CENTENE Corporation	
CLINICAL POLICY	
Department: Medical Management	**Document Name:** Clinical Policy Committee
Page: 1 of 6	**Reference Number:** CP.CPC.01
Effective Date: 09/08	**Replaces Document:**
Reviewed: 05/10, 05/11, 06/12	**Revised:** 05/09, 07/09, 05/11, 05/13, 09/13, 09/14, 09/16
Specialist Review: N/A	**Committee Approval:** 09/08, 05/09, 07/09, 05/10, 06/11, 06/12, 06/13, 09/13, 09/14, 09/15, 09/16

Subject

Clinical Policy Committee process

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.

Policy

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 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.

Clinical policies include medical, behavioral health, medical pharmacy benefits, and 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 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 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.

Purpose

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.

Clinical policies are intended to be reflective of 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.

CENTENE Corporation	
CLINICAL POLICY	
Department: Medical Management	**Document Name:** Clinical Policy Committee
Page: 2 of 6	**Reference Number:** CP.CPC.01
Effective Date: 09/08	**Replaces Document:**
Reviewed: 05/10, 05/11, 06/12	**Revised:** 05/09, 07/09, 05/11, 05/13, 09/13, 09/14, 09/16
Specialist Review: N/A	**Committee Approval:** 09/08, 05/09, 07/09, 05/10, 06/11, 06/12, 06/13, 09/13, 09/14, 09/15, 09/16

All clinical policies are available to providers in compliance with all federal, statutory and regulatory requirements and upon request.

I. Membership

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

A. Voting members:
   1. One Medical Director from each Plan (at minimum), including the Behavioral Health subsidiary
   2. Corporate Medical Directors
   3. One Pharmacist from each Plan for pharmacy related policies

B. Non-voting members:
   1. One representative from each Plan's medical operations department
   2. Corporate Director of Clinical Policy
   3. Corporate Medical Management Staff

C. Ad hoc advisors
   1. Representatives from the Pharmacy subsidiary
   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.

II. 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 policies and maintaining an electronic log of all requests for research and new policies with the requestor and subject of review;
         i. Highest priority is given to inquires based on open medical management cases such as pending authorizaitons or appeals cases. Response to these requests typically occur within 24 hours. Priority then continues based on requests originating from providers or members, needs identified through financial analysis, followed by inquires by vendors and technologies identified through trade publications.
      b. Conducting prelimary 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 significant results that demonstrate safety and effectiveness.

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 is 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 for access by internal staff and for Plans to link to Plan websites for members and 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 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 (Compliance 360).

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 regarding approved policies and related materials through email or Compliance 360, including:
    a. Claim Support Service Manager for dissemination to IS and claims. Corporate Medical Affairs (MA) offers direction/coordination for any system needs to support the clinical policy.
    b. Corporate Medical Management VP, Corporate Medical Management New Business Implementation VP and Corporate Medical Management Auditing and Training Teams for dissemination and auditing.
    c. Committee members for dissemination to their specific Plan personnel, including marketing and/or provider relations for appropriate provider notification of policy changes.
5. Facilitating training, as needed, with the Corporate Medical Management Training Department.

III. Meeting Frequency

A. CPC meetings are held on a quarterly basis, or more frequently as needed. Frequency is dependent upon clinical policy revision cycles and/or clinical policy need (as determined by the CMO or designee).
B. Meetings are held in a physical location as well as 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.

IV. 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;
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. A minimum of 1 week is given 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
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 (or an assigned Administrative Assistant) 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 5 business days of the survey poll close date or CPC meeting date, the Corporate Director of Clinical Policy incorporates any agreed changes and loads the approved policy into Compliance 360.
2. The CMO designee locks the policy in an approved status in Compliance 360 for immediate use by the Health Plans.

Revision Log	Date
Changed from "guide to coverage" to medical necessity	05/09
General wording changes at recommendation of legal, no process change	05/09
Added devices as included in medical policy	07/09

CENTENE Corporation	
CLINICAL POLICY	
Department: Medical Management	**Document Name:** Clinical Policy Committee
Page: 6 of 6	**Reference Number:** CP.CPC.01
Effective Date: 09/08	**Replaces Document:**
Reviewed: 05/10, 05/11, 06/12	**Revised:** 05/09, 07/09, 05/11, 05/13, 09/13, 09/14, 09/16
Specialist Review: N/A	**Committee Approval:** 09/08, 05/09, 07/09, 05/10, 06/11, 06/12, 06/13, 09/13, 09/14, 09/15, 09/16

Added details for tracking log to be kept by Manager of Clinical Policy	07/09
Changed CPC meeting frequency from quarterly to bi-monthly	05/11
No changes	06/12
Updated section 4c to reflect internet voting surveys for CPC policy review and approval process	05/13
Clarified that the CPC gives the final approval for all clinical policies Removed the requirement that each policy is sent to the CMO via Compliance 360 for final administrative approval.	09/13
Added written clarification in A.1 that the voting members includes the Medical Director from the behavioral health subsidiary	02/14
Removed Corporate Quality staff from Membership Changed meeting frequency bullet point to include email (not just when deemed necessary)	08/14
Minor wording changes for clarity	09/15
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