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M E M O R A N D U M

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

CC: Al Gobeille, Secretary, Agency of Human Services

FROM: Cory Gustafson, Commissioner, Department of Vermont Health Access

DATE: January 15, 2019

RE: Clinical Utilization Review Board Report 2018

Pursuant to the requirements of 33 V.S.A. § 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.

Report to
The Vermont Legislature

Annual Report on
The Department of Vermont Health Access

Clinical Utilization Review Board (CURB) 2018

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

Submitted to:	**House Committee on Health Care; Senate Committee on Health and Welfare**
Submitted by:	**Cory Gustafson** **Commissioner, Department of Vermont Health Access**
Prepared by:	**Dr. Scott Strenio** **Chief Medical Officer, Department of Vermont Health Access**
Report Date:	**January 15, 2019**

VERMONT
AGENCY OF HUMAN SERVICES
Department of Vermont Health Access

The Department of Vermont Health Access

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 Members

Chrissie Allen RN, PPNNE, Nurse, Colchester
Michel Benoit, MD, UVM, Orthopedic Surgeon, Shelburne (resigned 3/15/2018)
David Butsch, MD, General Surgeon, Barre (resigned 3/15/2018)
Ann Goering, MD, Family Medicine, Winooski
Joshua Green, NP, Naturopath, Burlington
Nels Kloster, MD, Psychiatrist, Marlboro
Jessica MacLeod, NP, Nurse Practitioner, Berlin
John Mathew, MD, General Internal Medicine, Plainfield
Paul Penar, MD, UVM, Neurosurgeon, Shelburne (resigned 3/15/2018)
Michael Rapaport, MD, Psychiatrist, Burlington
Norman Ward, MD, UVM, Family Medicine, Burlington (resigned 3/15/2018)
Valerie Riss, MD, UVM, Pediatric Hospitalist
There are two vacancies on the CURB at this time.

2018 Topics

CURB held three meetings in 2018 and the following topics were discussed:

- Conflict of Interest Policy
- All-Payer Model for Substance Abuse Treatment
- VCCI (Vermont Chronic Care Initiative) Program Update
- Quality of Care Protocol
- Tobacco Cessation
- CURB Initiatives Updates
    - Out-of-Network (OON) Outpatient Procedures
    - Gold Card for Radiology Procedures – Expansion
    - Genetic Testing / Lab Benefit Management
    - Low-Dose Chest CT Scan
    - Pediatric Physical Therapy/Occupational Therapy/Speech Therapy (PT/OT/ST) Reviews
    - Procedure Code 90853 – Psychotherapy

Conflict of Interest Policy

The conflict of interest policy and procedure were reviewed and discussed with the CURB. There have been no conflicts to date and the CURB members have agreed to complete the questionnaire annually.

All-Payer Model for Substance Abuse Treatment

The Centers for Medicare and Medicaid Services (CMS) Innovation grant allows Medicaid to test different models. This has led to Medicare and Medicaid along with large commercial insurance payers in Vermont working together to form comprehensive treatment plans and increase participation in the hub-and-spoke system in Vermont. In addition to the treatment plans and participation, Vermont Medicaid is investigating alternative approaches to non-opioid treatment of chronic pain.

VCCI (Vermont Chronic Care Initiative) Program Update

VCCI consists of 25 nurses that work with Vermont Medicaid members that are high-utilizers of health care. DVHA has undergone the process of aligning the VCCI program with broader health reform efforts, including the Vermont Medicaid Next Generation ACO (accountable care organization) and the Blueprint for Health. In 2019 there will be approximately 80,000 Vermont Medicaid members attributed to the ACO. Effective October 1, 2018, the VCCI eligibility process changed in the following ways:

1) The eligibility process was modified to incorporate the traditional criteria based on data to also include screening and stratification for social determinants of health (mental health, substance use, inter-partner violence, housing stability, and food security).
2) Outreach is proactively conducted to new Medicaid beneficiaries using a verbal, telephonic screening tools to help stratify them into low, medium, high, and very high risk. Based on the level of risk, beneficiaries will be connected with primary care, community-based self-management programs and human service providers or engaged in complex care management using the same tools as the local care teams facilitate through the Blueprint and ACO.
3) Eligibility criteria for acceptance of provider referrals was modified to include individuals who are high or very high risk based on a combination of chronic disease and social determinants of health. This modification of provider referrals includes the acceptance of beneficiaries for whom Medicaid is the secondary payer.

By focusing on the social determinants of health, VCCI aims to improve the health of Medicaid beneficiaries and reduce health care utilization. The inclusion of social determinants was intended to capitalize on the traditional successes of the VCCI model, while allowing for earlier intervention and prevention. The modifications also align with the ACO's care coordination processes and tools. Using ACO-aligned tools creates a smooth transition for VCCI participants to community-based lead care coordinators and care teams, and into the ACO model of care if a beneficiary becomes attributed to the ACO. In the case that a referred beneficiary has another Medicaid funded care management service available to them, VCCI may consult on healthcare related issues, but will ensure the beneficiary is connected to their care manager for care management services.

Quality of Care Protocol

The Quality of Care Protocol was presented to the CURB again in 2018. Historically, when DVHA had a quality of care concern it was sent to the Vermont Medical Practice Board for review. The follow up

investigations and outcomes were not completed in a timely manner. This resulted in providers who were under review still having Medicaid members referred to their practice. Due to this, DVHA created an internal Quality of Care program in 2014. The program included members of DVHA's Clinical Operations, Program Integrity, Quality, and Pharmacy units. The program allowed quality of care concerns to be expedited. The new workflow allowed concerns to come from: members, providers, or AHS (Agency of Human Services) staff. The Quality program determines the severity of the concern and determines if external referral needs to be made to the medical practice board (MPB), Medicaid Fraud and Abuse Unit (MFRAU), or the Office of Professional Regulation (OPR). If external referral is not necessary, the concern goes to the appropriate unit within DVHA. The unit then requests and reviews appropriate records from the provider. An external referral can be made at any time during this process. The outcomes of a review vary from financial withholding, to creation of a corrective action plan (CAP), to referrals to the Medical Practice Board.

