

Clinical Policy: Preventive Health and Clinical Practice Guidelines

Reference Number: CP.CPC.03

Date of Last Revision: 04/23

[Revision Log](#)

Description

The health plan (Plan) and Centene Advanced Behavioral Health (CABH), whenever possible, adopt 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 present guidelines to the Quality Committee for appropriate physician review and adoption. CABH presents guidelines to the Clinical Policy Subcommittee (CPSC) and Quality Improvement Committee (QIC) 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/CABH adopt 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/CABH also adopt 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 physical health (PH) evidence-based guidelines, and Centene Advanced Behavioral Health Clinical Policy Subcommittee (CABH CPSC) is responsible for researching behavioral health (BH) 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 or CABH CPSC and the Plan's/CABH'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 or the CABH CPSC is consulted for assistance in guideline sourcing or development.
4. Clinical policy staff update guidelines upon significant new scientific evidence or change in national standards and guidelines are reviewed by the Corporate CPC/CABH and Plan/CABH Quality Committee at least annually.

B. Internal Use of Practice Guidelines

1. The Plan/CABH utilize 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/CABH may choose to use a vendor's clinical decision support tools. The Plan/CABH 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/CABH deem 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/CABH and Corporate staff, which includes licensed clinical staff, develops the necessary tools.
 - c. The Vice President of Population Health and Clinical Operations, the Vice President of Medical Affairs and/or the Senior VP/Chief Medical Officer of Behavioral Health review and approve the modifications as applicable.
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/CABH Distribution to Practitioners and Members/Enrollees

1. The Plan/CABH 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/CABH 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/CABH 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.

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- 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/CABH use applicable HEDIS measures to monitor practitioner compliance with adopted guidelines.
4. If the performance measurement rates fall below the Plan/CABH, State, and/or CMS goals, the Plan/CABH implement interventions for improvement, as applicable.

E. Delegation

1. The Plan’s/CABH’s delegated managed behavioral health vendor (if applicable) performs the adoption, updating and distribution (i.e. to the delegated behavioral health vendor’s practitioner network) for the behavioral health guidelines required by this policy.
2. The Plan/CABH may also delegate adoption, updating, and performance monitoring of specific disease state clinical practice guidelines to a disease management vendor.
3. The Plan/CABH and delegate(s) collaborate to monitor practitioner compliance with the adopted standards and to implement interventions for improvement, as applicable
4. Oversight of delegated processes is conducted as outlined in the Oversight of Delegated Quality Improvement policy and procedure.

Attachments

1. Adopted Clinical Practice and Preventive Health Guidelines



CPG Grid_Final.docx

2. Coordinated Care WA Addendum



CP.CPC.03
Washington Addend

3. Trillium Community Health Plan OR Addendum



CC.BH.QI.04_Addendum A_OR.docx

4. WellCare HI Addendum



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5. WellCare KY Addendum



WellCare KY State
Addendum D.docx

6. WellCare/MeridianCare MI Addendum

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Meridian MI
 ADDENDUM.docx

7. Health Choice Illinois



IL CP.CPC.03
 ADDENDUM - 2023.c

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Clinical Practice Guidelines created	08/02	08/02
Referenced the department as QI/QM to encompass all Plans' Quality department name. Removed statement under Policy description, "age groups under 65 years and older are not applicable to Medicare" and "Antepartum Fetal Surveillance Testing Guidelines". Updated 2. C. ii. To include "which includes licensed clinical staff". Removed 2.e. "When a change occurs in a clinical practice or preventive health guideline, the clinical documentation system, including clinical decision support tools, is updated promptly to reflect the change" and f. "The customized assessments and utilization management tools are reviewed on a biannual basis to ensure they reflect the latest scientific and evidence-based practice". Updated 4.a. to include, "at least annually". Updated 5.b. removing, i. "The Plan has delegated the adoption and updating of the asthma and diabetes clinical practice guidelines to the disease management vendor" and ii. "The Plan distributes the guidelines to Plan practitioners as applicable".	07/17	07/17
Updated Attachment 1 to include the most recent guidelines.	09/17	
Added Sepsis guidelines and updated Flu and Smoking Cessation During Pregnancy in Attachment 1.	01/18	01/18
Updated Attachments to include WA Addendum.	02/18	
Updated policy and reference number to CP.CPC.03. Updated Attachment 1 Centene Corporate CPGs. Changed revision schedule to annual instead of every 2 years. Removed general NCQA requirements for quantity and type of guidelines plans must adopt.	07/18	07/18
Added WI addendum to attachments	09/18	
Added "may" in C.6 so that methods "may" include the following	03/19	
Updated links in attachment 1 Clinical Practice Guidelines Grid. Converted policy to new template. Added "or clinical policy staff" to criteria regarding who updates guidelines in I.A.4.	04/19	04/19
Annual review completed. Updated Clinical Practice Guidelines Grid. Attached updated WI CP.CPC.03 Addendum, and WA CP.CPC.03 Addendum. Deleted I.C.7., as no longer applicable (Distribution of practice guidelines is tracked in the QIQM Work Plan and summarized	04/20	04/20

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in the QI/QM Annual Program Evaluation.). Attached WellCare plan addenda: IL, MI, NE, NJ, SC.		
Updated plan addenda for WA Coordinated Care, WellCare NJ, and WellCare SC. Added plan addenda for: WellCare FL, WellCare GA, WellCare HI, WellCare KY. Updated CPG grid to include behavioral health guidelines approved by the QI Behavioral Health Clinical Policy Subcommittee on 5/26/20.	09/20	
Updated CPG grid. Replaced member with member/enrollee in all instances.	11/20	11/20
Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines approved by subcommittee 02/21. Updated plan addenda for WA Coordinated Care, WellCare FL, WellCare GA, WellCare HI, WellCare KY, WellCare NJ, Meridian MI, and Meridian IL. Retired addenda for WellCare South Carolina and MHS WI Health Plan. Removed addendum for WellCare Nebraska.	04/21	04/21
Minor edits to CPG Grid	05/21	
Added BH guidelines to CPG grid. Changed “Review Date” in header to “Date of Last Revision,” and “date” in revision log header to “Revision Date.”	08/21	08/21
Updated guidelines in CPG grid.	09/21	10/21
Updated guidelines in CPG grid.	01/22	01/22
Annual review. Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines approved by subcommittee 02/22. Updated plan addenda for WA Coordinated Care, WellCare MeridianCare MI and WellCare KY. Removed retired addenda for WellCare MeridianCare IL, WellCare FL, WellCare NJ, and WellCare GA.	04/22	04/22
Added guideline to CPG grid.	06/22	06/22
Made adjustments throughout the policy to reflect that Centene Advanced Behavioral Health manages and approves BH guidelines. Added Trillium Community Health Plan OR Addendum.	11/22	12/22
Annual review. Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines approved by subcommittee 02/23. Added plan addenda for Health Choice Illinois. Updated plan addenda for WA Coordinated Care, Trillium Community Health Plan OR, WellCare HI, WellCare KY, and WellCare MeridianCare MI.	04/23	04/23

References

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