# SummaCare
## UTILIZATION MEDICAL POLICY COMMITTEE

**PURPOSE and RESPONSIBILITIES:**

The SummaCare (SC) Utilization and Medical Policy Committee (UMPC) will ensure utilization policies, including prior authorization, are in alignment with Centers for Medicare/Medicaid Services (CMS) for Medicare Advantage (MA) members as identified in Code of Federal Regulations (CFR) 422.137 for basic or supplemental benefits. Other pertinent regulatory requirements by other governing bodies will be followed when appropriate.

All national coverage determinations (NCD) and Local Coverage Determination (LCD), and all rules and regulations set forth by CMS must be followed.

In addition, UMPC is responsible for the review and approval of:

- Medical and New Tech policies
- Annually and as needed review/approve MA utilization policies/procedures with consideration for Traditional Medicare, including NCD/LCDs, laws and relevant current clinical guidelines.
- Policies/Procedures for MA members to comply with Code of Federal Regulations (CFR):
    - Medicare Advantage Utilization Management Committee in CFR 422.137
    - Coverage criteria requirements/Standards found in CFR 422.101 (b)
    - Requirements/Standards for prior auths located in CFR 422.138
    - Revise UM policies as necessary to comply with standards including removing requirements for UM services and items that no longer warrant UM CFR 422.137
    - Standards in CFR 422.202 (b)(1) and
    - The application of medical necessity criteria located in CFR 422.101
- Clearly document processes that demonstrate the requirements for the UMPC have been met including the determination by an objective party of whether disclosed financial interests are conflicts of interest and the management of any recusals due to such conflicts.
- Document in writing the reason for decisions regarding the development of UM policies for MA members. This should be available to CMS upon request.
- When appropriate, review policies pertaining to Commercial, Marketplace, and Self-Funded groups for compliance with Ohio Department of Insurance (ODI), and National Committee for Quality Assurance (NCQA).
- Pharmacy decisions related to utilization and authorization will be determined at Pharmacy and Therapeutics (P and T) Committee.
- Review UMPC requirements no less than annually, or when regulatory changes and/or changes in UMPC membership takes occur.
- Annually review Health Equity Analysis and approve for website posting as per CMS regulation 422.137

**GOVERNING BODY:**

SC Executive Team authorizes and establishes the SummaCare's UMPC to:

- Ensure UM policies/procedures for MA members appropriately comply with CMS, ODI, and/or other governing bodies.
- When appropriate review/approve policies for NCQA related to non-Medicare members
- Review and approve appropriate new technology policies

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**EXECUTIVE SPONSOR:**
The executive sponsor of the UMPC will be the Chief Medical Officer (CMO).

**UTILIZATION MEDICAL POLICY COMMITTEE MEMBERSHIP**

- Physician Members (MD/DO)—Voting Members
    - Committee Chair-votes in the event of a tie
    - SummaCare Medical Directors
    - Other physician members may be appointed as needed by the CMO
        - At least one practicing physician as required by CMS Federal Regulation 422.562.
        - At least one practicing physician who is an expert in the care of elderly/disabled as required by CMS Federal Regulation 422.562.
        - Physicians representing various clinical specialties to ensure a wide range of conditions are considered in the development of MA policies
            - Majority of physicians must be practicing as per CMS Federal Regulation 422.562.
- SummaCare Clinical Members—Non-Voting
    - Director, Clinical Management
    - Director, Pharmacy
    - Manager, Utilization Management
    - Coordinator, Utilization Management
    - Quality/Health Equity Representative as per CMS regulation 422.137

- Non-Clinical Member/s—non-Voting
    - Chief Compliance Officer or delegate (Medicare)

- Ad Hoc Non-Clinical Members—Non-Voting
    - VP, Operations, or delegate
    - Director, Quality, or delegate
    - Others as identified by Chair

**QUORUM**:
A quorum shall be defined as 50% of all voting members in attendance. The Chairperson shall vote only in the event of a tie. The chairperson shall be considered to establish a workable quorum when an even number of members are in attendance.

**Member Terms:**
The executive sponsor of the UMC will be the Chief Medical Officer (CMO) who shall be chair of the committee unless delegated to a Medical Director of the Health Plan.

- Physician members are appointed to three (3) year terms. Terms are renewable at the discretion of the member, and as approved by the Chief Medical Officer.
- Other committee and ad hoc members serve indefinite terms as determined by the Chief Medical Officer.

**COMMITTEE MEETINGS**

The UMPC shall meet no less than quarterly and on an ad hoc basis at the discretion of the chair. Policy approvals may be requested by email vote when necessary to ensure safety of members and regulatory compliance and may be counted as a quarterly meeting.

**MEETING RECORDS**

- Meeting minutes will be maintained for all UMPC meetings and will comply with standards set forth by SummaCare. These minutes will be maintained by HSM/Clinical Management
- Previous minutes are evaluated/approved at each meeting to assure accuracy, consistency and appropriate follow-up of issues discussed. Minutes will accurately reflect a summary of discussion and consideration given to all issues presented to the committee.
- Minutes will also document attendance, voting members present, recusals, and rationale for decisions.
- Meetings shall operate under generally accepted rules of parliamentary procedures. If indicated, Robert's Rules of Order may be used.

**REPORTING STRUCTURE**

The SummaCare CMO (or delegate) will report UMPC activities and minutes to the SummaCare Executive team and Executive Compliance and Accreditation Committee (ECAC). When there are concerns about the quality and performance of certain physicians, physician-specific performance data may be reported confidentially to the SummaCare Quality department for review as needed.

**CONFLICT of INTEREST**

Any individual who has a direct financial interest in any of the members, facilities or programs being reviewed, or who was professionally involved in the care of the case being reviewed may not conduct utilization reviews.

Individuals or bodies involved in a peer review process, including witnesses and providers of information are entitled to immunity protection for peer review activity under the Health Care Quality Improvement Act (HCQIA). The Act contains immunity provisions that shield peer review committee members and those individuals providing information to the peer review committee, from individual civil liability in tort and contract. However, these immunity provisions apply only:

- To committee members who act in good faith, without malice, and with due care during the review process.
- To those individuals provide information to the committee if the information provided is not knowingly false or unrelated to the peer review process.

**CONFIDENTIALITY**

Members of the UMPC have access to privileged and confidential information. The proceedings of the Utilization Committee, reviews, derivative documents, and minutes are confidential. Members of the Committee have a duty to preserve this confidentiality. Committee records and minutes will reference patients by account members. All members of the Committee, including ad hoc members, will annually sign a Confidentiality Agreement.

Compromising the confidentiality of information by discussing cases, situations, patients, and/or physicians or practitioners outside of the boundaries of the UMPC reduces and/or waives legal protection for the organization. Failure to maintain the confidentiality of this Committee and peer review information may result in a corrective action plan and/or termination from the Committee. Such breaches of confidentiality will be reviewed on a case-by-case basis.

**NON-DISCRIMINATION**

Decisions made by the members of the UMPC shall not be based solely on an applicant's race, ethnic/national identity, gender, age, sexual orientation or the types of procedures or patients in which the physician/practitioner specializes. On an annual basis, members must sign the Non-Discrimination Statement attesting to the above.