

Medical Coverage Decision-making Work Group

Goal: Greater “Transparency”

- ❖ To increase understanding about how payers make decisions about whether or not to cover services
- ❖ To elucidate the differences among different types of coverage decisions
- ❖ To help educate families and providers about how decisions are made and the avenues for reconsideration/appeal and influence.

Medical Coverage Decision-Making Work Group

- **Chair**
 - Jim Glauber, Neighborhood Health Plan
- **Ad-hoc consultative group**
 - Health plans: BCBS, BMC HealthNet, Fallon, HPHC, Tufts
 - Medicaid
 - New England SERVE
 - Parents
 - Harvard Vanguard Medical Associates

Strategic Approach

- Phase 1 (complete by June 2004)
 - Develop several case “vignettes”
 - Interview payers about vignettes to determine how the payer would *approach* each case situation
- Phase 2
 - Develop materials for families and providers (will not be health plan-specific)
 - Identify areas that might hold promise for collaboration or simplification across payers

Possible Case Vignettes

- Fresh muscle biopsy for metabolic disorder
- Acupuncture and biofeedback therapy for inflammatory bowel disease
- Synagis to help prevent lung infections from RSV
- Durable medical equipment exceptions
- Outpatient mental health services
- Experimental cancer treatment
- Innovative PT treatment for cerebral palsy
- New reconstructive surgery technique for Crouzan's Syndrome
- Services at interface of medical and educational systems

Among the Key Questions for each Vignette

- Is the service a covered benefit?
- Is the child appropriate for the service?
- Is the benefit limited?
- Is the service medically necessary?
- What are the process and criteria for getting an exception?
- Who are the key decision-makers at each step?
- What information do payers need and use to make coverage decisions?