POLICY AND PROCEDURE

POLICY NAME: Experimental and Investigational Review Process	**POLICY ID:** FL.UM.66
BUSINESS UNIT: Sunshine State Health Plan	**FUNCTIONAL AREA:** Utilization Management
EFFECTIVE DATE: 12/1/2018	**PRODUCT(S):** Managed Medical Assistance MMA Products
REVIEWED/REVISED DATE: 9/19, 6/21,6/22, 6/23	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:
This policy outlines the workflow process Sunshine Health will follow to deny coverage on the basis that a service such as a diagnostic test, therapeutic procedure, medical device, or technology is experimental or investigational. Sunshine Health will submit a request for coverage determination to AHCA prior to issuing a denial.

PURPOSE:
The following document outlines the requirements for Policy/Procedure construction, style, and formatting. The content in this document includes requirements from the Archer Policy Manual and a few notes specific for the Program Compliance Support (PCS) team to ensure consistency.

SCOPE:
This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:
N/A

POLICY:
This policy outlines the workflow process Sunshine Health will follow to deny coverage on the basis that a pre-service request such as a diagnostic test, therapeutic procedure, medical device, or technology is experimental or investigational. Sunshine Health will submit a request for coverage determination to AHCA prior to issuing a denial.

PROCEDURE:
If the Managed Care Plan intends to deny coverage on the basis that a pre-service request such as a diagnostic test, therapeutic procedure, or medical device or technology is experimental or investigational, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C.

Steps:

1. When Sunshine Health receives a pre-service request for a diagnostic test, therapeutic procedure, or medical device or technology, which is deemed experimental or investigational, an appropriately licensed practitioner or other health care professional as appropriate will perform a Level II review. The authorization request and the clinical review will be documented in the medical management documentation system, TruCare following our Policy, FL.UM.05 Timeliness of UM Decisions and Notifications.

2. If the Level review II review results in the intent to deny the requested diagnostic test, therapeutic procedure, or medical device or technology, the Managed Care Plan shall submit a request for coverage determination to the Agency in accordance with rule 59G-1.035, F.A.C. AHCA notification will include documentation of the intent to deny, necessary decision timeframe, and supporting literature for AHCA coverage determination.

3. The Medical Director will document the appropriate clinical reasons, policy, literature citations (Hayes, Up to date, etc.), and any expert discussions that support Sunshine Health Plan's determination that a requested service is Experimental / Investigational and will task back to the UM clinician in TruCare. In addition, the Medical Director will email Prior Auth (PA) designee with the appropriate clinical information to be shared with AHCA's contract manager.

4. The Prior Auth Health plan designee will reach out to the SHP compliance contact, who will provide Sunshine Health Plan's AHCA contract manager with documentation of the intent to deny, necessary decision timeframe, and supporting literature for AHCA coverage determination. The SHP compliance contact and PA designee as appropriate will work with AHCA to answer additional questions and get the resolution timely.

5. Once the decision is made, the AHCA contract manger will notify health plan compliance contact of the determination, who will notify the PA designee immediately. The PA designee will notify the medical director, Level I reviewer/UM clinician or other appropriate health care professional who will complete the documentation in the medical management system, TruCare with the determination following Timeliness Policy and NCQA standards.
6. The Level I reviewer/UM clinician will then task to the appropriate letter queue for the letter to be completed in the medical management system, TruCare following Timeliness Policy and NCQA Standards. The Level I reviewer will ensure the Experimental and Investigational Log is updated appropriately on the SP site.

REFERENCES:
FL.UM.01– UM Program Description policy
FL.QI.14.00 – Delegated Oversight policy
FL.UM.05 - Timeliness of UM Decisions and Notification policy
FP060 – AHCA/Sunshine Health Agreement
FL.CM.02.00 Onboarding and Transitioning of Members policy

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	12/1/2018
Annual Review	Updated: AHCA contract number FP060 Updated verbiage from service to pre-service request Updated NCQA 2019 Standards	9/13/2019
Annual Review	Review completed, updated to current policy template.	6/14/2021
Annual Review	No changes needed	6/3/2021
Annual Review	Transferred policy to new template Updated footer with policy name Corrected “Business Unit”	6/1/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.

SVP Compliance_____
Senior Dir. Compliance_____