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**Report to  
The Vermont Legislature**

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**Annual Report on  
The Department of Vermont Health Access  
Clinical Utilization Review Board (CURB) 2015**

**In Accordance with  
33 V.S.A. § 2032(e)**

**Submitted to:** House Committee on Health Care; Senate Committee on Health and Welfare

**Submitted by:** Steven M. Costantino  
Commissioner, Department of Vermont Health Access

**Prepared by:** Aaron French  
Deputy Commissioner, Department of Vermont Health Access

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# **The Department of Vermont Health Access**

Clinical Utilization Review Board (CURB)

Annual Report 2015

## Overview

The CURB was created to examine existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines and make recommendations to the Department of Vermont Health Access (DVHA) regarding coverage, unit limitations, place of service, and appropriate medical necessity of services for the Vermont Medicaid program. The Board is comprised of ten members with diverse medical expertise appointed by the Governor upon the recommendation of the Commissioner of DVHA. The Chief Medical Officer of DVHA serves as state liaison and moderator for the CURB.

## CURB Board Members

Michel Benoit, MD, UVM, Orthopedic Surgeon, Shelburne

Patricia Berry, MPH, UVM, VCHIP, Burlington – resigned 1/2015

Delores Burroughs-Biron, MSN, MD, Family Medicine – resigned 9/2015

David Butsch, MD, General Surgeon, Barre

Ann Goering, MD, Family Medicine, Winooski

Nels Kloster, MD, Psychiatrist, Marlboro

Jessica MacLeod, NP, Nurse Practitioner, Berlin

John Mathew, MD, General Internal Medicine, Plainfield

William Minsinger, MD, Orthopedic Surgeon, Randolph – resigned 5/2015

Paul Penar, MD, UVM, Neurosurgeon, Shelburne

Norman Ward, MD, UVM, Family Medicine, Burlington

Richard Wasserman, MD, UVM, Professor of Pediatrics, Burlington

## 2015 Topics

CURB held six meetings in 2015 and the following topics were discussed:

- State Budget Deficit
- New Initiative Proposals
  - Group Psychotherapy
  - Outpatient Psychotherapy
  - Utilization Management (UM) for 30 day hospital readmission for certain conditions
  - UM for certain Procedures
- Dashboard Proposal
- Conflict of Interest Policy and Procedures

## Past CURB Initiatives Update:

- Gold Card Providers for Radiology Services
- Low Dose Chest CT Scan
- Outpatient Out of Network Office Visits PA Requirement
- Physical Therapy, Speech Therapy and Occupational Therapy PA requirement for children after 8 visits

## State Budget Deficit:

In January, 2015 the DVHA Commissioner presented to the board that the State had a \$100 million revenue short fall in the budget. The Commissioner asked the CURB and the Drug Utilization Review Board (DURB) to explore strategies DVHA can use to save \$ 7 million for the 2016 State Fiscal Year (SFY) budget. He asked the Board to help the State manage care within the financial targets by making

recommendations in areas that can save the program money. The goal is to preserve Vermont's (VT) Medicaid medical benefits and support health security. All proposed recommendations must be clinically sound and cost effective consistent with the Triple Aim.

Some initial proposed areas of interest included:

- Group Psychotherapy
- Outpatient Psychotherapy Services
- Utilization Management (UM) for 30 day hospital readmissions for certain conditions
- UM for certain procedures
- Transportation Expenses
- Ambulance Expenses
- Emergency Room (ER) Care
- Pattern recognition and looking for outliers in the data

## **NEW INITIATIVES**

### **Group Psychotherapy Proposal:**

It was discovered that VT Medicaid was out of compliance for billing Group Psychotherapy Services, procedure code 90853. VT Medicaid allows 8 units (15 minutes each) per day, reimbursed at \$10 per unit. The correct coding definition is per session, so VT Medicaid is out of compliance by using per 15 minute units. VT Medicaid is reimbursing at a higher rate for 90853 than other States within New England and East Coast. Therefore, the main issues for this procedure code are compliance with correct coding and the rate that VT Medicaid reimburses for these services.

The board voted in favor of bringing the 90853 into compliance by allowing only one unit or session per day. The recommendation is to bring the group therapy procedure code (90853) into compliance with national correct coding initiative (NCCI) guidelines, by implementing one session per day for group psychotherapy (90853). Medicaid will require all providers to bill this code as per session as opposed to per fifteen minutes. 1 Unit = One Session. This recommendation was approved by DVHA Commissioner. This change was implemented on 7/1/15.

