



Medicare Advantage

Policy and Procedure

Subject:	Medical Policy Development Process for BlueCross Medicare Advantage
Policy Number:	100
Department:	5B Medicare Advantage
Provision Effective Date:	
Revision Date:	

PURPOSE

The Quality Improvement Committee (QIC) for Medicare Advantage is responsible for developing BlueCross BlueShield of South Carolina's medical coverage policies. These policies use the principles of evidence-based medicine to assess the safety and effectiveness of emerging medical technologies (medical devices, medical procedures and new medications). These policies are developed with the understanding that: 1) federal and state laws may dictate coverage for certain devices or services, 2) a BlueCross BlueShield of South Carolina Medicare policyholder's specific plan benefits may specify which benefits are included for an individual member, and 3) the medical coverage policies will apply to the majority of members, but the clinical details of a member's specific needs may need to be considered and reviewed to make a final determination.

POLICY

Policies will be created, approved and implemented using the procedure outlined below. Policies approved by the QIC will be reviewed by the QIC at least annually and more frequently with any change in medical evidence based on peer-reviewed research or guidance from the Centers for Medicare & Medicaid Services (CMS).

SCOPE

Medical director, Quality Improvement Committee

REFERENCE DOCUMENTS

N/A



Medicare Advantage

DEFINITIONS

N/A

RESPONSIBILITIES

Medical director, Quality Improvement Committee

PROCEDURE

Creation of policy begins with review of the following medical evidence (including but not limited to):

1. CMS national coverage determinations (NCD), local coverage determinations (LCD) and local coverage articles (LCA)
2. Peer-reviewed medical journals and National Library of Medicine (Pub-Med)
3. Medical specialty organizations, expert opinion, national treatment guidelines (including MCG, formerly Milliman guidelines)
4. Medical research websites (including but not limited to Cochran Reviews, Hayes Reviews, and UpToDate)
5. Medical textbooks
6. BlueCross medical policies (also called CAM policies)

The medical evidence supporting safety and efficacy is put together into a summary. The evidence and summary are condensed into a set of general or specific guidelines for coverage of a given service, medicine or device. The evidence, summary and guidance are reviewed by a multidisciplinary internal committee called the Quality Improvement Committee (QIC). The QIC is comprised of BlueCross medical directors and representatives from Legal, Compliance, Pharmacy, Sales, Operations and Quality. This committee is overseen by a fellowship-trained, board-certified geriatrician. After review, the policy is approved for use by a simple majority vote. Providers are notified 45 days in advance of any new, BlueCross-developed policy. Notices of changes in prior authorization requirements based on national guidelines, specialty society guidelines or CMS guidance is given to providers 30 days in advance of implementation.



South Carolina

Medicare Advantage

APPROVAL SIGNATURES

Title	Printed Name	Signature	Date

REVISION HISTORY

Implementation Date	Description	Business Owner (Signature Required)	Approval Committee