Tobacco Cessation

The Vermont Center on Behavior and Health (VCBH) was established at UVM in 2013 to study the relationship between behavior and health. The VCBH is, in part, supported by a National Institute for Health (NIH) Centers of Biomedical Research Excellence (COBRE) grant. The Center focuses on relationships between behavior and chronic disease risks. Steven Higgins, Ph.D. has been working on reward strategies at UVM since the 1980's and 90's with the cocaine epidemic. Higgins has been investigating smoking among mothers of young children. Within Medicaid, 40-60% of this population are smokers. Young children are at a higher risk for smoking related illness. Two trials were conducted with this population in the last ten years. One trial included opioid dependent mothers in active treatment while the other trial did not. Mothers in each group could earn up to $800 over twelve weeks and the study followed them over an additional year. Within each group there were three sub groups. The first received referrals to connect participants to resources for smoking cessation. The second added monetary vouchers on top of the resources, and the third added nicotine replacement therapy (NRT) on top of the other two interventions. The sustained quit rates for the non-opioid group receiving the vouchers was 40% compared to 6% for the group without. The voucher system showed results across all groups, while NRT proved less effective in the opioid population. Improving smoking cessation rates among the opioid-dependent population was found to be the most difficult. One area being considered for future studies is if e-cigarette use will influence the outcomes.

CURB INITIATIVES UPDATES

Out-of-Network (OON) Outpatient Visits

In 2012 the CURB made a recommendation to require prior authorization for OON elective office visits as a method to keep Medicaid dollars and providers in Vermont. The following table shows the overall trend in OON claims paid annually for visits since 2012. Please note not all OON visits are represented because not all OON providers submit claims for payment.

Table 1. Overview of Vermont Medicaid Out-of-Network Claims Office Visit 2012 - 2018

SFY - DOS	Recipient ID Count	Paid Amount	Units of Service
2012	428	$91,037	1093
2013	80	$33,359	401
2014	107	$13,701	231
2015	124	$15,099	217
2016	103	$9,383	146
2017	69	$5,429	82
2018	92	$7,833	108

There was approximately a $83,000 decrease in OON visit claims paid over the past six years. The total Vermont Medicaid population increased 20% over the same time frame.

DVHA is currently investigating a recent rise in OON outpatient procedures without having had a prior authorization. There are many outpatient services being provided OON that can be done in Vermont. DVHA is also exploring options to encourage in-network services, including provider education.

Gold Card for Radiology Procedures – Initiative Expansion

DVHA implemented the Gold Card process in 2013. Providers who qualify for a Gold Card are exempt from being required to request prior authorizations for radiology procedures. The radiology benefit manager, EviCore, runs data annually to identify which providers meet the criteria to qualify for a Gold Card. In November 2018, one new provider was identified who met the gold card qualifications for 2018. As of January 2018, the Gold Card privileges have been extended to a total of 13 providers.

The current standard to qualify for the Gold Card is that a provider must have at least 100 prior authorization (PA) requests for high tech imaging with a less than or equal to 3% denial rate within an eighteen-month window. Those who qualify are relieved from submitting prior authorizations for one year. DVHA is considering changing the standard to allow for easier access by primary care providers (PCP). The proposed change would decrease the qualifying limit from 100 to 75 PA requests, while the denial rate will remain the same. If the new standard is met, qualifying providers will not have to submit PA requests for 2 years. DVHA is currently in the process of reaching out to the current Gold Card providers for their feedback on the change. This change could affect a cost savings by decreasing utilization of eviCore services.

Urine Drug Testing / Lab Benefit Management

DVHA has recently been investigating contracting a Laboratory Benefit Manager for laboratory testing. DVHA is investigating internal data to identify high volume labs including urine drug testing and the costs associated with them. There are instances where the whole drug test panel is not medically necessary. Conducting the whole panel when only a portion is needed is not cost effective. DVHA has investigated hiring a contracted service to manage laboratory requests. The vendors that provide these

services also aid in prior authorization reviews and guidelines. In other states the vendors have report an 8-12% cost savings by using their services. This could potentially be a large cost savings to DVHA.

Low Dose Chest CT Scan

The recommendation was for Vermont Medicaid to cover low dose CT Scans for lung cancer screening as recognized nationally as standard of care. This initiative was approved by DVHA Commissioner and became effective in March 2015. As of October 20, 2018, a total of 686 recipients have received this service.

Pediatric Physical Therapy/Occupational Therapy/Speech Therapy (PT/OT/ST) Reviews

Earlier oversight for pediatric (ages 0 until the end of the 20th year) PT/OT/ST reviews began as a CURB initiative in 2012. Prior to this initiative there was minimal oversight of PT/OT/ST services provided. The initiative has led to less recoupments by DVHA and less investigation by DVHA's Program Integrity Unit for providing incorrect, non-covered, and non-proven services for Medicaid pediatric members. The initiative has also served to increase provider engagement and education through in-service trainings coordinated by DVHA. There were no updates on this initiative in 2018.

90853 Psychotherapy

The recommendation was 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). Effective July 1, 2015, Medicaid requires all providers to bill this code per session as opposed to per fifteen minutes. 1 Unit = 1 Session.

As of October 20, 2018, there was a decrease of approximately $1.5 million in claims paid for group therapy between FY2015 and FY2018. However, there was an increase of approximately $3 million in yearly claims paid for individual psychotherapy for the same time frame.