

# Clinical Policy: Clinical Policy Committee

Reference Number: CP.CPC.01

Last Review Date: 03/20

[Revision Log](#)

## **Description**

The Clinical Policy Committee ensures that clinical policies provide a guide to medical necessity, are reviewed and approved by appropriately qualified physicians, and are available to all Centene Health Plans.

Clinical policies 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.

Clinical policies reflect current scientific research and evidence-based clinical standards. 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 given to members. All clinical policies are available to providers in compliance with all federal, statutory and regulatory requirements and upon request.

## **I. Purpose**

- A.** The Centene Corporate Chief Medical Officer (CMO) or his/her designee is responsible for establishing and maintaining a Clinical Policy Committee (CPC) composed of physicians and other medical and operational representatives as appropriate from Corporate Medical Management and each Plan to assist in the identification of need, development, revision, and/or review of clinical policy. All corporate clinical policies require approval by the CPC. Physicians participating in the CPC shall be board-certified and shall be licensed in good standing in at least one state.
- B.** Clinical policies include medical, and durable medical equipment and devices. These policies include but are not limited to:
  - 1. New and emerging technologies
  - 2. New uses for existing technologies
  - 3. Coverage issues relating to new and existing technologies
  - 4. Clinical guidelines for the evaluation and treatment of specific conditions
  - 5. Clinical/medical criteria or information used in pre- or post-service review
- C.** The CMO or designee performs an annual review of all existing corporate clinical policies to determine continued applicability and appropriateness. In connection with this annual review, the CMO or designee is responsible for identifying which policies require revisions. The CMO or designee shall send any such policies to the CPC to oversee the revision process and for subsequent re-approval.

## **II. Membership**

The CMO or designee recruits and replaces, as needed, CPC members to maintain a committee that includes:

- A.** Voting members:

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1. One Medical Director from each Plan (at minimum);
  2. Corporate Medical Directors
- B.** Non-voting members:
1. One representative from each Plan's medical operations department
  2. Corporate clinical policy leadership
  3. Corporate Medical Management Staff
- C.** Ad hoc advisors
1. Representatives from Centene subsidiaries
  2. Internal legal counsel
  3. Plan compliance directors
  4. Outside experts and/or relevant interested parties depending upon the specialty area or special needs of the clinical policy.

### **III. Committee Maintenance and Oversight**

- A.** The CMO or designee acts as the chairperson for meetings and activities performed by the CPC (Committee Chair). The Corporate Director of Clinical Policy reports to the Committee Chair.
- B.** The Corporate Director of Clinical Policy oversees the Clinical Policy Department which is tasked with the following responsibilities in connection with the development and approval of clinical policies:
1. Coordinating research and development of clinical policies, which includes:
    - a. Prioritizing all inquiries for new corporate policies and maintaining an electronic log of all requests for research and new policies with the requestor and subject of review.  
Highest priority is given to inquiries based on open medical management cases such as pending authorizations or appeals cases. Response to these requests typically occurs within 24 hours. Priority then continues based on requests originating from providers or members, needs identified through financial analysis, followed by inquiries by vendors and technologies identified through trade publications.
    - b. Conducting preliminary review of topics as follows:
      - i. A critical appraisal of the current published medical literature from peer-reviewed publications including systematic reviews, randomized controlled trials, cohort studies, case control studies, and diagnostic test studies with statistically sound methods.
      - ii. Evidence-based guidelines developed by national organizations and recognized authorities.
      - iii. Opinions and assessments by nationally recognized medical associations including physician specialty societies, consensus panels, or other nationally recognized research or technology assessment organizations such as Hayes, UpToDate, or ECRI.
      - iv. Reports and publications of government agencies such as the Food and Drug Administration (FDA), Centers for Disease Control (CDC), or National Institutes of Health (NIH).
      - v. External review organization recommendations.

- c. Conveying the findings of the preliminary review to the requestor within the priority-based time frame. In cases of open medical management decisions, the requestor will use the information provided by the clinical policy staff and the specifics of the particular case to render a decision. Preliminary review findings are saved in an electronic file for future policy development.
  - d. For topics identified through medical management needs, if two requests for the same topic are submitted, a formal medical policy may be developed. Requests identified through financial analysis will follow this policy development process.
    - i. The clinical policy staff utilizes the preliminary research to draft a policy. Relevant CPT, HCPCS and ICD-10 codes are identified and included in the policy. A review of historical handling and/or payment of the policy topic is also conducted to share with the CPC as appropriate.
    - ii. Opinions from external physicians are solicited as appropriate, including behavioral health physicians. The policy is sent for CPC review and approval.
    - iii. Subsequent to each new policy approval, the clinical policy staff sends a notice to all medical directors and medical management leadership to inform them of new policies that have been approved by the CPC.
    - iv. The completed policies are reviewed annually or updated more frequently as dictated by current medical literature, medical director or other relevant staff requests and appeals analysis.
    - v. Completed policies are posted on CNet and in Adobe Experience Manager for access by internal staff and for plans to link to plan websites for providers.
  - e. Communication of these policies to provider networks is arranged by the plan marketing or provider network department.
2. Coordinating activities of the CPC including, but not limited to, the review, revision, approval, and maintenance processes of all corporate clinical policies. This includes scheduling meetings, sending necessary agendas and attachments, documenting meeting minutes, clinical policy reference number assignment, and the maintenance of such documents in electronic files and within the organizational internal database.
  3. Generating reports reflecting CPC activity on a quarterly basis, or more frequently as needed, for the Committee Chair.
  4. Notifying all relevant persons/departments and health plans regarding approved policies and related materials through email, including:
    - a. Claim support service teams for dissemination to IS and claims. The clinical policy team offers direction/coordination for any system needs to support the clinical policy.
    - b. Corporate Medical Management VPs and Corporate medical auditing and training teams for dissemination and auditing.
    - c. CPC members, plan medical management VPs and directors, and other health plan contacts for dissemination to their plan UM personnel. This includes notification to plan representatives for inclusion in the plan UM or QI committee responsible for plan level policy approval. Marketing and/or provider relations are included for appropriate provider notification of policy changes.
  5. Facilitating training, as needed, with the corporate Medical Management Training Department.

