

NHP/NHIC-Medical Policy Development

Abstract/Purpose:

A Medical Policy (MP) is a regionally developed and Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) approved document that provides objective, measurable criteria for making utilization decisions. The policies are based on research and reasonable medical evidence.

I. Policy

Definition and Purpose:

- A. A Medical Policy (MP) is a regionally developed and Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) approved document that provides objective, measurable criteria for making utilization decisions. The policies are based on research and reasonable medical evidence. The purpose of a MP is to:
 - 1. supplement the commercial or CMS utilization criteria used for medical necessity decision making (see NHP/NHIC medical policy: Published Review Criteria);
 - 2. be used in place of the commercial criteria when it may be contrary to the needs of individual members or the local delivery system; or
 - 3. clarify when a service may be considered medically necessary verses an exclusion when that service could be either depending on the situation.
- B. As with published review criteria, Medical Policies are applied in a manner which is responsive to the individual patient needs and to the characteristics of the local delivery system.

II. General Facts:

- A. Identification of the need for a MP may come from any source, but usually comes from Care Management (CM) staff, physicians, or other service providers.
- B. Factors leading to the development of a MP include:
 - 1. no licensed published or CMS criteria meets the current need/situation
 - 2. a Coverage Booklet's (Certificate of Coverage, Evidence of Coverage or It's Your Choice booklet) language needs clarification

3. characteristics of the local delivery system vary from the licensed, published criteria. (e.g. Standard criteria states level of care is outpatient setting and local delivery system does not have comparable outpatient service)
- C. The Director of Health Management or designee will coordinate the MP development process.
 - D. All NHP/NHIC initiated and approved technology assessments are considered medical policy, are in the MP format and available to staff.
 - E. Network Health Plan/Network Health Insurance Corporation (NHP/NHIC) maintains all medical policies on the Intranet. The policies are available for use by CM staff.
 - F. Medical Policies are considered utilization criteria and require review by and input from appropriate participating practitioner(s) and provider(s) and annual review by the appropriate committees.
 - G. Medical Policies are created using the NHP/NHIC policy format. (This is the EM3 process on the Intranet).
 - H. Medical Policies are reviewed by the Medical Policy Committee (MPC) and recommended for approval to the Quality Management Committee (QMC) QMC must approve policies for use by Care Management.

III. **Research and Development**

- A. NHP/NHIC routinely uses external expertise for verifying accepted standards of practice and care. Examples of external expert sources include but are not limited to:
 1. Coverage Booklets (Certificate of Coverage (COC), Evidence of Coverage (EOC), It's Your Choice booklet)
 2. Technology Assessment sources
 - a. Those licensed by NHP/NHIC or Affinity Health System (which may include Blue Cross/Blue Shield TEC Evaluation Center, Hayes, etc)
 - b. Those available from other sources (e.g. Government agencies, American Medical Association, etc)
 - c. Internal Tech Assessments done at NHP/NHIC
 - d. other
 3. On-line Information Searches
 4. Medical Text and Periodicals
 5. Other NHP/NHIC documents

- a. Clinical Practice Guidelines
- b. Utilization Criteria
- 6. Professional Organizations
- 7. Local Plan Professionals
 - a. Physicians
 - b. Therapists
 - c. DME providers
- 8. Other sources

B. Available data is **organized** to support the information and conclusions of the MP. Required information (pertinent documentation) includes:

- 1. Description of product, procedure or issue involved
- 2. Medical Information
 - a. Outcomes research
 - b. Studies, anecdotal data
 - c. Risk/benefit information
 - d. Established alternatives
 - e. Availability outside of the research setting
- 3. Statistical considerations when appropriate
 - a. number of cases considered
 - b. number of requests received
- 4. Coverage
 - a. by other insurance carriers
 - b. by re-insurers
- 5. Patient selection criteria, if applicable
- 6. Conclusions (rationale for approval, limitation, or disapproval of service in question)
- 7. References

- C. Develop a **draft** MP and have it reviewed by the Medical Director, Director of Health Management, and CM staff as appropriate.
- D. Send MP draft to the appropriate participating practitioner(s) or provider(s) and select CM staff for review and feedback.
- E. Policy author or designee presents final draft to the MPC.
- F. The MPC reviews and recommends the MP to the QMC for approval (or concludes that treatment/procedure is not efficacious, is experimental etc – see Technology Assessment policy.)

- G. The QMC reviews the MP and considers the approval recommendation.
- H. After final approval by QMC, the policy is entered into the EM3 process and becomes available on the Intranet.
- I. A notice is sent company-wide that a new medical policy has been developed and is available on the Intranet.
- J. Practitioners are notified via the Intranet, mailings or publications as appropriate.
- K. Format of MP

1. Standard format (EM3 format on the Intranet) includes:

- a. Title: Name of MP
- b. Description: Brief description of product, procedure, issue.
- c. Medical Indications (criteria) for the procedure, treatment, equipment, etc
- d. Coverage: Under what circumstances does coverage exist
- e. Limitations/Exclusions: Any limitations of coverage or exclusions.
- f. Special notes/comments: Any other pertinent information including references.