



**Clinical Utilization Review Board (CURB)
Meeting Minutes for May 15th, 2024**

Board Members Present:

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| ✓ | Thomas Connolly, DMD | ✓ | Nels Kloster, MD | ✓ | Matthew Siket, MD |
| ✓ | Joshua Green, ND | ✓ | Kate McIntosh, MD | | |
| ✓ | Colleen Horan, MD | X | Valerie Riss, MD | | |

DVHA Staff Present:

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| ✓ | Christine Ryan, RN DVHA Clinical Services Team | ✓ | Michael Rapaport, MD DVHA Chief Medical Officer | ✓ | Erin Carmichael DVHA Dir of Quality Mgmt |
| ✓ | Sandi Hoffman Deputy Commissioner | ✓ | Ella Shaffer DVHA CST Admin Svcs Staff | | |
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Guests/Members of the Public: Margaret Haskins, Gainwell Representative; Timothy McSherry, Johnson & Johnson Representative

| Topic | Presenter | Discussion | Action |
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| Meeting Convened | | The meeting was convened at 6:34pm. | |
| 1. Introductions and acknowledgements | Sandi Hoffman | Introductions were given around the room. The minutes from the March 20 th meeting were reviewed and approved. | Motion: Approve the March 20th minutes as presented Second: All Abstain: Riss Approved |
| 2. Old Business | Dr. Rapaport | <p>Last year, DVHA determined they would increase the quantity limits on outpatient psychotherapy visits. The board asked for a report back on utilization. Since then, they have not observed any uptick in utilization of these services.</p> <p>Dr. Rapaport gave a brief update on the Change Health Care cyberattack. DVHA had provided advance payment to pharmacies and some providers to mitigate impact during the outage. They reported that pharmacy claims are up and running and DVHA has begun the cost reconciliation process both the pharmacies and the practitioners who received advanced payments by comparing submitted claims with those advancements. DVHA shared that they expect this process to be over by the end of the fiscal year.</p> | |
| 3. Consumer Assessment of Healthcare Providers & Systems (CAHPS) | Erin Carmichael | <p>Erin Carmichael provided a presentation on DVHA results for Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey for 2023. The CAHPS survey is used to assess patients' experiences with health care providers and health plans. Erin discussed that content captured in the CAHPS survey supports DVHA to address key priorities including improving Vermonters' health and well-being by providing access to high-quality, cost-effective health care.</p> <p>The Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA) make the survey. They recommend payors return 300 completed surveys. DVHA has noted reduced response rates in previous years and</p> | DVHA will investigate potential revisions to the CAHPS survey questions regarding tobacco cessation. |

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| | | <p>have since implemented efforts to increase participation. DVHA uses an NCQA certified vendor to administer the survey and submits results to the CAHPS database.</p> <p>Erin reviewed DVHA CAHPS results highlighting that DVHA results are generally good. She noted that the greatest change for 2023 was in the adult population for Customer Service. This score was 88% in the past but dropped to 77% in 2023. The drop was only seen in the adult category and not child. Erin pointed out that this decrease coincides with the renewal process restart that began in 2023 following the end of the public health emergency. She expects this metric to trend toward upward as enrollment volumes normalize.</p> <p>The data showed parity between child and children with chronic conditions in most categories. Erin pointed out that there is room for improvement in the coordination of care results.</p> <p>Results around telemedicine were briefly discussed. It was noted that this category was still relatively new since wider adoption of this health care delivery methodology during the public health emergency. As a result, historical data is limited.</p> <p>Smoking and tobacco cessation survey responses showed a positive trend for 2023. The self-reported rate of tobacco use (every day or some days) decreased to an all-time low of 23.3%. The Vermont Department of Health provided the following context for this decrease:</p> <ul style="list-style-type: none">• Pharmacists can now counsel for tobacco cessation.• The Quit Tobacco Guide for providers is now downloadable.• The 802Quits website was revamped to include heat map tracking to understand what parts of the page individuals are looking at. <p>The Board asked if the data reflects e-cigarettes or vaping</p> | |
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| | | <p>devices. DVHA was unable to confirm as the technology is still new. The FDA considers tobacco use to include e-cigarettes and vapes, but anecdotes from the Board supported that this may not be consensus in the survey population. The Board asked DVHA to investigate amending the question for clarity of language. Erin explained that DVHA can do limited customization of the survey as their vendor is obligated to use the questions as written. Erin agreed to investigate what potential revisions may be possible.</p> <p>The Board asked how this system is compared with other systems. Erin confirmed that the national database puts out an annual chartbook to compare scores between states and regions. This data volume is still growing as until this year, CAHPS submissions were voluntary. Beginning in 2024 the Centers for Medicare & Medicaid Services (CMS) is now requiring submission to the database.</p> <p>One member asked how Vermont compares nationally. Erin shared that VT routinely scores in the highest group of scores for each question. There are no areas that stand out where VT is lagging behind.</p> | |
| 4. Coverage Decisions | Christine Ryan | <p>Christine Ryan provided an update on coverage decisions from the Prior Authorization (PA) Workgroup. D9120 is the dental code for sectioning a bridge or fixed partial denture (FPD) and is used to describe when a portion of the prosthesis is to be kept and is serviceable. She explained that this code is currently a DVHA non-covered service but that the DVHA Multi-Disciplinary Team (MDT) has reviewed and DVHA has approved for service coverage. DVHA shared that this service is a rare occurrence with small expected fiscal impact.</p> <p>One Board member shared their experience that this service was a common referral, but they never attempted to bill it separately. Consensus was that it involved a process of</p> | |

