

<b>Approved by:</b> Optum Medical and Pharmacy Subcommittee	<b>Effective Date:</b> 01/01/2026
<b>Clinical Policy Document:</b> Policy Creation	<b>Date Approved:</b> 12/10/25
<b>Reference #:</b> MC/C002	<b>Replaces Effective Clinical Policy Dated:</b> N/A

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## SCOPE

This policy applies to all proposed **medical and provider-administered medication/pharmacy criteria**. It is intended for internal use and review by the Optum Medical and Pharmacy Policy Committee.

## PURPOSE:

The intent of this policy is to establish a standardized process for determining when a new medical policy should be created, ensuring that all policies are evidence-based, relevant, and aligned with current standards of care.

## INTRODUCTION

Medical policies **guide medical necessity** decisions for medical services, procedures, devices, and medications administered by providers. They are intended to reflect the latest standards of care and regulatory requirements, without overriding the member’s benefit contract or dictating clinical practice. The goal is to develop policies only when justified by robust evidence or clear need, thereby maintaining relevance and clarity in our coverage criteria. For prioritization of sources, please refer to the external medical policy “Hierarchy in Evidence in Evaluation of Healthcare Services”.

## NEW MEDICAL POLICY CRITERIA

Medical policy creation should be objectively assessed to determine the strength of evidence; relevance; and organizational need. For the purpose of new policy creation, the following is required:

- Topic must be related to medical criteria or provider administered medications
- Clear gap in policy and/or available resources (i.e. InterQual) exists
- The topic was raised by provider/member requests, regulatory changes or internal committee review
- There is high quality evidence which has been critically appraised to support the policy
- One of the following has occurred:

- New clinical evidence is available
- New technology, procedure or provider administered medication is available and in use
- A regulatory body has recently issued a new approval
- A new national guideline or consensus statement has been released
- There is a trend in appeals, grievances, or utilization requiring guidance

If all criteria are met, the policy creation worksheet (see table one below) will be completed by the policy lead and brought to the committee for voting. If the majority of the committee agrees, then policy development will proceed.

**Table One: Policy Creation Worksheet**

Category	Criteria	Score Range	Scoring Guidance
1. Evidence Quality	Are references peer-reviewed or from professional societies?	0–3	0 = No credible sources; 1 = Low-level studies or expert opinion only; 2 = Observational studies or older guidelines; 3 = Systematic reviews, RCTs, or national guidelines
2. Evidence Currency	Are references published in the U.S. within the last 5-10 years?	0–2	0 = All references outdated or non-U.S.; 1 = Mixed (some current, some outdated); 2 = All references current and U.S.-based
3. Source Priority	Are sources from NIH, CMS, AHRQ, USPSTF, or national societies?	0–2	0 = No priority sources; 1 = Some priority sources; 2 = Majority from top-tier sources
4. Clinical Impact	Does the topic affect safety, efficacy, or utilization of care?	0–3	0 = Minimal impact; 1 = Moderate relevance; 2 = High relevance; 3 = Critical impact (e.g. life-saving, high-risk, high-volume)
5. Regulatory Trigger	Is there a new FDA approval, CMS NCD, LCD, or guideline update?	0–2	0 = No trigger; 2 = Direct regulatory or guideline change
6. Policy Gap	Is there a clear absence of existing internal or external policy?	0–2	0 = Fully covered elsewhere; 1 = Partial gap; 2 = No coverage exists
7. Stakeholder Demand	Have providers, members, or internal teams requested guidance?	0–2	0 = No demand; 1 = Some inquiries; 2 = Frequent or urgent demand
8. Risk of Redundancy	Would this duplicate existing guidance?	0–2	0 = High risk of duplication; 1 = Some overlap; 2 = Clearly distinct need

**📄 Total Possible Score: 18**

- **15–18:** Strong justification – proceed with policy development
- **11–14:** Moderate justification – consider with committee discussion
- **7–10:** Weak justification – defer or monitor for future evidence
- **0–6:** Do not proceed – lacks sufficient basis for policy creation

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**REFERENCES**

Haby, M.M., Reveiz, L., Thomas, R. et al. An integrated framework to guide evidence-informed public health policymaking. *J Public Health Pol* 46, 193–210 (2025). <https://doi.org/10.1057/s41271-024-00535-9>

Novitas Solutions (n.d.) Evidence-based health policy: Literature review methodology for Local Coverage determinations. [www.novitas-solutions.com](http://www.novitas-solutions.com). Accessed 10/14/25.

U.S. Preventive Services Task Force (May 2021.) USPSTF recommendations development process. [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org) Accessed 10/14/25.

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**POLICY/REVISION HISTORY**

<b>Date</b>	<b>Summary of Changes</b>	<b>Approval By</b>
12/10/25	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

# Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1890  
Southampton, PA 18966-9998  
Phone: 1-866-631-5404 (TTY: 711)  
Fax: 763-847-4010  
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: [https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim\\_Lang-Assist-Notice.pdf](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

**Hindi:** यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

**Traditional Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມື້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).