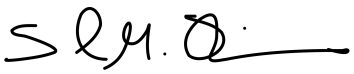
Elite Health Plan **POLICY AND PROCEDURE**	Elite Health MEDICARE ADVANTAGE
Name: Elite Health Plan Policy for Clinical Criteria and Medical Necessity Determination	Policy Number: **UM-MED-18**
Department: Utilization Management Department	Effective Date: 4/1/2026 Date Revised: 2/25/2026 Date Reviewed: 11/17/2026
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature** 

PURPOSE:

Elite Health Plan, Inc. has established this policy to define key requirements associated with our contractual obligations to the Centers for Medicare and Medicaid Services (CMS) as a Medicare Advantage Prescription Drug (MAPD) plan. To ensure consistency in the prior authorization process, the Utilization Management Department staff are required to follow established guidelines for decision making used to determine medical necessity. These decisions may only be made by qualified individuals.

SCOPE:

This policy applies to the CMS Medicare Advantage Prescription Drug (MAPD) Program and addresses the requirements and processes related to delegated Utilization Management (UM) functions assigned by Independent Practice Associations (IPAs) or other contracted entities. The requirements described herein pertain specifically to Medicare Advantage members and reflect their rights and entitlements.

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of

	the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage
Concurrent review decision	Extension of previously approved ongoing treatment, typically inpatient or ambulatory care.

I. POLICY

Elite Health Plan utilizes evidence-based, industry-recognized Clinical Practice Guidelines (CPGs) to support consistent, fair, and medically appropriate decision-making.

All determinations concerning medical necessity must be made solely in the best interest of the member. Such determinations are performed by qualified, licensed physicians or other appropriately licensed healthcare professionals acting within their scope of practice.

Elite Health Plan maintains publicly available links to approved clinical criteria, including but not limited to Medicare National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and MCG guidelines to ensure staff, providers, practitioners, and members have full access. Website materials are updated annually in alignment with the Clinical Practice Guidelines review cycle.

II. PROCEDURES

A. Approved Clinical Criteria / Clinical Practice Guidelines

Elite Health Plan utilizes approved CPGs to promote consistency, equity, and evidence-based decision-making. Sources include, but are not limited to:

- CMS National Coverage Determinations (NCDs)
- Medicare Local Coverage Determinations (LCDs)
- Health plan–approved medical policies
- MCG™ guidelines

When a clinical issue is not addressed within NCDs, LCDs, MCG, or existing medical policies, Elite Health Plan may adopt other nationally recognized, evidence-based guidelines consistent with CMS Final Rule 4201-F.

Examples include:

- Specialty society guidelines (AAO, AAN, ACOG, APA)

- NCCN Oncology Guidelines
- Behavioral health criteria (AACAP, APA, ASAM, etc.)

B. Hierarchy of Clinical Guidelines

Elite Health Plan applies clinical criteria in the following order:

1. National Coverage Guidelines (NCDs)
2. Local Coverage Decisions (LCDs)
3. Member's Evidence of Coverage (EOC) – to confirm benefit coverage
4. Approved Elite Health Plan evidence-based criteria-guidelines and medical policies
5. MCG guidelines

Elite Health Plan acknowledges all applied criteria must not be more restrictive than Traditional Medicare.

C. When UM Criteria Are Not Sufficient

CPGs serve as guidance—not inflexible mandates. A physician reviewer must consider individual patient factors including:

- Age
- Comorbidities
- Treatment progression
- Complications
- Psychological factors
- Home environment
- Availability of appropriate care settings

Consultations with specialty physicians may occur when needed.

If essential medical information cannot be obtained despite reasonable attempts, a physician reviewer may approve a request if a denial could adversely affect timely care.

D. Delegating Medical Groups, IPAs or MSO

Delegating entities must:

When UM responsibilities are delegated, Medical Groups, IPAs or MSO must:

- Uphold all medical director responsibilities
- Oversee utilization review, benefits review, claims processes, and coverage determinations
- Ensure compliance with adjudication timeframes and notice requirements
- Provide staff training and operational oversight
- Provide all required reporting and documentation in a timely manner
- Cooperate with all Elite Health Plan audits

Denials, Notifications, and Disclosure of Criteria

- Only a licensed physician reviewer may deny services based on medical necessity.
- Denial notifications must:
    - Clearly explain the reason for the adverse decision
    - Identify all criteria used
    - Provide the clinical rationale
    - Denial Language must be in lay terms (8th grade or below)
    - Include instructions on how to obtain the utilized criteria
    - Provide the name and direct contact information for the physician reviewer

E. Utilizing Clinical Criteria in Decision-Making

UM decisions must consider:

- Member eligibility
- Covered benefits per the EOC
- Member medical records
- Applicable UM criteria
- Local delivery system capabilities

All criteria used must be documented in the member's electronic file.

Only a qualified physician may issue a denial after criteria review and consideration of patient-specific circumstances.

References:

National Coverage Determination (NCD) - JE Part A - Noridian
Local Coverage Determinations | CMS
Clinical Policy Guidelines | Elite Health Plan
NCCN Guidelines
Practice Guidelines - American Academy of Ophthalmology
Clinical Practice Guidelines for Neurologists | AAN
Practice Parameters and Resource Centers

Date of Revision:	Revised by:	General Revision Notes
2/25/2026	Kristina Fletcher	Implementation
11/17/2026	Kristina Fletcher	Updates