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| | | <p>unbundling and breaking a procedure into multiple codes. Another member confirmed that this is a new trend to produce more exact billing. DVHA's dental clinicians shared this notion but stressed the importance of supporting the dental community.</p> | |
| <p>5. Utilization Data Review</p> | <p>Dr. Rapaport</p> | <p>Dr. Rapaport presented annual utilization data to the CURB for review. Data was broken into categories of services by children, adults, and older adults. It was noted that data for the older adults population were those dually enrolled in both Medicare and Medicaid.</p> <p>Dr. McIntosh shared that across the board, there has been a cost shift towards more expensive services for the same claim count. They pointed out this trend in the shared data. The Durable Medical Equipment (DME) category shows a decrease in claims per person but an increase in total costs supporting this notion. However, in other services the total claims count has increased alongside the total cost, so the cost per service is not necessarily increasing.</p> <p>The Board questioned potential discrepancies in the data and requested that there be further data refinement for future review. The Board also requested that DVHA investigate utilization changes resulting from changes to prior authorization requirements.</p> <p>There was a question regarding code 92507 (speech, language, or hearing therapy, with continuing medical supervision; individual) and why it was listed in the Mental Health and Professional Services category rather than the Physical Medicine & Rehabilitation category. DVHA agreed to look into to look into this.</p> <p>It was noted that children are able to receive topical fluoride in physician as well as dentist offices. The Board asked what percentages of the population utilize either option. DVHA responded, stating the physician office option represents a very</p> | <p>DVHA will refine data to eliminate a discrepancy in reported per-unit data.</p> <p>DVHA agreed to investigate utilization changes resulting from changes to PA requirements</p> <p>DVHA agreed to look into CPT code 92507 and its service category.</p> <p>DVHA will explore the return on investment for pediatrician administered topical fluoride services.</p> <p>DVHA agreed to investigate the cause of an increased allowed amount for surgical codes between FY22 and FY23.</p> |

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| | | <p>small portion of the total. DVHA and the Vermont Department of Health collaborated in the review and allowance for physician office administration of this service. The addition of this service was added in an attempt to allow for increased access to and improve oral health outcomes. this service. The Board advised that DVHA make sure this service is worth the pediatricians' time. DVHA agreed to explore the return on investment for this service.</p> <p>DVHA noted that the change to the dental cap is starting to be reflected in the data as utilization returns to steady state after the public health emergency.</p> <p>A Board member warned DVHA about percent-of-charge contracts for services, saying it can open them up to predatory billing. The member stressed that awareness of facility fees associated with many services is important to understanding utilization.</p> <p>After a board member noticed a significant increase in the total amount paid for CPT code 23472, review of the fee schedule revealed that the allowed amount for the procedure had almost doubled at the start of the last fiscal year. DVHA agreed to review the fee schedule history for other significant increases in payment to surgical procedures between FY22 and FY23. The Board asked that DVHA identify the cause for the increase in allowed amount that was observed.</p> <p>The Board agreed that this data could be distilled better beforehand. They asked DVHA to highlight key areas of focus in the future. DVHA agreed to work on improving presentation of claims utilization data for future review.</p> | <p>DVHA will explore better ways to present utilization data to the Board.</p> |
| 6. Legislative Updates | Sandi Hoffman | Sandi Hoffman provided a brief update on work in this legislative session relevant to DVHA. Sandi reviewed focus in a bill related to prior authorization (PA) requirements around physical | |

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| | | therapy, occupational therapy, and speech therapy (PT/OT/ST) services for complex pediatric patients. Physical therapists in the community have stressed that complex care coordination is difficult related to ability to discern real time, how many units of service have been provided to date. PA requirements were changed effective 1/1/23 from allowed 8 visits per year per discipline, to 30 combined visits across disciplines. Additionally, these PA requirements would also apply to Accountable Care Organization (ACO) attributed members. DVHA is also exploring reducing provider administrative burden associated with complex pediatric members and utilization of PT/OT/ST services by reviewing data and addressing care coordination challenges. | |
| 7. Closing | | No public comments were offered. DVHA will follow up on comments and questions. | |
| Adjournment | | Meeting adjourned at 8:17 p.m. | |
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