



CLINICAL PRACTICE GUIDELINES POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

CONTENTS

1	PURPOSE.....	1
2	SCOPE.....	1
3	POLICY STATEMENT.....	1
4	PROCEDURE.....	1
5	RESPONSIBILITIES.....	2
	Compliance, Monitoring and Review.....	2
	Reporting.....	2
	Records Management.....	2
6	DEFINITIONS.....	3
7	RELATED LEGISLATION AND DOCUMENTS.....	3
8	FEEDBACK.....	3
9	APPROVAL AND REVIEW DETAILS.....	3

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the Glossary.

1 PURPOSE

- 1.1 The purpose of this policy is to ensure a method for adoption, dissemination and application of clinical practice guidelines consistent with 42 CFR 438.236. The guidelines adopted will serve as a broad description of clinical guidelines approved and used by (CCC). Contracted providers are encouraged to use and adopt additional evidence based guidelines as needed.

2 SCOPE

- 2.1 Intended for use by case management, utilization review, compliance, communication, member services, and quality departments as well as contracted providers.

3 POLICY STATEMENT

- 3.1 CCC will adopt clinical practice guidelines that will guide coverage decisions and clinical care with the objective of providing high quality, cost effective care to its members.
- 3.2 Guidelines will be based on valid and reliable clinical evidence.
- 3.3 Guidelines will be adopted from a highly credible and respected source.
- 3.4 Guidelines will have gone through extensive vetting and peer review.
- 3.5 Guideline selection will be prioritized based on CCC, provider and member needs.
- 3.6 Guidelines will be adopted in consultation with contracted health care providers.
- 3.7 Guidelines will be disseminated to relevant providers and, upon request, to members and potential members.
- 3.8 Guidelines will be reviewed and updated annually and approved by the appropriate board committee.

4 PROCEDURE

Confidentiality Statement

This Clinical Practice Guidelines Policy and Procedure along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



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- 4.1 The Chief Medical Officer (CMO) is primarily responsible for the process of guideline adoption and dissemination.
- 4.2 The directors of quality, case management, and pharmacy shall identify needs for additional clinical guidelines and propose additional guidelines for adoption.
- 4.3 Contracted providers may identify needs for additional guidelines and propose candidate guidelines for review and adoption.
- 4.4 Provider input into proposed guidelines will be sought through the Pharmacy and Therapeutics (P and T), Utilization Management (UM), or Quality Management (QM) committees as appropriate.
- 4.5 The CMO will recommend guidelines for adoption. Adoption will be determined by the P and T, UM, or QM committees as appropriate.
- 4.6 Practice guidelines will be disseminated to providers and members through at least four of the following:
 - 4.6.1 Practice guidelines are referenced in the provider manual which is revised and distributed and/or posted annually.
 - 4.6.2 Practice guidelines are referenced on our web page with links provided.
 - 4.6.3 Practice guidelines for pharmacological treatment are disseminated to all providers through the online and print versions of the formulary, which is revised bi-annually.
 - 4.6.4 Selected practice guidelines that are cited in authorization denials or modifications are referenced or copied in notifications to providers when applicable.
 - 4.6.5 Practice guidelines are referenced for provider education when applicable as part of peer to peer reconsiderations. Clinical Practice guidelines are available to members and potential members.
 - 4.6.6 Brief explanations of clinical practice guidelines and links will be posted on our website.
 - 4.6.7 Appeals and Grievance, utilization review, case management, and pharmacy staff may explain guidelines to any member with questions about their coverage determinations or recommended care.
 - 4.6.8 Providers are encouraged to share with members guidelines that are relevant to their treatment and health care.
- 4.7 The application of clinical practice guidelines, OARs, and the OHA prioritized list and accompanying guideline notes in prior authorization decisions will be monitored by the case management department by reviewing a random sample of 30 denials quarterly. Failure to use applicable rules or guidelines and document that use will result in staff education and/or a root cause analysis as needed.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

- 5.1 The Executive Approval Committee will review this policy and procedure for compliance with the Oregon Health Authority (OHA) contract and guidelines at least once a year, or as applicable.

Reporting

- 5.2 No additional reporting is required.

Records Management

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- 5.3 Team Members must maintain all records relevant to administering this policy and procedure in a recognized record management system.

6 DEFINITIONS

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 42 CFR §438.236
- 7.2 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- 7.3 [Oregon Health Authority \(OHA\): Coordinated Care Organizations \(CCO\)](#)

8 FEEDBACK

TeamMembers may provide feedback concernings document by emailing policyfeedback@cascaedcomp.com.

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Executive Approval Committee
Committee Review Dates	09/28/2018, 7/29/2019, 08/30/2019
Approval Dates	10/01/2018, 7/30/2019, 08/30/2019

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