



Department of Vermont Health Access
312 Hurricane Lane Suite 201
Williston, VT 05495-2087
www.dvha.vermont.gov

[phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

MEMORANDUM

TO: House Committee on Health Care
Senate Committee on Health and Welfare

CC: Doug Racine, Secretary, Agency of Human Services

FROM: Mark Larson, Commissioner

DATE: January 14, 2013

RE: Clinical Utilization Review Board Report 2011-2012

Pursuant to the requirements of 33 VSA § 2032(e); please find enclosed the results of the most recent evaluation or evaluations and summary of the Department of Vermont Health Access Clinical Utilization Review Board's activities and recommendations since the last report.

Please do not hesitate to contact me if you have questions or would like additional information.

The Department of Vermont Health Access

Clinical Utilization Review Board (CURB)

Report 2011-2012

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 (10) members with diverse medical expertise appointed by the governor upon the recommendation of the Commissioner of DVHA. The Medical Director of DVHA serves as state liaison and moderator for the CURB.

CURB Board Members

Michel Benoit, MD, UVM, Orthopedic Surgeon, Hand Surgery, Shelburne

Patricia Berry, MPH, UVM, VCHIP, Burlington

Delores Burroughs-Biron, MSN, MD, Family Medicine

David Butsch, MD, General Surgeon, Barre

Ann Goering, MD, Family Medicine, Winooski, began 11/2012 replaced Dr. Kunin

Molly Hastings, MD, Ophthalmologist, Williston – resigned 3/2011

Adam Kunin, MD, UVM, Cardiologist, Shelburne – resigned 7/2012

John Mathew, MD, General Internal Medicine, Plainfield, began 3/2011 replaced Dr. Hastings

William Minsinger, MD, Orthopedic Surgeon, Randolph

Paul Penar, MD, UVM, Neurosurgeon, Shelburne

Norman Ward, MD, UVM, Family Medicine, Burlington

Richard Wasserman, MD, UVM, Professor of Pediatrics, Burlington, began 3/2011

2011 Topics

DVHA held seven meetings in 2011 and the following topics were discussed:

- Transportation
- Emergency room usage
- Out of state outpatient non urgent medical visits
- Physical, occupational and speech therapy services
- Negative pressure wound therapy
- Home sleep studies

Utilization data for the specific services was reviewed and analyzed by the board members and recommendations were made to the DVHA Commissioner.

There were many presentations made by DVHA staff, including the Provider and Member Services Director, the Pharmacy Manager and the Care Coordinator Field Director at the request of the board members. In addition, Meika Zilberberg from VPMS presented the *Vermont Prescription Drug Monitoring Program* to the group. Lastly, data for carpal tunnel, general pediatric and specialist referrals and cardiac stress tests was presented at the request of the CURB board members but no action for these was required at this time.

Recommendations

The following recommendations were made by the CURB members and were approved by the DVHA Commissioner:

- 1) *Perform Earlier Pediatric reviews for Physical, Occupational and Speech Therapy Services*
CURB identified potential savings from the performance of earlier physical, occupational, and speech therapy (PT, OT, ST) authorization reviews for Medicaid beneficiaries under the age of 21. Authorizations had previously not been required until 4 months after the start of treatment and every four months thereafter. It was determined that some children received treatment that was not medically necessary, inefficacious, or was not evidence-based. The board members recommended that DVHA implement requirement for Prior Authorization (PA) after the initial 8 visits and subsequently at each four month interval. This will provide better oversight of the therapies in this vulnerable population. The DVHA commissioner approved the recommendation and the earlier oversight for PT, OT and ST was implemented on July 1, 2012. Cost savings are expected to accrue through the authorization of only appropriate, efficacious, evidence-based services. PT OT and ST services provided at Home Health Agencies are exempt for this requirement.
- 2) *Out of State Outpatient Elective Office Visits*
There has been no requirement for out-of state (out of network) elective outpatient services. Beneficiaries were able to seek care out of state for services whether or not the services were available in Vermont. The CURB members requested utilization data on out-of-state services. Data was presented to the board members for elective outpatient services provided out of state, identified by specific codes and total reimbursed to each state. After reviewing the data board members provided suggestions to ensure appropriate use of out of state services. The recommendation was to institute a PA requirement for elective out-of-state (out-of-network) office visits. DVHA introduced a Rule change to institute a PA requirement for Medicaid beneficiaries seeking elective out-of-state office visits. This initiative was implemented July 1, 2012. This change will reduce transportation costs to out of state providers and increase clinically appropriate coordination of care within the state of Vermont.

2012 Topics

There were six meetings in calendar year 2012. The following topics were discussed:

- The 340b rebate program
- Topics from the Medicaid Medical Director's meeting
- Sleep study - home study versus sleep lab
- TENS unit for chronic low back pain
- Radiology procedures and utilization controls

Recommendations

- 1) *Gold Card for Radiology Procedures*
In September of 2010, the DVHA implemented prior authorization (PA) for high-tech imaging studies. In addition, DVHA monitored utilization and worked with the CURB to create a *Gold Card* system.

CURB utilization data from the radiology benefit manager. They considered feedback from VMS and other providers and formally recommended the following criteria, which were accepted by the DVHA Commissioner:

- The provider must make at least 100 imaging requests within an 18-month period, and;
- The provider must have a denial rate of 3% or less.
- Annually, the Clinical Operations Unit to review utilization for providers with *Gold Card* status during the past year. Based on these findings, a determination will be made about extending *Gold Card* status for the next year. The first review will be conducted in January 2014.

The recommendation was approved by the Commissioner and was implemented on January 1, 2013. The Provider and Member Relations Director sent letters notifying providers with *Gold Card* status that they will be exempt for one year from requesting a prior authorization for radiology procedures for Vermont Medicaid beneficiaries.

2) Transcutaneous Electrical Nerve Stimulation (TENS)

A brief summary was provided on the TENS utilization and procedural issues. Medicare is no longer covering TENS for chronic low back pain except when part of a clinical trial. A review of the literature reveals a large body of conflicting evidence on the efficacy of TENS. The CURB felt that TENS can be useful, particularly if a decrease in pain medication use can be demonstrated.

Per the CURB's suggestions DVHA has decided to do the following:

- Extend the rental period for TENS to collect data
- Use a new provider documentation tool to be completed by the therapist/treating physician to demonstrate the efficacy of the device for the beneficiary.

The new documentation tool for the provider's office will decrease the amount of staff time needed to work on TENS authorizations and will ensure that appropriate documentation is received to authorize services.