

Managed Care Operations Memorandum
General Operations
MCOPS Memo # 09/2026-012

Date: September 21, 2026

Subject: Utilization Review Criteria Assessment Process - Licensed Proprietary Product Review 2026

To: All Physical Health HealthChoices Managed Care Organizations (PH-MCOs) – Statewide

From: Gwendolyn Zander, Director, Bureau of Managed Care Operations, Office of Medical Assistance Programs

Purpose:

To notify the HealthChoices PH-MCOs of the Utilization Review Criteria Assessment Process (URCAP) findings from the Department's review of Licensed Proprietary Products (LPPs) revision.

Background:

The PH-MCOs must annually submit all LPP decision making tools, including updates, revisions or changes made to utilization review criteria, and policies and procedures for the Department's review and approval prior to implementation.

The Department evaluates all utilization review criteria, including licensed proprietary products' decision-making tools, utilized by the PH-MCOs to make determinations of medical necessity prior to PH-MCOs' implementation of the criteria.

Discussion:

LPPs contain nationally recognized clinical criteria utilized by the PH-MCOs as a utilization decision-making tool to approve a service or item for a Member. LPPs may not be used to deny a service or item. The 2026 revisions of InterQual Criteria Guidelines, 30th edition Milliman Care Guidelines, 2026 EviCORE Imaging Guidelines, 2026 Evolent, 2026 HealthHelp Guidelines, 2026 National Comprehensive Cancer Network Guidelines, 2026 Davis (Versant) Vision Guidelines, 2026 United Concordia Guidelines, 2026 Avesis Guidelines, and 2026 Cohere Guidelines were reviewed by the Department to ensure updates do not conflict with PA regulations, the HealthChoices Agreement, and the HealthChoices definition of the term "Medically Necessary."

All LPP revisions or updates that are approved are noted as a “pass” and may be implemented into the PH-MCO utilization decision-making tool. The LPP table lists categories and findings by the Department. The LPP table can be found in the following embedded table.

PH-MCO may not use LPPs for utilization management of Pharmaceutical injectable medications. PH-MCO Pharmaceutical injectable medications are required to have an individual policy submitted to the Department’s Prior Authorization Review Panel (PARP) for approval.

Next Steps:

This information must be provided to all appropriate staff, particularly Utilization Management Directors and Medical Directors, within your organization. If you have any questions, please contact the Clinical Operations Unit Supervisor Sarah Weir at 717-257-5249.

This OPS Memo supersedes previously issued OPS Memo # 10/2025-010 and will remain in effect until further notice.

Obsolete:

N/A

Attachment:



2026 MCO LPP
Review.xlsx

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-services/documents/managed-care-operations-memos/mcs-09-2026-012-attachment-1-2026-mco-lpp-review.xlsx>