SUBJECT: NEW TECHNOLOGIES

INCLUDED PRODUCT(S):

Medicaid

☐ BadgerCare Plus

Individual and Family

☐ Commercial

Care4Kids Program

Marketplace

PURPOSE OR DESCRIPTION:
Chorus Community Health Plans’ (CCHP) New Technologies policy describes how CCHP incorporates new healthcare technologies into its benefit plan. New technologies include medical and behavioral health services, supplies, durable medical goods, implantable medical devices, and pharmaceuticals. Also included are new applications or new indications for existing technologies. For additional related policy information see CCHP’s Medical Utilization Management Policy on “Medical Necessity”.

POLICY:

1. For CCHP’s Medicaid product line (BadgerCare) only:
   a. Before any new technology can be considered for inclusion, it must be added to the State of Wisconsin’s list of Medicaid covered health services.
2. For all product lines, CCHP utilizes the evidence-based guidelines provided by MCG (formerly called Milliman Care Guidelines) to determine when to incorporate new technologies and what criteria are needed in its benefit plan. MCG’s annual updates cover most of the new technologies CCHP needs to evaluate.
3. For new technologies requiring consideration before MCG’s annual update the process is as follows:
   a. A CCHP Medical Director initiates and manages the process. For new behavioral health technologies the CCHP Medical Director for Behavioral Health will initiate and manage the process.
   b. CCHP utilizes one or more of the following resources when developing a new Medical UM Policy:
      i. On-line medical library for medical literature, search engines, and guidelines provided by CCHP’s parent organization, Children’s Hospital of Wisconsin. This includes guidelines of specialty organizations, government agencies, and national/international evidence-based databases, such as Cochrane.
      ii. Hayes, Inc. CCHP’s subscription service with Hayes includes evidenced-based reviews on multiple technologies and adds new reviews weekly. Hayes also offers a consult service for a review of any specific service. CCHP may request one of these reviews for a new technology. The review by Hayes would include appropriate medical specialists.
   c. When a new Medical Utilization Management Policy is drafted, the Medical Director will bring this to CCHP’s Medical Advisory Committee (MAC). MAC members represent specialties that would be affected by the policy, including behavioral health specialists.
   d. After approval by the MAC, the new Medical Utilization Management Policy is then presented for final approval by CCHP’s Quality Oversight Committee (QOC).
4. For new pharmaceuticals, or new uses of existing pharmaceuticals:
   a. For CCHP’s Medicaid product line, pharmaceutical benefits are managed by the State’s Medicaid program. Therefore CCHP does not independently assess new pharmaceutical for benefit inclusion.
   b. For CCHP’s marketplace product, *Chorus Community Health Plans - Marketplace and Commercial*, CCHP contracts with UPMC (University of Pittsburgh Medical Center) to manage utilization for the pharmacy benefit. Evaluation of new pharmaceuticals is managed through UPMC’s pharmacy and therapeutics committee. Information is provided to CCHP regarding any additions of new pharmaceuticals to the formulary after each meeting. Note: See UPMCs policy on New Technology for Pharmaceuticals.
5. In the event a decision for coverage of a new technology must be made before the formal process described above can be concluded, the Medical Director, utilizing the resources above, will make the decision based on CCHP’s Medical Utilization Management Policy for Medical Necessity, section #3, which is reprinted here:
   a. For a new healthcare service or supply, a current one with a new application or indication, or for any service or supply without an applicable MCG guideline or a CCHP medical utilization management policy, CCHP will apply the above definition of medical necessity and consider any of the following questions which apply to the service or supply when determining whether it is medically necessary:
      i. Is it consistent with the symptoms or diagnosis?
• Is it provided according to generally accepted medical practice standards?
  ii. Is it only for custodial care?
  iii. Is it solely for the convenience of the practitioner or the covered person?
  iv. Is it Experimental or Investigational Treatment?
  v. Is it provided in the most cost effective care facility or setting?
  vi. Does it not exceed the scope, duration, or intensity of that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment? and
  vii. When specifically applied to a hospital confinement, does it mean that the diagnosis and treatment of the medical symptoms or conditions cannot be safely provided in the outpatient setting?

REFERENCES:

1. MCG Careweb Guidelines, Copyright © 2016 MCG Health, LLC. All Rights Reserved
2. CCHP Medical Utilization Management Policy for Medical Necessity