Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

BaylorScott&White HEALTH

SCOTT AND WHITE HEALTH PLAN
TECHNOLOGY ASSESSMENT PROGRAM
2017

I. GOAL

The Scott and White Health Plan (SWHP) Technology Assessment Committee (TAC), as part of the overall Baylor Scott & White Health (BSWH) Technology Assessment Committee for BSWH, evaluates the efficacy, safety, and cost effectiveness of new, replacement, or currently uncovered medical and behavioral procedures, devices, tests or treatments for consideration of coverage by SWHP (SWHP determinations regarding new pharmaceuticals and/or biologicals are reviewed through the SWHP Pharmacy and Therapeutics Committee.) The members of the committee are charged with making a recommendation to SWHP about new technology, devices, procedures or treatments based on the same level of evidence that would be required to cover other services per current definitions of experimental/investigational and medical necessity as required by our members' evidence of coverage documents.

II. COMPOSITION and FREQUENCY OF MEETINGS

The committee members include:

- SWHP Chief Medical Officer
- SWHP Medical Directors
- BSWH Chief Medical Officer
- BSWH Chief Quality Officer

The Committee is chaired by a SWHP Medical Director. The physician requesting and/or the clinic department whose specialty is most directly involved in the technology under review will collaborate on an analysis of the literature with SWHP resources as available (e.g., Hayes' Technology Assessment reports, peer reviewed published literature, etc.), and present any evidence and proposed recommendation to the BSWH/SWHP Technology Assessment Committee.

Attendance is for members of the committee and invitees only. Any SWHP contracted physician can request to be invited at least 10 business days prior the scheduled meeting.

The committee will be convened at the discretion of the Chief Medical officer of the Plan, as often as required for the evaluation of new or uncovered services; but not less frequently than annually, so that potential coverage requests can be addressed in a proactive fashion. A previously reviewed technology can be formally reviewed again if a minimum of six months elapsed unless there is a significant change in scientific validity of the technology/care. The members of the committee shall consider evidence for and against coverage and make a recommendation by majority vote of a quorum as outlined in Section III.D.

III. PROCESS AND PROCEDURES

A. Procedure

Requests for a technology assessment review by the Technology Assessment Committee may be forwarded to the Committee by any SWHP network Provider or by the SWHP or BSWH Administration. The request may be made, by email, by completion of the system form/request process in the Clinic or Hospital or in writing. The

request must describe in detail the technology in question, and any pertinent supporting information, including medical literature. Email requests will be documented by the SWHP Medical Directors, with the clinical specialty supplying the appropriate documentation. A cost analysis of the technology being reviewed is highly recommended. Requests without sufficient supporting data or full submission tool may be returned to the requestor for resubmission of such data, as determined by the Co-Chair of TAC. The committee will not consider issues solely related to current SWHP claims unless specifically requested by the SWHP Chief Executive Officer or his designee.

After a technology questions, have been presented appropriately (with data support) to the committee, the co-chairpersons of the committee will enlist the participation of the chairperson of the appropriate BSWH Clinic department and/or specialties, and may also request an additional data search if the original information submitted does not include the following resources as listed in Section "B" below, as appropriate. A behavioral healthcare practitioner is always involved in the decision-making process for behavioral healthcare services.

B. Resources

1. Input from an independent technology assessment service (i.e., Hayes' Technology Assessment service) may be requested and utilized on specific issues.
2. Medline computerized literature review of English language referenced peer reviewed journals.
3. Texts and medical peer reviewed journals available through the Reference Department other medical reference library services.
4. Opinions and guidelines issued by national consensus panels and medical specialty associations.
5. The medical expertise of the network specialists or BSWH.
6. Regulations and other communications and publications issued by the Food and Drug Administration and the Department of Health and Human Services, and Centers for Medicare and Medicaid Services.

C. Criteria for confirmation of "Medically indicated" status, or "Non-experimental" status.

1. The evidence should consist of well-designed and well-conducted investigations published in peer reviewed journals. The Technology Assessment committee requires either a complete report from the Hayes' Technology Assessment service or a minimum of three studies published in peer-reviewed medical journals. The quality of the studies and the consistency of the results of those studies will be considered in evaluating the evidence and all articles presented should strive for the highest level of evidence available. (Double-blind randomized, placebo-controlled studies are highest level evidence followed by cohort and then open studies). Opinion and evaluations by national medical associations, consensus panels or other technology evaluation groups will be evaluated per their scientific quality and the supportive evidence. The Committee will also consider the sponsor of individual studies.

2. The new technology must improve the net health outcome of the patient or patients. The new technology's beneficial effects on health outcomes will be considered together with any potential harmful effects on health outcomes of patients. The Technology Assessment Committee realizes that almost all technologies have potential beneficial effects and potential harmful effects. The Technology Assessment Committee also realizes that there is no norm or standard that specifically defines the quantity of beneficial effect versus the quantity of harmful effect necessary to deem a health outcome beneficial. The

committee reserves the right to consider the information and make a qualitative judgment regarding the technology's ability to improve the net health outcomes of patients.

3. The new technology must be as beneficial as any established alternative. The technology should improve the net health outcome, as much or more than any established alternative to be added as a covered benefit, and at the same time must be at least as safe as any equally effective alternative treatment.

4. The improvement must be attainable outside the investigational setting. When used under usual conditions of medical practice, the new technology should be reasonably expected to satisfy criteria 2 and 3 above. The new technology should be available outside the research setting.

D. APPROVALS

A simple majority vote of the member's present shall be sufficient to recommend coverage of a specific technology to the SWHP Medical Directors for review/approval. SWHP reserves the right to decide whether, how, and when a service will be covered.

If recommended for coverage by the SWHP TAC the recommendation will be considered by the Medical Directors Committee where a final decision and recommendation for coverage will be voted on by active medical director staff of SWHP.

E. NEXT STEPS

Recommendations of the Technology Assessment Committee will be referred first to the SWHP Medical Director Group for review, discussion and a coverage determination. The determination is then presented to the SWHP UM Committee and SWHP QIS. The SWHP QIS will determine any need to refer to the SWHP QC at its regularly scheduled meetings for final discussion, action and acceptance.

IV. MINUTES

Minutes of all Technology Assessment Committee meetings shall be maintained in the Health Services Division, but copies will be forwarded to Committee meeting participants. Minutes shall identify components of discussion of an issue before the Committee with a Committee determination. The SWHP Utilization Management Committee and SWHP QIS will review the minutes at a regularly scheduled meeting, with copies forwarded to the Chairman of the involved clinical department(s), the SWHP Chief Executive Officer and the SWHP Chief Financial Officer.

SWHP CHIEF MEDICAL OFFICER — DATE 3/22/2018

BSWH CHIEF MEDICAL OFFICER — DATE 3/22/2018

ATTACHMENT: TAC Submission Tools (Spreadsheets)

- Original Effective Date: 1/95
  Reviewed: 11/96; 12/1/97; 01/04/00; 02/01/01; 01/02/02; 01/5/03; 1/12/04; 1/27/05; 1/25/06; 1/23/07; 1/24/08; 12/05/11; 10/01/12.
  Revised: 12/1/97; 11/1/99; 02/01/01; 01/02/02; 01/05/03; 1/12/04; 1/27/05; 1/23/07; 12/09/08; 12/16/09; 03/29/10; 1/18/11; 1/1/14; 5/30/16; 5/22/2017