Policy & Procedure				
Subject:	**Evaluation of New Technology**			
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Contract Reference(s):	LDH 2015-2018 Section 6.25			

POLICY

AmeriHealth Caritas Louisiana (ACLA) follows new technology assessments conducted by Louisiana Department of Health and Hospitals (LDH) and all subsequent adoptions of new technology by LDH. When a request for coverage of a new technology or a new application of an existing technology is received and needs investigation, a technology assessment is conducted to determine the appropriateness of covering the requested services under the member's health benefits. New technology or the new application of existing technologies includes, but is not limited to, medical procedures, Behavioral Health procedures, medical devices, medical technologies, and pharmaceuticals. ACLA maintains documentation of research, recommendations and a determination with regard to technology assessments performed and makes them available to appropriate staff.

Requests for coverage of new technology or a new application of existing technology are reviewed by the Medical Director of ACLA using the following information sources:

- LA Medicaid Contract
- Current Clinical Policies
- Results of the Hayes Incorporated (Hayes, Inc.) technology assessment report
- Information from appropriate government regulatory bodies, such as the Food and Drug Administration (FDA) or State Health and Human Services Department
- Published scientific evidence
- Publicly available reference information (including web/online resources)
- Information from a board-certified consultant familiar with the specialty or technology area under review
- Clinical information pertaining to the patient's medical history, current diagnosis, past treatment history and planned use of the new technology/new application of existing technology
- Definition of Medically Necessary as defined by State Health and LDH and adopted by ACLA.

PURPOSE

To define a process which can be utilized consistently when technology assessment is required to determine coverage of new technologies or new uses of existing technologies under the member's healthcare benefits. The process covers medical procedures, behavioral health procedures, pharmaceuticals and devices.

DEFINITIONS

N/A

PROCEDURE

The Clinical Policy Committee (CPC) is comprised of medical directors across AmeriHealth Caritas and its lines of business. It is chaired by the Corporate Medical Director for Clinical Policy (CMDCP); This committee meets on a monthly basis to review first read and second read clinical policies. Research is the first step in creating policy, and below are the steps utilized by the medical director.

After receiving guidance by way of Medicaid Bulletin, fee schedule or data book, ACLA will include new technologies and/or the new application of existing technologies in their list of covered services. In the event that there are any questions regarding new technology assessment or if a new technology is under evaluation, ACLA's Chief Medical Officer and the Chief Medical Officer of LDH will provide overall guidance.

1. When ACLA receives a request for coverage of a new technology, or a request for a new application of an existing technology, the clinical care reviewer (CCR), will review the request per policy (UM.002L, Concurrent Review or UM.003L Standard and Urgent Prior Authorization Policy) and discuss with the medical director.The medical director will access the following information when documenting the decision during the review process and document the determination in the appropriate medical management system:

    - LDH Medicaid Contract
    - Clinical Policies
    - Information from appropriate government regulatory bodies, such as the FDA (Federal Drug Administration) and State Health And Human Services Department.
    - Published scientific evidence
    - Publicly available reference information (including web/online resources)
    - Information from a board-certified consultant familiar with the specialty or technology area under review consistent with Policy UM.315L Independent Review
    - Clinical information pertaining to the patient's medical history, current diagnosis, past treatment history and planned use of new technology/new application of existing technology

- Information from a board-certified behavioral healthcare practitioner with expertise in the technology for behavioral health services
- Definition of medical necessity as defined by the State Health and Human Services Department and adopted by ACLA.

2. If the service is approved, an authorization is issued to the requesting healthcare Medicaid provider (provider) according to Policy *UM.003L Standard and Urgent Prior Authorization*, and Policy *UM0l0L*, *Timeliness of UM Decisions.*

3. The Plan medical director will then submit the case scenario to the CMDCP at least seven days before the CPC monthly meeting. The CMDCP distributes it to CPC members in preparation for the meeting to submit comments and suggestions for possible draft policy.

4. If the service is denied, additional procedures are followed in accordance with Policy *UM.017L*, *Notice of Adverse Determinations.*

5. *LDH maintains documentation of research, recommendations and determinations with regard to technology assessments performed and make them available to appropriate staff.*

REFERENCES (Cited Policies and Procedures and Source Documents)

N/A

ATTACHMENTS

N/A

[-End of Policy-]