

HERC Coverage Guidance Process

This process, and any revisions to it, will be made by the Health Evidence Review Commission, with recommendations and other input from its subcommittees encouraged. Separate HERC processes should be consulted for the development of evidence-based guidelines, health technology assessments and the review of topics involving the placement of services on the Prioritized List of Health Services.

Overview

ORS 414.698 directs the HERC to conduct health technology assessments and develop evidence-based guidelines in an effort to use the best existing evidence to inform purchasing decisions by public programs in order to use its limited resources in the most effective manner. In a further effort to use existing evidence to the degree possible, the HERC is also developing coverage guidance using existing evidence reports from trusted sources such as the [MED Project](#)¹, [Washington Health Technology Assessment Program](#), and [AHRQ](#)². Such guidance will succinctly give direction on whether evidence indicates that certain health services should be covered as part of a standard benefit package, should be covered only under specific circumstances or with other limitations, or should not be covered.

Topic Selection

Topics will be selected for potential coverage guidance development at a HERC meeting. Just because a topic is added to this list does not guarantee that a coverage guidance will be developed on that topic or that the topic will ever be reviewed. Topics will come from existing evidence reports from trusted sources and completed HERC evidence-based guidelines or health technology assessments. Prioritization of the topics may come from HERC or may be delegated to HERC staff or the EbGS or HTAS.

Originating Body

Coverage guidance may be assigned to either the Evidence-based Guidelines Subcommittee (EbGS) or Health Technology Assessment Subcommittee (HTAS). In general, topics relating to technologies and devices will be assigned to the HTAS and other topics dealing with general medical & surgical or other health care services being reviewed by the EbGS. In some cases topic assignments might deviate from this practice in order to centralize the discussion of related topics or to take advantage of the expertise of certain subcommittee members.

¹ The Medicaid Evidence-based Decisions (MED) Project is a self-governing collaboration of state Medicaid agencies (including 11 states as of April 2012) and their partners to provide policy-makers with the tools and resources they need to make evidence-based decisions.

² The US Department of Health & Human Services' Agency for Healthcare Research and Quality, which contracts with Evidence-based Practice Centers in the US and Canada (14 as of April 2012) to produce evidence reports and technology assessment for informing and developing coverage decisions.

Public Notice of Topic Review

At any point after a topic has been selected by the HERC for potential review, a public notice of at least 30 days may be given to indicate the initial discussion of that topic at an upcoming subcommittee meeting (EbGS or HTAS). Once discussions had begun at the subcommittee level on developing coverage guidance on a topic a full 30-day notice need not proceed continued discussion of that topic at subsequent meetings of that same subcommittee, Instead it should be assumed that discussion on that topic will continue at subsequent meetings of that subcommittee until either a final draft coverage guidance is complete for HERC consideration or a decision has been reached by the subcommittee to table further discussion of the topic or discontinue its review. While staff will make every effort to give as much advanced notice of the continued discussion of a topic at subsequent meetings, unforeseen events may dictate the elimination of substantive discussion of a topic at an upcoming meeting or the cancellation of a meeting in its entirety. A notice of at least 10 days must confirm the continued discussion of a topic at an upcoming meeting. Please consult the HERC's homepage at <http://www.oregon.gov/oha/ohpr/pages/herc/index.aspx> prior to attending a meeting. Subscribing to the HERC's e-subscribe service will insure timely notice of all HERC activities. If two meetings of a subcommittee pass without a previously discussed topic appearing on the agenda, another 30-day public notice must precede a renewed discussion of the topic.

Consideration of Initial Draft of Coverage Guidance

At the first meeting in which the subcommittee will discuss a topic, HERC staff will present a draft document which includes a draft version of the coverage guidance in a highlighted box, along with a summary of the evidence source that it was derived from, written by staff of the Center for Evidence-based Policy. In cases where the evidence source is not publicly available, this summary will be more comprehensive.

After discussion at one or more meetings, the subcommittee may accept the initial draft as presented or make modifications to it in creating a final draft. The subcommittee may also decide that it is not appropriate to develop a coverage guidance on a particular topic at that time and suggest to the HERC that the topic be tabled for future potential consideration. Written and verbal public testimony will be accepted, according to HERC policies and procedures, in conjunction with all subcommittee and commission meetings at which a topic is discussed.

