SAN FRANCISCO HEALTH PLAN

CO-54 Evaluation of New Technology

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
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SFHP POLICY AND PROCEDURE

Evaluation of New Technology

Policy and Procedure number:	CO-54
Department :	Clinical Operations
Acountable Lead:	Clinical Operations Analyst
Lines of Business Affected:	☒Medi-Cal ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) is responsible for evaluating new technology as needed. SFHP's Clinical Operations (CO) Department evaluates authorization requests for non-covered benefits, new technology and the application of existing technology (hereafter "new technology") as needed, including but not limited to medical procedures, behavioral health procedures, and devices. The guiding principle to evaluate and address new developments in technology and new applications of existing technology is to ensure that members have timely and equitable access to safe and effective medically necessary care.

Assessment of new technology is done to determine whether the technology improves the quality of life and health outcomes of members, and is applied in a manner that considers the individual healthcare needs of the member. SFHP comprehensively evaluates new technology through review of information from appropriate government regulatory bodies, published scientific evidence, and from seeking input from relevant specialists and professionals who have experience in the technology to recommend whether new technologies should be covered.

CO department evaluates authorization requests using combination with the subsequent development of medical criteria for non-covered new technology through the Utilization Management Committee (UMC). This includes evaluation of authorization requests for medical procedures, behavioral healthcare procedures, physician administered drugs, and devices.

SFHP's Pharmacy Department evaluates new pharmaceuticals and the application of existing pharmaceuticals through the Pharmacy and Therapeutics Committee (as outlined in Pharm-01 and Pharm-08).

PROCEDURE

I. Guidelines for Coverage

New technology meeting the following guidelines will be considered for coverage:

A. The technology improves health outcomes. The beneficial effects outweigh any potentially harmful effects. It improves the length or quality of life or ability to function.

B. The technology is at least as beneficial as any established alternative. It should improve net health or functional outcomes as much as or more than established alternatives.

C. Application of the technology is appropriate and in keeping with good medical standards and useful outside of investigational or experimental settings.

D. The technology is medically necessary and may not be furnished primarily for patient or provider satisfaction.

E. The technology must have approval to market by the appropriate governmental regulatory agency.

F. Criteria for use must be informed by well-conducted investigations of relevant scientific information that may include, but is not limited to:

   i. Articles in peer-reviewed literature.
   ii. Recommendations from professional societies.
   iii. Summaries from organizations that rely on the judgment of experts when determining the effectiveness of new technology.

   The scientific evidence must document conclusions are based on established medical facts and the

G. Opinions of and evaluations by professional organizations, expert panels, or medical review entities must be evidence based.

H. The following may also be considered:

   i. The cost effectiveness of the technology;
   ii. Assessment of the policies and coverage decisions of other payers within the region and the state for the same diagnosis or condition; and
   iii. Acceptance of the technology as a national or regional standard.

II. New Technology Evaluation Process

SFHP evaluates new technology and new uses of existing technologies and interventions to determine safety and effectiveness. Based on the type of technology or intervention, SFHP's Clinical Operations (CO) staff and Utilization Management Committee (UMC) evaluate information from published, peer-reviewed scientific literature; national consensus guidelines; the FDA and other regulatory bodies; and internal and external expert consultants and specialists in its evaluation efforts.

A. **Inpatient and Outpatient Medical Procedures and Devices**

Providers, SFHP staff, SFHP members and others may identify and refer potentially beneficial new technologies to SFHP for review. SFHP CO

Department staff specifically evaluate new medical technologies using evidence-based health technology research and makes a recommendation to the SFHP Chief Medical Officer (CMO) or physician designee (MD). The SFHP CMO or MD may consult with a second SFHP MD or with the contracted independent physician review organization to provide medical recommendations when specialized expertise is deemed necessary. Recommendations for inclusion of new technologies as ongoing benefit exceptions are reviewed and approved by SFHP's UMC; and executed through the Benefit Exception (Ben Ex) process. The UMC reviews and approves its new technology medical necessity criteria annually with oversight and approval from SFHP Quality Improvement Committee (QIC), as described in CO-22: Authorization Requests and CO-57: Clinical Criteria. In addition, new technologies are evaluated and approved by Medi-Cal and included in Medi-Cal benefit coverage decisions, Medi-Cal Provider Manuals, and Medi-Cal policy letters.

B. **Behavioral Health**

i. **Medi-Cal Non-Specialty Mental Health Care**

SFHP has entered into an administrative services agreement with Carelon Behavioral Health to provide Non-Specialty mental health services for SFHP Medi-Cal members. The Carelon Behavioral Health Scientific Review Committee (SRC) committee is responsible for the review and assessment of new behavioral health technologies, including behavioral health procedures and behavioral health supplies and devices. The Carelon Behavioral Health SCR regularly reviews the behavioral health literature to identify new technologies or new uses of existing technologies. When new technologies are accepted, the Carelon Behavioral Health SCR makes a written recommendation to SFHP for the inclusion of the new technology in SFHP's benefit plan. Recommendations for inclusion of new technologies by the Carelon Behavioral Health SCR are reviewed and approved by SFHP's UMC.

ii. **Medi-Cal Specialty Mental Health Care, Healthy Workers Non-Specialty and Specialty Mental Health Care**

Medi-Cal member's Specialty Mental Health care is carved-out to San Francisco Behavioral Health Services (SFBHS). SFHP, however, contracts with SFBHS to provide full scope behavioral health services to Healthy Workers.

