Clinical Policy: Physician Advisory Committee

Reference Number: MI.CP.MP.539
Last Review Date: 03/24

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The Physician Advisory Committee (PAC) works to promote quality healthcare through compliance with standards set forth by Meridian Health Plan (Meridian), the State Medicaid agencies and other regulatory accreditation organizations. The PAC's mission is to improve health care and clinical quality by enhancing relationships between practitioners, their patients, and Meridian. This committee is the mechanism to review the quality of care provided to our members, as well as review of clinical practice guidelines and medical policies. The PAC reviews and recommends actions that may include corrective action plans, continuing education, monitoring or termination from the network. PAC recommendations are presented to the Credentialing Committee, which determines the appropriate action to take. The committee is comprised of permanent and ad hoc members, who are physicians within the network and includes varying specialties, such as behavioral health and primary care physicians. PAC actions are documented in meeting minutes and reported to the Utilization Management Committee (UMC) and Quality Improvement Committee (QIC) quarterly.

Policy/Criteria

I. It is the policy of MeridianHealth affiliated with Centene Corporation® that Meridian adheres to the following processes for the Physician Advisory Committee:

A. **Meeting Structure:**

i. The PAC meets at least quarterly. The topics for each meeting may differ from meeting to meeting. The committee reviews topics deemed important by the PAC and offers Meridian recommendations for consideration. PAC actions are documented in meeting minutes and provided to the quarterly UMC and QIC. PAC meeting minutes are available to the State upon request. Potential PAC topics include:

1. Clinical and Preventive Practice Guidelines
2. Criteria used in Utilization Management (UM) decision-making
3. Peer Review activities
4. Quality of Care issues including suspected substandard or inappropriate care or behavior
5. Complaints and Appeals relative to individual providers
6. Review of new Medical Policies adopted by Meridian
7. Review of Behavioral Health Services
8. Review of Waiver and Long Term Care Services
9. Audit results relative to clinical issues and medical record review process
10. PAC will oversee the performance of at least two medical evaluation studies to analyze relevant problems identified by Meridian. Studies may address a clinical issue, diagnostic issue, or administrative concern. The study will provide analysis of the

problem, results of any studies performed, and interventions implemented to address the problem.

B. **Membership:**
   i. The PAC is comprised of the currently employed Meridian Medical Directors and participating network physician representatives from primary care, including dentists. The Chief Medical Officer or their designee chairs the PAC. Other health plan staff may make special or periodic reports to the committee upon request. Meeting minutes are recorded and presented to the UMC and QIC quarterly.

C. **Provider Roles and Responsibilities:**
   i. External Members of the PAC may include participating physician representatives from primary and specialty care. They may either volunteer to participate or are nominated by a Medical Director at Meridian. They must be contracted with the plan and have no sanctions against their license. Physician participants are expected to:
      1. Make recommendations on issues brought to the committee.
      2. Follow-up on possible future action items based on committee recommendations.
      3. Ensure timely follow up on committee recommendations.

D. **Voting:**
   i. All PAC members may vote. The Chairperson serves in a tie-breaking capacity, as necessary. A quorum (including both internal and external providers) must be present to proceed with a vote. A quorum is defined as 50% of voting members. It is important to note that the PAC is an advisory committee, and some recommendations may not be implemented when deemed contrary to health plan operations and/or regulatory requirements. Final determination on operational implementation is at Meridian's discretion.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description
N/A	

HCPCS ®* Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		12/20/16
Annual Review with no changes		03/26/21
Annual Review with no changes		3/25/22
Annual Review with no changes (except grammatical/format)		2/2023
Annual Review with no changes		3/6/2024

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.