VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
Meeting Minutes for November 15, 2023

Board Members Present:

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

DVHA Staff Present:

✓	Christine Ryan, RN DVHA Clinical Services Team	✓	Michael Rapaport, MD DVHA Chief Medical Officer	✓	Erin Carmichael DVHA Dir. Quality Mgmt.
X	Andrea De La Bruere DVHA Commissioner	✓	Ella Shaffer DVHA CST Admin Svcs Staff	✓	Lisa Hurteau, PharmD DVHA Dir. Pharmacy
✓	Sandi Hoffman Deputy Commissioner	✓	Taylor Robichaud DVHA Clinical Pharmacist	✓	Danielle Bragg, LICSW DVHA CIU Manager

Guests/Members of the Public: Margaret Haskins

Topic	Presenter	Discussion	Action
Meeting Convened		Meeting was convened at 6:33PM.	
1. Introductions and acknowledgements	Sandi Hoffman	Introductions were given around the room. The minutes from September 20th were reviewed and approved.	**Motion: Approve the September 20th minutes as presented** **Second: Siket, Kloster, McIntosh** **Abstain: Connolly, Riss**

			Approved
2. Old Business	Dr. Rapaport	DVHA presented a follow-up on telehealth flexibility surrounding controlled substances. During the Public Health Emergency (PHE), prescribers were allowed to start members on controlled medications via audio-only or audio/visual telemedicine visits. Following the PHE, the Drug Enforcement Administration will likely decrease these flexibilities. These telemedicine flexibilities have been extended through 2024 while they consider public comments.	
3. Imminent Harm Code Review	Sandi Hoffman and Dr. Rapaport	DVHA currently requires a Prior Authorization (PA) for services identified to pose the potential for harm, impairment, or death. These services are included on an Imminent Harm (IH) services list which is reviewed annually by the DVHA Chief Medical Officer and the Clinical Services Team for consideration of code additions or removals. DVHA proposed adding HCPCS code E0652, pneumatic compressor, segmental home model with calibrated gradient pressure, to the IH list. They have seen an increase in utilization data of these devices. Per InterQual, there is only limited support for E0652, and use is only supported after extensive trial of more conservative measures. The literature agrees and further suggests that there is evidence of adverse events with incorrect application. One Board member expressed agreement with the literature, adding that in her experience the IH considerations are consistent across payors. Discussion ensued regarding the benefit and lack thereof for using more complex devices. Another member asked about other processes DVHA may use to add a PA to a service. DVHA reported that the Global Commitment Register is another process for adding prior authorization to a service. The Board asked if there is a mechanism for reporting adverse outcomes. It was explained that the challenge with data for this code is that the population is very small. DVHA would need to look nationwide to see significance in trends.	**Motion: Add code E0652 to the imminent harm list** **Second: All** **Approved**

		A motion was made to support the addition of E0652 to the IH list. The Board approved.	
4. Appeals, Grievances, and Exceptions	Erin Carmichael	Erin Carmichael shared a presentation on the appeals and grievances process at DVHA. In 2023, the External Quality Review Organization (ECRO) Audit assigned DVHA a 97.4% score from 546 examined elements. Erin reviewed this was an improved from 88.6 in 2020. The audit found that 14 elements were found to be partially met or not met, and 10 of these will be addressed by the Health Care Appeals Team. The terms Grievance and Appeal were then defined for the Board. Erin noted that as a Medicaid Managed Care Plan, DVHA is required by Federal statute to follow formal grievance and appeals processes. Formal grievances are reported to the Health Care Appeals Team. This data is then reported quarterly to AHS for the Global Commitment Report and annually to DVHA's Quality Committee for trend analysis. The top 3 grievance categories were identified to be case management, community/social supports, and mental health services. The top 5 appeals service categories were identified to be community/social supports, dental services, personal care, prescriptions, transportation. Erin noted that they had seen an uptick in appeals related to prescription requests for diabetic and weight loss drugs. This may be an area for future CURB review. One Board member verbalized surprise at the low number of appeals and grievances compared to the population size. Call logs and monthly reports are received from the contracted call center, but these cases don't often end in formal grievance.	
5. Telehealth	Dr. Rapaport	Dr. Rapaport reviewed Medicaid telehealth data. This information is reviewed annually with the CURB to show utilization trending since the start of the COVID-19 public health emergency, when telemedicine was more extensively used to meet challenges posed by the pandemic. Utilization of services allowed via telemedicine delivery has declined steadily however use of telemedicine is still much higher than prior to the PHE. Effective 7/1/23, DVHA has aligned with Medicare and AMA correct coding guidelines for continued coverage of services via audio-only. Telemedicine flexibilities will be revisited in fall of 2024.	

