group health Cooperative of eau claire **KMTSJ, Inc.**	DEPARTMENT:	Utilization Management
	SUBJECT:	New Technology Assessment
	PRODUCT LINE:	All
	POLICY NUMBER:	UM107
	ORIGINAL POLICY EFFECTIVE DATE:	03/01/2021
	LAST REVISED DATE:	11/18/2024
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SCOPE:

This policy outlines the process to address and evaluate the appropriate use of new developments in technology and new applications of existing technologies in its benefit plan and UM determinations, including medical and behavioral healthcare procedures, devices, and pharmaceuticals.

In compliance with Mental Health Parity and Equity Act, an analysis confirms that GHC's processes used to evaluate and determine whether mental health/substance use disorder services are experimental/investigational are comparable to, and applied no more stringently, than the processes used to evaluate and determine whether medical/surgical services are experimental/investigational. Mental health/substance use disorder coverage determinations about experimental/investigational services are not made any differently than medical/surgical coverage determinations. Policies and criteria based on evidence based clinical practice guidelines are used for both mental health/substance use disorder coverage decisions and medical/surgical coverage decisions. Policies related to coverage determinations are developed with the same standards and not applied any more stringently to mental health/substance use disorder services. The definition of experimental/investigational as outlined in policy books is the same for both mental health/substance use disorder services and medical/surgical services.

POLICY:

This policy has been developed specifically with the intent to:

a. Evaluate advancements in medical technologies and developing research that impacts the delivery of health care
b. Ensure members have equitable access to safe and effective care.
c. Keep pace with new technology and update UM processes in a timely manner.
d. Provide a framework for evaluating new technology which includes:
    a) An outline of resources used in the evaluation process of new technology
    b) The process and decision variables used to make determinations
    c) A review of information from government regulatory bodies
    d) A review of information from published scientific evidence
    e) The process for seeking input from relevant specialists and professionals with expertise in technology
e. Engage network providers in new technology assessment by annually reviewing the New Technology Assessment policy and procedure at the QI Committee meeting.

RESOURCES FOR EVALUATING NEW TECHNOLOGY

The following resources may be used to review new technology but are not limited to the following:

a. Statements, research studies, or technology assessments from governmental regulatory agencies such as the Food and Drug Administration (FDA), Centers for Medicare and Medicaid Services (CMS), National Institute of Health (NIH), Center for Disease Control (CDC), and the Agency for Healthcare Quality and Research (AHQR)
b. Manufacturer's labeling or manufacturer's literature regarding the usage of a device or pharmaceutical.
c. Hayes, Inc. Hayes, Inc. provides evidence-based health technology assessments. Core business is performing unbiased, evidence-based health technology assessments of the safety and efficacy of new, emerging, and controversial health technologies. Hayes evaluates the impact of these technologies on healthcare quality, utilization, and cost.
d. Cochrane Library
e. UpToDate
f. Professional society recommendations
g. National Comprehensive Cancer Network
h. Published scientific evidence including articles in peer-reviewed literature
i. Relevant specialists and professionals who have expertise in the respective technology. If a determination cannot be made based on the above resources or additional information is needed to evaluate the technology, then GHC will seek input from a relevant specialist.

Decision Variables Used to Evaluate New Technology

1. Resources are weighed by the strength of the evidence as outlined below.

   The strength of evidence is as follows (weakest to strongest):

   • case reports
   • textbooks
   • small series
   • large series
   • systematic review/meta-analysis
   • clinical trials
   • randomized, controlled double-blinded clinical trials

2. There must be sufficient evidence from medical literature to support the therapeutic value in that the new technology has significant health advantages over the potential risks and establish the therapeutic advantages over established alternatives.

3. High quality evidence may be defined as:

   a. Large numbers of study participants in at least two different studies suitable for statistical validity
   b. Randomized and strongly similar comparison groups
   c. Comparison studies to evidence-based standard of care alternatives
   d. Blinded studies or other assurances of independence of the findings from bias

5. Insufficient evidence may be defined as:

   a. Evidence obtained from studies other than good quality randomized-control trials or minimally biased prospective cohort/comparison studies.
   b. Opinion statements, case studies, abstracts, and retrospective studies are not considered high quality evidence and are not sufficient.
   c. Evidence summaries from published reports or articles located in authoritative medical and scientific literature regarding the new technology that recommends further studies or clinical trials are required to determine, safety, efficacy, or toxicity when compared with standard treatments or diagnoses shall be noted and are not considered strong evidence for coverage.

PROCEDURE:

1. Utilization management staff will identify new technology through the utilization management process or requests from the provider network.
2. CMO or UM designee will initially review the new technology using the resources above.
3. UM designee will review the new technology with the CMO, and a determination will be made on medical necessity and benefit determination. New technology related to behavioral health services will be reviewed by a network behavioral health provider.
4. The new technology will be presented at the Benefits Committee for review (Benefits Committee is composed of CEO, COO, CMO, Managers from Claims, Provider and Member Services, Utilization Management, Sales and Underwriting, and Government Programs.)
5. Each department will ensure respective policies align with recommendations from the new technology assessment and determination.

6. Benefit Committee meeting minutes will reflect discussion and actions taken.

APPROVED: Michele Bauer MD DATE: 11/18/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/02/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
03/02/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
03/02/2024	Michele Bauer, MD, CMO	Added clarification to the intent section
11/18/2024	Michele Bauer, MD, CMO	Added Mental Health Parity