



VERMONT
 AGENCY OF HUMAN SERVICES
 DEPARTMENT OF VERMONT HEALTH ACCESS

**Clinical Utilization Review Board (CURB)
 Meeting Minutes for September 20, 2023**

Board Members Present:

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

DVHA Staff Present:

✓	Christine Ryan, RN DVHA Clinical Services Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer	✓	Pat Jones Interim Dir. Health Care Reform
X	Andrea De La Bruere DVHA Commissioner	✓	Ella Shaffer DVHA CST Admin Svcs Staff		
✓	Sandi Hoffman Deputy Commissioner				

Guests/Members of the Public: Amy Cunningham, Norvo Nordisk representative

Topic	Presenter	Discussion	Action
Meeting Convened		Meeting was convened at 6:37pm.	
1. Introductions and acknowledgements	Christine Ryan	<p>Introductions were given around the room. The minutes from July 19th , 2023 were brought up for approval. All Board members approved.</p> <p>Monica Ogelby has been hired as Medicaid Director. DVHA explained that VT is unique, having had no Medicaid Director at the commissioner level</p>	<p>Motion: Approve the July 19th minutes as presented Second: All Abstain: Horan, Berry Approved</p>

		previously.	
2. Old Business	Dr. Rapaport, Sandi Hoffman	<p>Dr. Rapaport followed up on discussion from the July meeting, regarding Primary Care Network Adequacy. The AHS is working to update reporting around this. DVHA has learned recently about adequacy challenges within the network for primary care providers. Future work will occur to investigate network adequacy challenges. DVHA will follow up with the Board regarding the findings. DVHA has spoken to Susan Rizdon, executive director for Health First, a group dedicated to supporting Vermont providers to sustain independent practices. DVHA discussed inviting a Health First representative to attend a future CURB meeting. The Board expressed interest and DVHA will add this topic to next year's CURB Workplan.</p> <p>DVHA reported that Dr. John Matthew has resigned from the Board and noted that there are now two Board member vacancies. DVHA asked the Board to outreach DVHA CURB administrative support with Board member recommendations.</p>	<p>DVHA will investigate having Susan Riden come to speak to the Board next year.</p> <p>DVHA will outreach to Health First, inquiring about a representative attending a future meeting.</p>
3. Accountable Care Organization (ACO) Quality Metrics	Pat Jones	<p>Pat Jones, interim AHS Director of Health Care Reform, provided a presentation on quality measures and results for health care reform and value-based care in the State. Pat first provided background around OneCare Vermont, the accountable care organization that the State first entered into agreement with in 2016. The primary goals of the ACO are to improve quality of care, improve the health of the population, and to reduce the growth of cost of care. An additional goal being considered is the recruitment and retention of healthcare providers.</p> <p>In the past, the Federal Government has strongly supported linking payment to performance in support of value-based care for Medicaid members. The Federal target is for 50% of Medicaid payments to move from fee-for-service to advanced alternative models by 2025; Vermont has already exceeded this target.</p> <p>Pat explained that Act 78 of 2023 established a two-year pilot program to expand the reach of Blueprint Community Health Teams (CHTs) for people with complex social, mental health, and substance use disorder (SUD) needs, using Medicaid funding. This Expansion Pilot will be implemented statewide</p>	<p>DVHA will set up a meeting with Pat Jones and interested Board members regarding Medicaid services for pregnant members.</p> <p>DVHA will share the results of the ACO independent evaluator with the CURB.</p>

