Medical Coverage Determination & New Technology Committee

Policy Number:	**M970101310**
Effective Date:	**1/1/1997**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP

☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the principles and methodology by which the Medical Coverage Determination Committee reviews (prospectively and retrospectively) new technology and new applications of existing technology, including behavioral health, pharmaceuticals, devices and medical procedures.

Policy:

The Independent Health Medical Coverage Determination Committee is chaired by the Medical Director or designee. The committee meets every other week or as needed. The Medical Director or designee will consult with and/or request clinical information from experts/specialists as needed regarding the specific topic being considered prior to a meeting.

Subjects for consideration by the Medical Coverage Determination Committee shall be prioritized for review by the chairperson, based upon several factors:

- Recognition of an emerging technology,
- New applications of existing technology,
- Review of medical literature,
- Medical conferences,
- Research developments,
- Results of scientifically recognized experimentation/investigation,
- Frequency of requests for the new medical technologies, behavioral health procedures, pharmaceuticals or devices by providers or subscribers, and/or
- New procedures and devices approved by governmental agencies, including but not limited to, the United States Food and Drug Administration (FDA), and the Centers for Medicare and Medicaid (CMS).

COMMITTEE MEMBERS:
Committee members include but is not limited to:

- Medical Director – Medical Policy & Utilization Management
- Associate Medical Director
- Clinical Manager – Utilization Management

New drug developments are usually considered by the Independent Health Pharmacy and Therapeutics committee; however, this does not preclude the consideration by the Medical Coverage Determination Committee of pharmaceutical agents used in conjunction with new technologies and procedures and recommendations by the Medical Coverage Determination Committee for inclusion or deletion of drugs to the formulary. The committee shall also consider the local delivery system regarding current and regional patterns or practices and the continuum of care available in the service area.

Generally, experts chosen to consult with the Medical Coverage Determination Committee shall be recognized as authorities in the subject field or possess extensive knowledge in the technology and are invited by the chairperson or by committee members who may have personal knowledge or relationships in their field of expertise.

CONFLICTS OF INTEREST:
Prior to presentation or discussion of any topic participants must disclose any potential conflicts of interest or any relationships they have with a vendor, manufacturer, or other individual or entity which may potentially influence deliberations.

Such disclosures would pertain to things such as:

- Owning stock in the company (self or relative),

- Receiving remuneration of any type from the company (including consulting fees or honoraria), etc., that may potentially undermine clinical integrity, interfere with or skew clinical decision making, increase costs, increase risk of over utilization or inappropriate utilization, or raise patient safety or quality of care concerns.

  Such disclosure does not prohibit the party from discussing the topic. However, committee members with such a conflict of interest should abstain from voting. All disclosed conflicts and abstentions shall be reflected in the meeting minutes.

SOURCES OF INFORMATION:

A. Relevant information from the following sources may be utilized and considered in the Medical Coverage Determination Committee decision making process:

- Current scientific literature
- Experts consulted
- Symplr Evidence Analysis
- UpToDate
- MCG guidelines
- The Alliance of Community Health Plans Emerging Technology Learning Group
- Professional organizations and societies, including but not limited to the American College of Obstetrics and Gynecologists (ACOG), American Society of Clinical Oncology (ASCO), and the National Comprehensive Cancer Network (NCCN)
- Technology News of the American Medical Association
- Clinical Practice Guidelines of the US Department of Health and Human Services,
- Health Technology Assessment of the US Department of Human Health and Services
- Directives and Bulletins from the New York State Department of Health
- The Department of Financial Services is utilized and considered in decision-making

B. The Medical Coverage Determination Committee may assess technology through several methods, including but not limited to:

- Evidence analysis,
- Structural statistical analysis,
- Mathematical models,
- Cost effectiveness analysis,
- Clinical trials,
- Outcomes estimate and analysis, and
- Research and/or
- Peer reviewed articles.

DECISION PROCESS:

The Medical Coverage Determination Committee shall render a decision which includes but is not limited to the following:

- Inclusion of the subject as a potential policy,
- Evaluation of medical, social, and financial consequences,
- Professional and member acceptability,
- Benefit vs. harmful effects,
- Ethical issues and

- Logistic manageability.

DECISION STATEMENTS:

- The requested medical service must have final approval from the appropriate government entities.
- The scientific evidence must permit conclusions concerning the beneficial effects of the requested medical service on health outcomes.
- The requested medical service's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.
- The requested medical service must improve the net health outcome as much as, or more than, established alternatives.
- The improvement must be attainable outside the investigational settings.
- Determinations of clinical efficacy and appropriateness shall precede and be paramount to considerations of cost.
- Presentation information, discussion documentation and recommendations made by the Medical Coverage Determination Committee are maintained in the committee minutes. The results / recommendation of a presentation is sent to the presenter in a timely fashion.

Pre-Authorization Required? Yes ☐ No☒

N/A

Definitions

Medical Coverage Determination Committee is a committee comprising Independent Health medical / departmental staff, which reviews new technology and applications of existing technology in health care. This committee acts in an advisory role on the development of policies, procedures, and Independent Health's standard protocol methodology.

References

Related Policies, Processes and Other Documents

Conflict of Interest Reporting Policy, A991018002

Non-Regulatory references

National Committee for Quality Assurance (NCQA) NCQA Health Plan Accreditation Requirements; Evaluation of New Technologies

Regulatory References

N/A

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
5/1/2026	Health Care Services	Revised
3/1/2025	Health Care Services	Revised
3/1/2024	Health Care Services	Reviewed
3/1/2023	Health Care Services	Reviewed
4/1/2022	Health Care Services	Revised
4/1/2021	Health Care Services	Reviewed
4/1/2020	Medical Management	Revised
5/1/2019	Medical Management	Reviewed
5/1/2018	Medical Management	Reviewed
5/1/2017	Medical Management	Revised
6/1/2016	Medical Management	Revised
6/1/2015	Medical Management	Revised
1/1/2015	Medical Management	Revised
6/1/2014	Medical Management	Revised
3/1/2013	Medical Management	Revised
3/1/2012	Medical Management	Revised
3/1/2011	Medical Management	Revised
2/1/2010	Medical Management	Revised
12/16/2008	Medical Management	Reviewed
12/18/2007	Medical Management	Reviewed
12/5/2006	Medical Management	Reviewed
12/08/2005	Medical Management	Reviewed
4/14/2005	Medical Management	Reviewed
4/5/2004	Medical Management	Reviewed
7/10/2003	Medical Management	Revised
4/10/2003	Medical Management	Revised
3/14/2002	Medical Management	Revised
4/1/2001	Medical Management	Reviewed
5/1/2000	Medical Management	Revised
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1/1/1998	Medical Management	Reviewed