		Mental health and substance use treatment is the category of service that uses telehealth the most. DVHA is seeing proportional decreases for all categories except audio-visual mental health and substance use treatment services, which is declining more slowly. Audio-only service utilization has decreased significantly in all provider categories. The Board inquired about the "Brief Communication" category of telemedicine. DVHA verified that these are commonly virtual check-ins, such as a physician telephone encounter. The data available to DVHA does not identify if these services are provided after-hours. The Board noted the decrease in audio-only utilization. One member shared that audio visits are not as informative, especially for mental health and substance use treatment services. DVHA mentioned that the option is included for those in rural areas or with broadband issues. Another Board member cautioned against inadvertently providing lesser quality of care for rural areas in the pursuit of increased access to care.	
6. Transcranial Magnetic Stimulation PA Requirements	Danielle Bragg	Danielle Bragg provided a presentation on transcranial magnetic stimulation (TMS) service coverage and prior authorization (PA) requirements. Danielle reviewed background of TMS services including that treatment standard of delivery is an intensive phase of 20-30 daily treatments (5 days/week) over the course of 4-6 weeks followed by 6 additional treatments on a tapering schedule, for a maximum total of 36 treatments. TMS is a VT Medicaid covered benefit. Currently, PA is required for TMS services for non-ACO members. The non-ACO attributed population of VT Medicaid members represents ~20% of the total VT Medicaid population. DVHA utilizes Interqual® DVHA is proposing to change the PA requirements for coverage of TMS services to the following: • Allow up to 36 treatment sessions per calendar year without prior authorization to align with the evidence for standard treatment. Prior authorization would be required for greater than 36 sessions per calendar year. • Align this PA requirement across both the ACO and non-ACO attributed populations.	**DVHA agreed to gather data on treatment volume and timeline for members receiving greater than 36 TMS sessions.** **The Board was not in support of the removal of PA for TMS services.**

		DVHA noted that impetus for this proposed change included decreasing the barrier to access for this treatment. Danielle reviewed that this recommendation for removal of PA was driven by internal data and not by external stakeholders. observed a slight increase in utilization in calendar year 2021 onward due to a new TMS service provider. For calendar years 2019 - current, fewer than 20 members per year have received these services. Currently there are only 4 providers in-network who provide TMS services. The Board discussed the 36-session limit. InterQual does not require additional medication trials before pursuing additional TMS treatment after 36 sessions. DVHA agreed to follow up on specifics of treatment volume and timeline for members exceeding this limit. The Board cautioned that DVHA would be changing the PA requirement just as new facilities are adding this service to their offerings. One Board member reported that in their prior experience, removal of PA tends to see utilization increase after about 2 years. Partial waivers (such as ACO members) benefit from the persistent presence of PA elsewhere because doctors will treat both populations equally. The Board voiced concern about these proposed changes including the potential for inappropriate utilization of this service with these changes. The Board did not support the motion to remove PA requirement from TMS services.	
7. H.222 (Act 22) Reducing Overdoses Reporting Requirements	Lisa Hurteau	In accordance with H.222 (Act 22), DVHA is researching the feasibility and associated costs of administering a gold card program for substance use disorder (SUD) treatment. This research is to be submitted by 12/1/23, with recommendations from the CURB and the DURB submitted in a report to the House Committee on Human Services and to the Senate Committee on Health and Welfare by 4/1/24. Lisa Hurteau provided a presentation that included DVHA recommendation to not move forward with the gold card program. The presentation examined similar programs and language used by other	**Motion: Approve DVHA's recommendation to not move forward with the gold card proposal** **Approve: All** **DVHA to circle back with Dr. McIntosh for guidance on a future CURB presentation.**

		states and payors. She explained that as of October 2023, PA is no longer required for most drugs used to treat SUD. The number of PAs has dropped by more than half in the 30+ days since the change went into effect. Lisa stressed that preferred formulas have a lower net cost to the state due to rebates. Managing this class of drugs results in significant cost savings to the state and the removal of PA would limit these savings. The concept of Gold Carding is to reduce provider burden but removing Prior authorization requirements . However, Vermont Medicaid has many covered options that do not require PA. Treatment for SUD was noted to be one of the highest volume categories in the VT Medicaid Pharmacy Benefit. In terms of feasibility, Lisa said that the cost of implementation would be more than what was allotted in the current budget. Additionally, if a provider fell out of compliance with the preferred drug list, they would lose qualification for PA exemption and negatively impact member access. DVHA does not recommend moving forward with the gold card proposal. The Board lauded DVHA for all of the work completed around service coverage for SUD treatment. The Board aligned with DVHA in avoiding implementation of a "gold card program," indicating that all the changes should increase access.	
8. Dental Imaging Proposal	Christine	Christine provided a presentation related to dental imagining services and prior authorization (PA) requirements. DVHA is proposing removal of PA requirements for dental imaging services. This change, it was explained, would align DVHA PA requirements for imaging services across service types. The literature considers dental imaging as standard care rather than as an exceptional procedure. Imaging allows for diagnosis and access to treatment on date of service, as well as reduces follow-up visits. VT Medicaid dental providers have communicated their concerns related to administrative burden and the associated delays in access to services. Review and analysis of DVHA utilization data reflects no denials for requested services.	**DVHA will take suggestions from the Board and review internally with intent to bring the matter back to the Board in 2024.**

		If the PA requirement is waived, DVHA plans to monitor utilization via claims data review at regular frequency. DVHA reported that waiving PA requirements would be budget neutral and that the Department reserves the right to conduct audits, reviews, or investigations as necessary related to data review. One Board member advised that the American Dental Association has been issuing cautionary statements on the use of cone beam imaging. He went on to explain that there has been an increase in the use of cone beam imaging in certain practices as a profit source. He also warned that including cone beams in the dental cap may siphon money away from comprehensive dentistry practice in favor of more technical and expensive techniques. Another Board member echoed this sentiment. They explained that profit motive might sway dental providers to utilize more expensive imaging such as cone beam. DVHA agreed to take this matter back internally and review suggestions from CURB for a future meeting. The Board requested investigation into whether claims software can be used to limit diagnoses and to keep the PA limited to under 18 years of age.	
9. Closing		No public comments were offered. DVHA will work to refine the 2024 workplan to bring to the January meeting.	
Adjournment		Meeting adjourned at 8:29pm.	