

MO HealthNet Oversight
Committee: Clinical/Med and
Physician Services Policy Updates

Clinical/Med Policy and Physician Services

- MHD System Level Goals Include:
 - Follow Evidence-Based Practice
 - Maintain cost-effectiveness in addition to adhering to evidence-base
 - Reduce administrative burden on providers
 - Focus on population health and public health impact
 - Review and update of existing physician and clinical/MED policy services to do the above

Early Elective Delivery

- Work of expert work-group and MHD partners ongoing
- Draft regulation is complete
- Draft provider bulletin is complete
- Draft supporting components are near complete
- Systems work is being prepared

Genetic Testing

- Review and update of existing policy
- Collaboration with DHSS Genetics Advisory Group
- Create catalog of tests
 - Review evidence
 - Review of cost-effectiveness/cost-analysis
 - National models, ex. Oklahoma
- Goal to develop automated prior-authorization process

Bariatric Surgery

- Evaluating change in policy from current threshold of BMI 40 with co-morbidity to BMI of 35 with co-morbidity or BMI of 40 with or without co-morbidity
 - Evidence speaks to
 - Cost-effectiveness of bariatric surgery at BMI 35 with co-morbidity
 - Cost-savings over a lifetime at a BMI of 35 when DM is a co-morbid condition
 - Medicare policy provides coverage for bariatric surgery for BMI of 35 with co-morbidity
- Currently performing a cost-analysis and review of policy requirements
- Goal to develop automated PA process

Circumcision

- From the American Academy of Pediatrics 2012:
 - Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV.

Circumcision

- MHD has reviewed and is updating its policy:
 - Remove requirement for two MD review
 - Allow for circumcision post-birth during same hospital stay
 - Maintain PA (automate) for circumcision after birth if not during same hospital stay due to need for OR, specialists, and anesthesia
- Cost-analysis done
 - Using 2010 and 2011 circumcisions rates, projected savings roughly between \$850K and \$950k
 - If all male newborns circumcised in 2011, cost impact of roughly \$6,500

Breast Procedures in Setting of History Breast CA

- Currently, breast procedures are prior-authorized to filter cosmetic procedures
- All procedures related to breast cancer are approved through a PA process
- MHD will remove the PA process for procedures related to history of breast cancer
 - No cost impact
 - Reduces administrative burden for providers and MHD
 - Will require some systems work

Next Steps

- Ongoing review of clinical, physician, DME, and MED policy
 - Includes review of newly available procedures/tests that would avoid more invasive procedures
 - Will update policies as indicated