	<p>during the second half of 2023. The focus of the program is to expand CHT capacity and to support screening, brief intervention, and navigation to services through increased staffing resources. A primary goal of the pilot is to evaluate and determine whether to recommend future multi-payer support for the expansion.</p> <p>One Board member voiced support for pregnant and postpartum patients with SUD and mental health disorders. They explained that these members often receive many services, especially OBGYN services, during pregnancy and can be separated from their primary care provider (PCP) after treatment. DVHA reviewed that postpartum eligibility for Medicaid members was recently expanded for pregnant members in the postpartum period from 60 days to 12 months after the pregnancy has ended. DVHA agreed to facilitate future discussion between interested Board members and Pat Jones.</p> <p>Pat described that the ACO model enables Medicaid, Medicare, and commercial insurers to pay differently. There was a six-year agreement signed in October 2016, serving as the first of 3 steps in creating an All-Payer Model. The steps were outlined as follows:</p> <ul style="list-style-type: none">• Step 1: Agreement between Centers for Medicaid and Medicare Services (CMS) and Vermont provided an opportunity for private-sector, provider-led reform.• Step 2: ACO and payers have worked together to develop ACO-level agreements.• Step 3: ACO and providers that want to participate have worked together to develop provider-level agreements. <p>This framework includes 22 reporting measures to support improvement of population health goals. Payers and the ACO, with provider input, develop related quality programs. Vermont Medicaid’s program is called the Vermont Medicaid Next Generation (VMNG) ACO Program.</p> <p>Pat presented annual results of the population health quality measures since 2017. The ACO saw significant improvement from 2018 to 2019. Pat explained the difference between the traditional and expanded population cohorts used in the data. Member attribution to the ACO previously was based on relationship to a PCP participating in the ACO - this is now the</p>	
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		<p>traditional cohort. The expanded cohort includes those members living within the healthcare provider service area and without a PCP on file who has opted out of the ACO model. The data shows that the traditional cohort generally has higher quality of care, with exception for SUD related measures. The organization saw statistically significant declines during the COVID PHE but is slowly seeing improvement.</p> <p>A Board member asked if there was data for the number of morphine equivalents prescribed. It was explained that this is a measure they do not yet have as it is only recently being investigated. This will be included in future reporting.</p> <p>Pat gave a final note on the short-term future of the ACO. The CMS recently announced a new multi-state, multi-payer model called “States Advancing All-Payer Health Equity Approaches and Development” (AHEAD). Full implementation of the Medicare payment provisions of this model will occur in 2026. The Center for Medicare and Medicaid Innovation (CMMI) and Vermont are negotiating what 2025 will look like, with the goal of a smooth transition to a potential new Medicare/multi-payer model in 2026.</p> <p>One Board member asked if more fiscal data was available for the CURB to review. They explained a goal of the CURB as being able to report to the Legislature on the efficacy and cost savings of the ACO. DVHA described that the ACO had been judged by an independent evaluator, with findings supporting the VT model when compared to the control in terms of savings. Quality measurement results have been mixed. DVHA offered to share this data with the CURB.</p>	
4. Clinical Guidelines of DVHA Website	Christine Ryan	<p>Last year, DVHA asked the CURB for recommendations on clinical guideline topics to review and include on the DVHA website, as per the requirement of CMS. Asthma, depression, diabetes, and transcranial magnetic stimulation were chosen and have since been completed. DVHA explained that going forward, they will be moving in the direction of other payers and posting links to the national guidelines to fill this requirement.</p> <p>DVHA will continue to poll the Board annually regarding content for guidelines inclusion relevant to the Vermont Medicaid population. From the</p>	

		survey sent between the July meeting and this month’s meeting, the Board has chosen cardiovascular disease, management of obesity, and hypertension as the next three guidelines to be revised.	
5. PHE Unwind: eligibility Renewal restart Dashboard	Christine Ryan	<p>DVHA is now “unwinding” from Medicaid continuous coverage that was enacted during the PHE and is restarting renewals. DVHA has developed a dashboard to capture the progress of Medicaid renewals. Enrollees who did not respond to their renewal in July or August were given extra time due to the flooding and State of Emergency declared.</p> <p>A renewal dashboard was created for the web to track the progress of the unwind and the total renewed, pending, and terminated population of Medicaid members.</p> <p>After a discussion, DVHA agreed to follow-up on the “administrative” category used to describe some of the disenrolled population. This follow-up will be communicated to the Board via email within a week with a breakdown of the categories further.</p> <p>Concern was expressed by the Board for members who have been disenrolled due to procedural problems. Hospitals would likely have representatives to help members re-enroll as needed and enact retroactive coverage, but smaller practices may struggle due to lack of staff. The concern was that members in this scenario may wait to pursue care until a hospital visit is warranted. DVHA reinforced that every effort was made to contact the disenrolled population and ensured that disenrollment was a last resort. DVHA reported that the disenrolled population is expected to be significant due to the population growth seen over the pandemic; the large number of disenrolled is not unexpected.</p>	DVHA will supply a breakdown of the disenrolled population categories to the Board.
7. Closing	Sandi Hoffman	<p>No public comments were offered.</p> <p>A Board member reinforced that the lack of fiscal information from the ACO was concerning. They would like to see fiscal information, such as what is being paid to the ACO, what is the cost-benefit, what is being saved by the State, and what is the benefit to the doctors participating. DVHA agreed to add the results of the ACO independent evaluator to the agenda for the next CURB meeting.</p>	DVHA to add the ACO evaluation results to the agenda for the November meeting.

		DVHA shared plans to host another in-person meeting in the spring of 2024. DVHA asked the Board for feedback on the CURB Workplan as they are currently developing the plan for the next year.	
Adjournment		Meeting adjourned at 7:57PM.	