The SFBHS Medication Use Improvement Committee (MUIC) reviews and recommends the addition of new behavioral health care technology or the new use of existing technologies to ensure that members have access to safe, appropriate and effective care. Under the direction of the SF-BHS Chief Medical Officer, the MUIC consists of psychiatrists and includes representatives of System of Care providers including physicians and nurse practitioner(s), SF-BHS administrative personnel, SF-BHS pharmacy staff, and SF- BHS Quality Management personnel. The MUIC meets bimonthly to review requests for new

technologies and new uses of existing technologies, and to make approval or denial recommendations to the SF-BHS Office of Coordinated Care. Recommendations for inclusion of new technologies by the SF-BHS Office of Coordinated Care are reviewed and approved by SFHP's UMC.

III. Case-Specific Coverage Requests

For some members, it may be necessary to review the individual member's unique clinical circumstances considering current medical policy and scientific literature. In these unique situations, the SFHP Chief Medical Officer or physician designee (MD) may conduct the review for individual consideration. In such cases:

A. The Clinical Operations Nurse assigned to the case reviews the request for medical procedures and devices against available criteria, if any.
B. If there are no established criteria, and the technology, procedure, or device is new, the Clinical Operations Nurse obtains all relevant clinical information on the case and requests all relevant published medical literature from the requesting provider and refers the case to a SFHP MD. The SFHP MD may consult with a second SFHP MD or with the contracted independent physician review organization to provide recommendations when specialized expertise is deemed necessary.
C. Recommendations to cover new technologies that are non-covered services on an ongoing basis may be provided to the Executive Team for review and approval.
D. In the case of medical urgency, the SFHP Chief Medical Officer and/or Medical Director may approve the non-covered new technology, as detailed in CO-55, Exception Handling of Non-Covered Benefits and Services.
E. In the event of insufficient clinical background or experience, the SFHP MD may refer the case for independent external medical review.

IV. Informing Members and Providers of Coverage of New Technology

SFHP's members and contracted medical providers are informed of coverage of new technology through:

A. Updates to the Member Handbook/Evidence of Coverage (EOC) for affected lines of business.
B. Updates to the Provider Manual/Network Operations Manual (NOM).
C. Announcements in SFHP's quarterly Member Newsletter sent to members and posted on the Members page of SFHP's website.
D. Announcements in the Provider Newsletter and posted on the Providers page of SFHP's website.

MONITORING

1. SFHP's Clinical Operations Department conducts internal audits to ensure compliance with National Committee for Quality Assurance (NCQA) standards.

2. SFHP's Clinical Operations Department performs inter-rater reliability audits at least annually for both physician and nurse reviewers.

3. The Utilization Management Committee (UMC) reviews Appeals, IMRs, and State Fair Hearings resulting in authorization decision made by SFHP or one of its delegated medical groups. The UMC recommends corrective action and/or identifies where the Clinical Operations Department can revise the authorization process, if necessary, to improve the member experience, to address any barriers, and ensure the utilization management criteria are consistent with current industry and evidence-based practices. The Quality Improvement Committee reviews an Appeals Report (overturned and upheld appeals) every quarter regarding the activity of medical authorizations.

4. SFHP's Health Service Programs Department evaluates member grievances and appeals, as well as SFHP's member and provider satisfaction survey responses, to identify patterns.

5. Dashboards and other reports regarding Clinical Operations Department's monitoring activities are reviewed at the Utilization Management Committee (UMC) and presented to the Quality Improvement Committee (QIC) at least annually for evaluation and corrective actions as needed.

6. Annual review and approval of clinical criteria is consistent with CO-57: Utilization Management Clinical Criteria.

DEFINITIONS

Medical Necessity: Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.
For members who are eligible for EPSDT services, services are determined to be medically necessary when needed to correct or ameliorate defects and physical and mental illnesses or conditions.

AFFECTED DEPARTMENTS/PARTIES

Carelon Behavioral Health Customer Service
Health Services –Health Services Operations – Compliance/Grievance & Appeals
Operations -- Claims
Pharmacy
San Francisco Behavioral Health Services (SFBHS)
Utilization Management Committee (UMC)

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

CO-22: Authorization Requests
CO-55: Exception Handling of Medi-Cal Non-Covered Services
CO-57: Utilization Management Clinical Criteria
Pharm-01: Pharmacy and Therapeutics Committee
Pharm-08: Pharmacy Formulary, Prior Authorization Criteria, and Policy Annual Review

REVISION HISTORY

Original Date of Issue:	February 12, 2015
Revision Date(s):	February 16, 2017; September 19, 2019; November 18, 2021, July 20, 2023

REGULATORY SUBMISSION HISTORY (to be completed by CRA only)

DHCS Approval Date(s):
DMHC Approval Date(s):

Policy for External Distribution

☐ **Provider Network**
☐ **Quality Improvement Committee**
☐ **Other: _____**

REFERENCES

1. CHIPA Policy UM 90.10 Assessment of New Technologies (on behalf of Carelon)
2. NCQA 2023 Standard UM 10: Evaluation of New Technology
3. SF BHS 3.1.1 MUIC Charge