in 2018 with a pilot for children, which has been completed. They have moved to a pilot involving adults. The program allows a dental hygienist to see around 20 members a day while traveling with a dental chair and camera. The hygienist provides dental cleaning and regular dental care. The camera allows the hygienist to show images to a dentist who can determine what next steps should be done or are needed. So far, the pilot has been successful. It has proven effective in rural communities. The cost for the camera is around \$1,000.00 and the chair costs approximately \$1,500.00.

Discussion

The camera imaging has proven to provide quality images and information between the hygienist and dentist. The program has been effective with groups that have geographic barriers, including the elderly. It has also shown to have a positive impact in both clinics and schools. Why is there an interest within Vermont Medicaid with the current low adult dental utilization? Vermont legislature is looking to double the adult dental benefit which could help promote higher utilization. The current bill is looking to increase the annual cap and allow two dental hygiene visits without affecting the member benefit cap. The need for increasing dental utilization is not a problem unique to Vermont. Current reimbursement rates for the Medicaid dental benefit is around 49% of the cost according to the American Dental Association. The dental benefit through Medicaid is an optional benefit that each Medicaid program can decide to offer. It was mentioned that Vermont is ranked in the top two among states for Medicaid children's dental care. The main issue is with the adult population. Acute dental visits can drain an adult member's benefit very quickly. Medicaid needs non-dentist dental champions to help push the benefits of adult dental care on overall healthcare costs.

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Motion

The CURB members decided to make a motion to create a letter to DVHA's commissioner surrounding the adult dental benefit. The purpose would be to try and suggest to the Vermont legislature that there needs to be an increase in the dental fee schedule for providers.

Outcomes

DVHA and the CURB will investigate the costs associated with adult dental care, its utilization, and reimbursement rates. DVHA will continue research into dental e-consults.

Gold Card – Scott Strenio

The CURB's recommendation to update the Gold Card for Radiology criteria was approved by DVHA's commissioner. The program added two new members under the criteria. DVHA has ongoing discussions about further expanding the program. Two current areas are combining data with BCBS to allow more providers to qualify and providing better prior authorization (PA) feedback through the radiology vendor.

Discussion

Providers themselves do not spend a large amount of time completing radiology PAs. PAs are mostly handled by referral departments. Denial notices that an imaging request does not meet criteria could prove educational for providers. Providers are frustrated by criteria that require a preliminary radiology exam. It was discussed that removing the preliminary criterion might be an area to be investigated for cost savings.

5.0 Next Steps

DVHA will work to provide more data related to number of PCPs in the state, number of PCPs utilizing telehealth, and demographic information related to telehealth. DVHA will also investigate adult dental utilization and dental e-consults. DVHA will report back to the CURB the costs associated with adult emergency dental care, its utilization, and reimbursement rates.

**Adjournment – CURB meeting adjourned at 8:10 PM**

Next Meeting

**Suggested agenda items:**

- **Adult dental recommendation**
- **Dental e-consult**

**July 17, 2019**

**Time: 6:30 PM – 8:30 PM**

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