Geisinger

POLICIES AND PROCEDURE MANUAL

Policy: MP005

Section: Medical Benefit Policy

Subject: Medical Benefit Policy Development Process

I. Policy: Medical Benefit Policy Development Process

II. Purpose/Objective:
To provide a policy of coverage regarding Medical Benefit Policy Development Process

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

Process

1. A request for medical policy development or revision is received via paper or electronic submission to the Director, Medical Policy (Director) by a Plan Provider, Plan Administrator, Plan Medical Director, through communication of governmental regulation, or Technology Assessment Committee recommendation. Topics considered for medical policy may also be gathered from routine periodic review of industry standards and emerging published, peer reviewed medical literature. The Director or the Medical Policy Research Coordinator(s) logs requests for medical policy on the tracking module.

2. The Director reviews the requests for medical policy development with a Health Plan Medical Director on an ad hoc basis and requests are evaluated to determine priority, approach and need for specialty input. Requests for policy related to new technology or new applications of existing technologies are also reviewed with the chairperson of the Geisinger Clinic Technology Assessment Committee (TAC) for determination for appropriateness of TAC evaluation. Recommendation of approval or disapproval of a procedure, device or therapy by the Geisinger Clinic Technology Assessment Committee (TAC) or the Technology Assessment Committee Triage Group (TACt) is followed by assignment of a numeric identifier for the draft policy and the development of a draft medical benefit policy. The draft policy follows the review and implementation process

3. The Director or Medical Policy Research Coordinator(s) meets with the Medical Director as necessary. Routine requests for medical policy development are reviewed and the following process is followed.

a. The Director or Medical Policy Research Coordinator conducts a literature search, and obtains medical specialty input as needed.
b. A draft policy or draft revision of an existing document is written and input gathered from the Physician Advisory Group(s) as applicable.
c. The proposed draft policy is submitted to the Plan's Medical Management Committee (MMC) for review, discussion and recommendation as soon as the agenda permits. Copies of the proposed policy are distributed to the participants of the Medical Management Committee prior to the meeting. The Medical Management Committee meets twice a month. Recommendation for approval of the medical policy can be made by a quorum vote of 1/3 of the committee membership which must include at least one (1) Plan Medical Director.
d. Policies recommended for approval by MMC are forwarded to the PA Department of Human Services (DHS) Prior Authorization Review Process (PARP). Policies must be submitted electronically by the assigned PARP submission dates. The PARP review is held during the last week of each month. Policies requiring revision applicable to the GHP Family (Medicaid) business segment are revised and resubmitted for approval by DHS. The criteria revision may be applied across all business segments at the Plan's discretion, or limited to the GHP Family business segment. If proposed that the revision is applicable across all business segments, MMC must be notified and must recommend approval of the proposal to apply the revision across all business segments.
e. As deemed necessary by the Director, new or revised policies having impact to the Plan's benefit design or potential impact for regulatory filings will be scheduled for review by the Medical Services Review Group and/or Benefit Review Team.
f. Review and final approval of medical benefit policy recommendation is the responsibility of the Plan's Medical Management Administrative Committee (MMAC). Approval is acquired via electronic vote by the MMAC membership.

4. The Director or Medical Policy Research Coordinator(s) facilitates the posting of the new, revised or reviewed policies on the Plan's website per the following schedule:

Policies are posted to the Plan's web platform no later than the 15th of each month and become effective on the 15th of the following month. Detailed updates showing all revisions are also posted to the web in a separate document specifically designed and oriented toward the providers.
Plan providers are encouraged to provide ongoing review and feedback of medical policies which are posted on the Plan's website or through review of hardcopy versions provided by their Provider Network Management representative.

5. New and revised medical benefit policies are communicated to the provider network through a cooperative effort by the Director, Medical Policy Research Coordinator(s), Provider Network Management staff, and Marketing staff utilizing applicable provider communication vehicles.

6. Medical policies are revised as necessary and reviewed no less than annually by the, Medical Policy department, Medical Directors, and Plan administrative committees. Provider input is solicited on an ongoing basis through an electronic submission pathway located on the medical policy webpage. Input may also be solicited directly from a provider(s) with expertise in the specialty undergoing review. The Director or Medical Policy Research Coordinator(s) is responsible for reviewing provider input, logging the information in a dedicated database, creating or adapting existing database tools to meet the needs of data collection as necessary and determining if the input dictates an immediate review of the policy or assuring that the input is included in the next annual review/revision of the appropriate medical policy. Implementation of revisions to existing policies follows the process outlined in steps 4 through 7.

This policy will be revised as necessary and reviewed no less than annually**.**

Devised: 05/07/01

Revised: 01/02; 5/02 title/content changes; 10/02 Add process change; 04/03 title/process change; 04/04 process revision; 4/05 (grammatical change); 10/06 (process revision);11/07(Wording changes): 11/08; 5/10 (process change); 5/11 (process change), 5/13(process changed), 9/16; 5/17 (process update); 5/19(process update);

Reviewed: 5/02; 03/10, 5/12, 5/14, 5/15, 5/18, 6/20