

Clinical Policy: Preventive Health and Clinical Practice Guidelines

Reference Number: LA.CPC.03

Last Review Date: 08/21

[Revision Log](#)

Description

The Plan, whenever possible, adopts preventive and clinical practice guidelines (CPG) from recognized sources for the provision of acute, chronic and behavioral health services relevant to the populations served. The Plan also presents guidelines to the Quality Committee for appropriate physician review and adoption. Guidelines are updated at least annually or upon significant new scientific evidence or changes in national standards.

The Plan adopts clinical practice guidelines which are relevant to their population. Guidelines are based on the population's health needs and/or opportunities for improvement as identified through the Quality Assessment and Performance Improvement (QAPI) Program. The Plan also adopts applicable preventive health guidelines for perinatal care, care for children up to 24 months old, care for children 2–19 years old, care for adults 20–64 years old, and care for adults 65 years and older.

I. Procedure:

A. Development, Adoption and Revision

1. The Corporate Clinical Policy Committee (CPC), is responsible for researching evidence-based guidelines. Whenever possible, guidelines from recognized sources are adopted. Source data is documented in the guidelines to include the scientific basis or the authority upon which it is based.
2. Board-certified practitioners who will utilize the guidelines have the opportunity to review and give advice on the guidelines through the Corporate CPC and the Plan's Quality Committee. Specialist review is documented in the meeting minutes, as applicable.
3. If guidelines from a recognized source cannot be found, Centene's CPC is consulted for assistance in guideline sourcing or development.
4. The Plan QI/QM designee or clinical policy staff update guidelines upon significant new scientific evidence or change in national standards and guidelines are reviewed by the Corporate CPC and Plan Quality Committee at least annually.

B. Internal Use of Practice Guidelines

1. The Plan utilizes evidence-based clinical practice guidelines, preventive health guidelines, and/or other scientific evidence, as applicable, in developing, implementing and maintaining clinical decision support tools used to support utilization and care management.
2. When appropriate, the Plan may choose to use a vendor's clinical decision support tools. The Plan will ensure through due diligence and regular updates that evidence-based practice is utilized in development of the clinical decision support tools.
3. When the Plan deems necessary, customized assessments or utilization management tools are developed as follows:
 - a. Utilize clinical sources with documented evidence-based practice.
 - b. A team consisting of Plan and Corporate staff, which includes licensed clinical staff, develops the necessary tools.

- c. The Vice President of Medical Management and the Vice President of Medical Affairs review and approve the modifications.
4. The clinical documentation system provides a link to the clinical practice or preventive health guideline as applicable for access by clinical staff during utilization management and care management.

C. Plan Distribution to Practitioners and Members/Enrollees

1. The Plan distributes guidelines to all practitioners who are likely to use them and upon request to members/enrollees, potential members/enrollees and providers. Revised guidelines are distributed on a timely basis. The Plan also distributes guidelines to new practitioners if the original distribution has already occurred.
2. New or updated guidelines will be disseminated to providers via the Plan website as soon as possible (or per state contract timeframe, if applicable).
3. A listing of adopted clinical practice and preventive health guidelines is maintained in the provider manual, with the links to the full guidelines or with a notation that the links and/or full guidelines are available on the Plan website or hard copy upon request.
4. Members/enrollees may be notified of their right to request guidelines in the member/enrollee handbook, member/enrollee newsletter, or other member/enrollee materials.
5. If a member/enrollee or potential member/enrollee requests a copy of guidelines, it is noted in the member/enrollee services call tracking system, and the member/enrollee is referred to the Plan website, or a hard copy is mailed to the member/enrollee if requested.
6. Mechanisms to notify and distribute guidelines may include, but are not limited to:
 - a. New practitioner orientation materials
 - b. Provider and member/enrollee newsletters
 - c. Member/enrollee handbook
 - d. Special mailings

D. Performance Measurement

1. If applicable, based on state contract and accreditation (e.g. NCQA, URAC, etc.) requirements, the Plan measures practitioner compliance with at least two important aspects of each of the four clinical guidelines (two of which must be behavioral health) and two preventive health guidelines at least annually. This may be done in conjunction with delegated vendors as applicable.
2. The analysis can be either population or practice-based.
 - a. If population based, the services/treatments received by members/enrollees are assessed, via claims data or HEDIS rates, to measure compliance with the guidelines.
 - b. If practice-based, a sample of practitioners' or practices' records may be evaluated for adherence to specific guidelines.
3. Whenever possible, the Plan uses applicable HEDIS measures to monitor practitioner compliance with adopted guidelines.
4. If the performance measurement rates fall below the Plan, State, and/or CMS goals, the Plan implements interventions for improvement, as applicable.

CLINICAL POLICY
Preventive Health and Clinical Practice Guidelines

I think we should delete this section. Corporate may due this, but we don't do this locally do we?

Attachments

1. Adopted Clinical Practice and Preventive Health Guidelines



CPG
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Reviews, Revisions, and Approvals	Date	Approval Date
Clinical Practice Guidelines created	08/21	08/21

References

1. Centers for Medicare & Medicaid Services (CMS). Medicare Managed Care Manual Chapter 5 (Quality Assessment). Rev. 117, 8/8/2014.