Public Comment on Final Draft of Coverage Guidance

If a final draft coverage guidance is approved by one of the subcommittees, it will be posted as soon as possible (usually within 2-3 business days) to the HERC website at <http://www.oregon.gov/oha/OHPR/pages/herc/coverage-guidance.aspx> for a 30-day public comment period. Comments should be limited to 1000 words and be emailed to HERC.info@state.or.us. Those providing comment should consult the Commission's *Guidelines for Submitting Materials* at <http://www.oregon.gov/oha/OHPR/herc/docs/submitted-materials.pdf> if citing additional evidence sources.

Consideration of Public Comment

After the conclusion of the public comment period, the subcommittee will review the comments at its earliest opportunity. If no comments are received or the subcommittee deems that the comments received do not warrant changes to the final draft coverage guidance, the subcommittee may forward the document without change as their recommendation to the HERC. If changes are made as the result of public comment the subcommittee may, at their discretion, post the revised version for an additional comment period of no less than 21 days if they feel the changes are significant enough to warrant such an action, or they may immediately forward the revised coverage guidance on to the HERC. If changes are made to the final draft posted for public comment due to further consideration of the subcommittee and not due to public comments received, the revised coverage guidance must be posted for an additional public comment period of no less than 21 days. If the subcommittee finds that the public comments included credible, high-quality evidence not considered in the final draft of the coverage guidance, the CEbP will conduct a comprehensive evidence search on the area(s) addressed by the new evidence and the subcommittee will review all new related evidence at subsequent meeting.

HERC Consideration

Once the EbGS or HTAS has approved a coverage guidance for recommendation to the HERC, the coverage guidance will be posted on the HERC website at <http://www.oregon.gov/oha/ohpr/pages/herc/index.aspx> at least 7 days prior to the HERC meeting at which it will be considered. Upon reviewing the recommended coverage guidance and hearing any additional public testimony on the topic, the HERC may:

- 1) Accept the coverage guidance as written.
- 2) Make edits to the coverage guidance and accept as modified.
- 3) Return the coverage guidance to the Subcommittee with recommendations for further work.

Distribution for Incorporation into Benefit Packages

In addition to posting a HERC adopted coverage guidance to its website at <http://www.oregon.gov/oha/OHPR/pages/herc/coverage-guidance.aspx> and sending a notice to its e-subscribers, the HERC will:

- 1) Forward the coverage guidance to its Value-based Benefits Subcommittee for incorporation into the Prioritized List of Health Services. If the HERC is to consider a recommended coverage guidance at its January or August meetings, the coverage guidance may be considered for incorporation into the Prioritized List by the VbBS during its meeting on the morning of the HERC meeting so that the coverage guidance can be reflected in the April 1st or October 1st interim modifications to the

List to be approved at the HERC meeting that afternoon. Should the HERC make any changes to the recommended coverage guidance, the HERC may make corresponding changes to Prioritized List and/or its guidelines to reflect those revisions.

- 2) Notify the following organizations of the coverage guidance for potential incorporation in their benefit plans/services provided:
 - a. Coordinated Care Organizations and managed care organizations providing services to Oregon Health Plan clients
 - b. the administrator of the Public Employees Benefit Board (PEBB) and Oregon Employers Benefit Board (OEBB)
 - c. the administrator of the Office of Private Health Partnerships
 - d. the administrator of the PERS Health Insurance Program
 - e. the Medical Director of the Oregon Department of Corrections
 - f. the Executive Director of the Association of Oregon Counties
 - g. the Executive Director of the League of Oregon Cities
 - h. the Executive Director of the Special Districts Association of Oregon
 - i. the President of Metro

Updating

An existing coverage guidance must be reviewed by the HERC or one of its subcommittees at their earliest opportunity should the evidence report on which it was based be revised. Otherwise, the HERC or one of its subcommittees should review the need to update the coverage guidance within no later than every two years after its adoption.