**IV. Meeting Frequency**

- A. CPC meetings are held, at minimum, on a quarterly basis. Frequency is dependent upon clinical policy revision cycles and/or clinical policy need (as determined by the CMO or designee).
- B. Meetings may be held in a physical location or through the use of alternative media as determined by the participation of members from remote locations or by the urgency of the clinical policy. Such media include video, telephonic conference call, or email.

**V. Committee Member Activities and Responsibilities:**

- A. Identification of new subjects to consider for clinical policy development can occur in the following ways:
  - 1. Through UM authorization requests;
  - 2. New technologies identified through trade publications;
  - 3. Inquiries from providers and vendors;
  - 4. Review of appeals cases;
  - 5. Suggestion of the Medical Policy Governance Team;
- B. Review of clinical policies which includes:
  - 1. New clinical policy drafts;
  - 2. Policies due for scheduled review;
  - 3. Updates or revisions to existing policies outside of the scheduled review due to advances or changes in standards of care, new information, missing information or content error;
  - 4. Updates regarding the status of any policies under review;
  - 5. Policy and prioritization requests for new clinical policies;
- C. Electronic approval of clinical policies  
Policies will be reviewed and approved through an electronic web poll process.
  - 1. All draft clinical policies are loaded into the Qualtrics survey tool.
  - 2. An email notification is sent to each of the CPC members with a link for the current survey with policies due for review as well as the required completion date for review. Standard surveys allow one week for review of clinical policies.
  - 3. The survey directs CPC members to indicate if the policy meets their approval with a vote stating either (a) “yes,” (b) “yes, with comments,” (c) “no,” or (d) “abstain.” “Yes, with comments” and “no” votes require feedback to be supplied before the reviewer can complete the survey.
  - 4. The Committee Chair determines, based on voting feedback, whether an issue identified during the voting process will be included on the agenda for discussion at the following CPC meeting. If so, the feedback will be distributed with the agenda for consideration prior to the meeting.
  - 5. In the context of the electronic approval process, CPC actions are determined by a majority vote of the voting members responding. A majority of the voting committee members must respond to the review request to be considered a quorum. If a quorum does not respond, a follow-up email is sent to request additional members to respond.
  - 6. Survey results are maintained electronically in the folder dated with the survey fielded date, along with all of the policies that were submitted for approval at that time.
- D. Attendance and Participation

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1. Committee members are expected to attend all scheduled meetings and participate in the review of documents forwarded electronically for review and consensus.
2. The Committee Chair has the right to replace a committee member who does not participate in 2 or more consecutive committee meetings.
3. In the context of CPC meetings, CPC actions are determined by a majority vote of the voting members present. A majority of the voting committee members must be present to constitute a quorum.
4. A Corporate designee will document meeting minutes. Meeting minutes include the agenda topic, pertinent discussion, proposed changes submitted/discussed, and any action taken or consensus reached with respect to the proposed changes.

#### E. Approvals

The CMO or designee approves all clinical policies. The Committee Chair is authorized to act as the CMO designee for the purpose of approving clinical policies.

1. Within 10 business days of the survey poll close date or CPC meeting date, the Corporate Clinical Policy team incorporates any agreed changes and loads the approved policy into the clinical policy SharePoint site.
2. The CMO designee locks the policy in an approved status in the policy management system for immediate use by the Health Plans.

Reviews, Revisions, and Approvals	Approval Date
Policy developed	09/08
Under II.B, added language consistent with Health Net MAC Charter that will be incorporated into CPC process Under IV.A clarified areas where topics can be identified to be consistent with HN MAC charter language	09/16
Changed IV.E. to 10 days, from 5 days, based on processing time due to volume of policies being reviewed.	09/17
Changed “Compliance 360” to “policy management system” in IV.E.2. Removed pharmacists as voting members.	07/18
Reviewed against the 2019 NCQA Health Plan Accreditation Standards and Guidelines	05/19
Under ad-hoc advisors in the committee members section, changed “Centene pharmacy subsidiary” to “Centene subsidiaries.” In the committee maintenance and oversight section, changed the requirement for statistically significant results demonstrating safety and effectiveness to a requirement for statistically sound methods. Added that policies are posted to Adobe Experience Manager and clinical policy SharePoint site. Changed references to Compliance 360 to Clinical Policy SharePoint Site. Added to committee maintenance and oversight section that committee members “and other health plan contacts” would be notified for policy dissemination to plan personnel, including the UM or QI committee. In meeting frequency section, changed statement to say CPC meetings may occur in a physical location or via alternate media, instead of “as well as.”	07/19
Added that new policy requests may come through the Medical Policy Governance Team. Removed mention of BH voters on the CPC, and BH	03/20

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<b>Reviews, Revisions, and Approvals</b>	<b>Approval Date</b>
policy topics. Specified throughout the policy that the CPC addresses corporate clinical policies.	