

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Corporate Medical Policy Adoption
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 03/15/2018	RETIRED:
EFFECTIVE DATE:	REVIEWED/REVISED:
PRODUCT TYPE: All	REFERENCE NUMBER: NH.MP.01

SCOPE: NH Healthy Families Medical Management and Provider Relations departments.

PURPOSE:

To establish a process by which NH HEALTHY FAMILIES will adopt and accept medical policies developed through Centene's Corporate Clinical Policy Committee (CPC).

POLICY:

NH HEALTHY FAMILIES assists the CPC in the identification of need, development, revision, and/or review of clinical policies. All CPC approved medical policies require subsequent approval by NH HEALTHY FAMILIES's Utilization Management (UM) or Quality Improvement Committee, as appropriate.

Clinical policies include medical, behavioral health, medical pharmacy benefits, durable medical equipment and devices. These policies include but are not limited to:

- New and emerging technologies
- New uses for existing technologies
- Coverage issues relating to new and existing technologies
- Clinical guidelines for the evaluation and treatment of specific conditions
- Criteria used in the authorization of drugs included on a Plan prior authorization list
- Clinical/medical criteria or information used in pre- or post-service review

The Corporate Senior Vice President/Chief Medical Officer (SVP/CMO) or designee performs an annual review of all existing clinical policies to determine continued applicability and appropriateness. In connection with this annual review, the SVP/CMO or designee is responsible for identifying which policies require revisions. The SVP/CMO or designee shall send any such policies to the CPC to oversee the revision process and for subsequent re-approval.

The purpose of clinical policies is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between these policies and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Corporate Medical Policy Adoption
PAGE: 2 of 4	REPLACES DOCUMENT:
APPROVED DATE: 03/15/2018	RETIRED:
EFFECTIVE DATE:	REVIEWED/REVISED:
PRODUCT TYPE: All	REFERENCE NUMBER: NH.MP.01

Clinical policies are intended to be reflective of current scientific research and clinical thinking. Clinical policies are not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

PROCEDURE:

1. Corporate Development and Revision

- a. Centene's CPC designee is responsible for the research of evidence-based medical policy.
- b. The CPC will develop Medical Policies from recognized sources. Source data must be documented in the Medical Policy to include the scientific basis or the authority upon which it is based.
- c. If the clinical practice guideline is not from a recognized source, board-certified practitioners that would use the guideline are given the opportunity to give advice during its development. Board certified specialist review, as appropriate, will be documented in the CPC meeting minutes.
- d. Medical Policies will be updated by the CPC at least annually or more frequently as needed.
- e. Medical Policies are posted to the Centene Intranet and announced to the Plans for review and adoption as indicated.

2. Plan Adoption

- a. NH HEALTHY FAMILIES's Chief Medical Director or designee is responsible to review the available medical policies as developed and adopted by the Corporate CPC.
- b. NH HEALTHY FAMILIES's Chief Medical Director or designee facilitates presentation to the Plan's Utilization Management Committee (UMC), as appropriate. All Medical Policies are reviewed in detail by the external consulting members of the Utilization Management Committee, who have the authority to accept or propose modifications to these Policies. All proposed modifications are discussed with the Corporate CPC, and a final decision is made regarding acceptance or rejection of proposed changes, with appropriate justification based upon available published medical literature and evidence. Policies proposed for modification are returned to the Utilization Management Committee for subsequent review, discussion and approval.

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Corporate Medical Policy Adoption
PAGE: 3 of 4	REPLACES DOCUMENT:
APPROVED DATE: 03/15/2018	RETIRED:
EFFECTIVE DATE:	REVIEWED/REVISED:
PRODUCT TYPE: All	REFERENCE NUMBER: NH.MP.01

- c. NH HEALTHY FAMILIES will assure that the appropriate version of the policy is posted publicly as per section 3 (b) below, which serves as the point of truth regarding NH HEALTHY FAMILIES Policies currently in effect.

3. Plan Distribution to Practitioners

- a. A listing of adopted clinical policies is maintained on the NH HEALTHY FAMILIES internal website.
- b. Medical policies are accessible on the publicly available Medical Policy page of the NH HEALTHY FAMILIES website. NH HEALTHY FAMILIES will ensure that providers are aware of the availability of Medical Policies utilized and how to receive a copy of the criteria.

DEFINITIONS:

Evidenced-Based Guidelines – are those known to be effective in improving health outcomes. Effectiveness is determined by scientific evidence; or by professional standards, in the absence of scientific evidence; or by expert opinion, in the absence of professional standards. (e.g. Guidelines provided through the National Guidelines Clearinghouse at www.guidelines.gov)

Recognized Sources – organizations that develop or promulgate evidence-based clinical practice guidelines and include professional medical associations, voluntary health organizations and NIH Centers and Institutes. (e.g. American Academy of Pediatrics, American Diabetes Association, National Heart Lung and Blood Institute)

REVISION LOG:	DATE
Initial Review and sign off by Senior Leaders	3/15/2018

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Chief Medical Director, NH HEALTHY FAMILIES: _____ Electronic Signature on File_____

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Corporate Medical Policy Adoption
PAGE: 4 of 4	REPLACES DOCUMENT:
APPROVED DATE: 03/15/2018	RETIRED:
EFFECTIVE DATE:	REVIEWED/REVISED:
PRODUCT TYPE: All	REFERENCE NUMBER: NH.MP.01

VP, Medical Management, NH HEALTHY FAMILIES: _____ Electronic Signature
on File _____