

# SMSO Policy Manual

## PROVISION OF CRITERIA

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

### **COMPLIANCE STATEMENT:**

**Enforcement:** All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.

**Review Schedule:** This policy will be reviewed and updated as necessary and no less than every two years.

**Monitoring and Auditing:** The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.

**Documentation:** Documentation related to this policy must be maintained for a minimum of 10 years.

### **Applies to:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> SummaCare                         | <input checked="" type="checkbox"/> Apex                    |
| <input type="checkbox"/> Summa Management Service Organization (SMSO) | <input checked="" type="checkbox"/> Summa Insurance Company |

### **Line of Business:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Commercial Groups | <input checked="" type="checkbox"/> Medicare    |
| <input type="checkbox"/> Medicare Supplemental        | <input checked="" type="checkbox"/> On-Exchange |
| <input checked="" type="checkbox"/> Off-Exchange      | <input checked="" type="checkbox"/> Self-Funded |

**1.0 Purpose:**

- 1.1 To ensure that requests for the Plan criteria are processed in a timely manner that meets regulatory requirements.
- 1.2 To support providers and members in understanding reasons for denials and/or the medically necessary reasons for covered services.

**2.0 Policy:**

- 2.1 The Plan makes criteria available to Providers upon Request.
- 2.2 For Medicare Advantage (MA) members, coverage decisions follow Medicare rules and regulations pertaining to MA plans, as well as federal and state regulations, and the member's evidence of coverage (EOC) document. When appropriate, relevant current clinical guidelines, SummaCare's internal policies/procedures and drug formularies may be utilized in the absence of Medicare guidance.
- 2.3 For non-Medicare members, coverage decisions follow appropriate federal and state requirements and the member's evidence of coverage (EOC) document. Additionally, SummaCare's internal policies/procedures, and drug formularies are followed when appropriate.

**3.0 Procedure:**

- 3.1 For Medicare Advantage members all criteria can be found on the SummaCare website at [summacare.com](http://summacare.com)
- 3.2 For Non Medicare Advantage members when a request for criteria is received, it should be forwarded to the prior authorization area.
  - 3.2.1 Incoming requests through Provider Support Services should be documented with a Macess Service Form. At the conclusion of the call the SF should be routed to the HSM Authorization Request All queue for review:
  - 3.2.2 Incoming requests through Customer Service should be handled by creating a service form in the Member record, and routing to the HSM authorizations queue.
  - 3.2.3 Include the following information on the request:

NAME OF REQUESTOR: \_\_\_\_\_

ADDRESS OF REQUESTOR: \_\_\_\_\_

(If a Provider) FAX NUMBER: \_\_\_\_\_

NAME OF CRITERIA REQUESTED: \_\_\_\_\_

REASON FOR THE REQUEST: \_\_\_\_\_

3.3 Upon receipt in the Authorization area.

3.3.1 Complete the attached letter template. Customize it to the member or the provider.

3.3.2 Mail the letter and criteria to the member. Either fax or mail the criteria to the provider.

3.3.3 Attach the letter to the member's authorization.

3.3.4 Store the letter in the following network folder location: Q:\Clinical Management\Authorization Unit\request for Criteria\Year\File name: Member Last Name, First Name\_DateMailed or File name: Provider Last Name, First Name\_DateMailed/Faxed



Month 00, Year

MR. RECIPIENT'S NAME, RECIPIENT'S TITLE RECIPIENT'S  
ADDRESS  
CITY, STATE ZIPCODE

RE: **Criteria Request for:**

Dear **Physician's Name/Member Name**,

As a SummaCare provider/member, you have a right to receive a copy of the criteria that we use to determine whether a requested service is medically necessary. SummaCare uses nationally recognized standards to determine the medical necessity. The standards are developed to help ensure that the best and safest practices are followed for the care of SummaCare members.

We have enclosed a copy of the criteria used in making the coverage determination **Requested Procedure** requested on **Date Criteria requested** for date of service if applicable This document contains medical terminology. Should you have any questions regarding the criteria you may contact the Health Services Management department at 330-996-8931 or toll free 1-877-888-1164, Monday through Friday 8:30am-5:00pm EST, with any questions. You may be required to leave a message on holidays and weekends.

Calls will be returned the next business day.

Sincerely,

**Manager Name**  
Benefit Determination Unit  
SummaCare Inc.

- 3.4 Director, HSM Clinical Management, has the authority and responsibility for the activities in this policy or procedure.
- 3.5 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.
  - 3.5.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy.

#### 4.0 References:

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)
  - 4.1.1 NCQA UM 2.B
  - 4.1.2 Medicare Managed Care Manual Chapter 4, 90.6
- 4.2 Are there any references to other documents, regulations, or intranet locations?
  - 4.2.1 None
- 4.3 Are there other policies that work in conjunction with this policy?
  - 4.3.1 None
- 4.4 Replaces (if applicable):
  - 4.4.1 None

#### 5.0 Definitions:

- 5.1 **Medical criteria documents:** contain evidence-based conditions which help determine the medical necessity for a service or procedure covered under the Plan benefits.

#### 6.0 Key Words or Aliases (Optional):

- 6.1 Provision of criteria

ORIGINAL *EFFECTIVE DATE*: 08/14/2014  
REVIEWED: 08/01/2015; 05/12/2016; 12/02/2016; 11/30/2017; 12/03/2018; 12/14/23

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12/5/23