Next Steps: On 1/1/16 the recommendation is to bring the reimbursement value comparably to other states. The reimbursement would be \$20.50 per session per day. This will result in a savings of roughly \$2,000,000 gross.

### **Outpatient Psychotherapy Proposal:**

Data was presented on the utilization of all outpatient psychotherapy services. The data showed that the number of outpatient psychotherapy services per person is increasing. The focus is not to cut services, but to ensure that the recipient is getting the most out of the services. The board reviewed all data and voted in favor of requiring a prior authorization (PA) for outpatient psychotherapy visits one standard deviation beyond the mean. The board voted in favor of requiring Prior Authorization (PA) for outpatient individual psychotherapy for visits greater than 24 annually.

Next Steps: The Board's recommendation will be sent to the DVHA Commissioner for approval.

### **Utilization Management (UM) for 30 day hospital readmission for certain conditions:**

Medicare is currently penalizing hospitals if a patient is readmitted in 30 days or less for certain conditions. The four conditions are Acute Myocardial Infarction (AMI), Pneumonia, Congestive Heart Failure, Asthma and Chronic Obstructive Pulmonary Disease (COPD). One proposal would be to align with what Medicare is already doing. VT Medicaid would not have to mimic Medicare, but the Centers for Medicare and Medicaid Services (CMS) must approve the plan. The facility would experience a

reduction in their reimbursement if the patient was readmitted in 30 days or less for the same condition as the first admission.

Next Steps: This proposal is still being explored.

### **Utilization Management (UM) for certain Procedures**

UM for high tech cardiology, certain elective surgeries (e.g. knee replacement, hip replacement), echocardiograms, and nuclear stress tests, and sleep studies.

Next Steps: VT Medicaid implemented a PA requirement for facility-based sleep studies. This was implemented effective 11/1/15. No PA is required if the sleep study is conducted at home. It is estimated that this will save roughly \$500,000.

### **Dashboard Proposal**

DVHA is working on a dashboard that would track utilization to identify trends. The dashboard would be on the DVHA website and available to all providers and the public. This will help to have a real-time sense of service utilization and to be able to show the CURB current data trends in order to inform discussions. The dashboard will drill down to regional parts of the state. The data will be standardized including comparison with other state Medicaid programs.

### **Conflict of Interest Policy and Procedures**

The conflict of Interest policy and questionnaire was presented to the CURB. Executive Order 353 requires that all departments and agencies use due diligence regarding conflict of interest to comply. The DVHA legal team created the questionnaire and all board members were asked to complete it and send their responses to DVHA. The members will be required to update this no less than yearly, or sooner as needed.

### **PAST CURB INITIATIVES UPDATE**

#### **Gold Care for Radiology Procedures:**

The recommendation was to implement the Gold Card process for radiology services. Annually, the radiology benefit manager runs data to identify which providers meet the criteria to qualify for a Gold Card.

The qualifications for Gold are for:

- Providers who requested 100 or more radiology procedures in 18 months and
- Had a denial rate of 3% or less.

In November 2015, the data was run to identify new providers who may qualify. Two new providers were included in the gold card program. As of January 2016, the Gold Card privileges have been extended to a total of 13 providers. Data is reviewed annually to see if any new providers qualify and if there was an unusual increase in the number of paid claims for the current gold card members.

#### **Low Dose Chest CT Scan**

The recommendation was for VT Medicaid to cover low dose CT Scans for lung cancer screening. This initiative was approved by DVHA Commissioner and became effective in March 2015.

As of 12/1/15, a total of 71 recipients have received this service.

### **Outpatient Out of Network Elective Office Vists PA Requirement**

The recommendation was to institute a prior authorization requirement for elective out-of-network office visits.

In the first year there was a 63% decrease in the claims paid for out-of-network office visits, and a 59% decrease in year two. There was approximately a \$75,000 decrease in claims paid over the first two years and a slight increase in claims paid for in-network elective office visits.

**Physical Therapy(PT), Speech Therapy(ST) and Occupational Therapy(OT) PA requirement for children after eight visits**

The recommendation was for DVHA to provide prior authorization oversight for outpatient clinic based PT, OT, and ST services after eight visits for children (under 21 Years).

This initiative ensures clinically appropriate care for children. There has been a reduction in staff time on case investigations and recoupments because case reviews are performed earlier, leaving little room for inappropriate services.