

Missouri Care

WellCare(Nebraska)

Preventative Health and Clinical Practice Guidelines: Policy Number: CP.CPC.03

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HEALTH

Last Review Date: 04/20

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

POSITION STATEMENT

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, the Corporate 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

1. The Plan distributes guidelines to all practitioners who are likely to use them and upon request to members, potential members 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 may be notified of their right to request guidelines in the member handbook, member newsletter, or other member materials.
5. If a member or potential member requests a copy of guidelines, it is noted in the member services call tracking system, and the member is referred to the Plan website, or a hard copy is mailed to the member 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 newsletters
 - c. Member 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 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.

E. Delegation

1. The Plan'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 may also delegate adoption, updating, and performance monitoring of specific disease state clinical practice guidelines to a disease management vendor.
3. The Plan 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_20200413.docx

2. Coordinated Care WA Addendum



CP.CPC.03_WA
addendum_0409202

3. MHS Health WI Addendum



CP.CPC.03 WI
Addendum 2020.docx

4. WellCare IL Addendum



WC IL CPG Adden
0420.docx

5. WellCare MI Addendum



WC MI CPG Adden
0420.docx

6. WellCare NJ Addendum



WC NJ CPG Adden
0420.docx

7. WellCare SC Addendum



WC SC CPG Adden
0420.docx

REFERENCES

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

REVIEWS, REVISIONS, AND APPROVALS

Reviews, Revisions, and Approvals	Date	Approval Date
Clinical Practice Guidelines created	08/02	08/02
Updated Policy Description, Updated bullet points 3.b. New or updated guidelines..., 3.e. If a member or potential member requests..., 4.a. If applicable based on state contract and accreditation..., 4.b. The analysis can be either..., 5.a. Cenpatco Behavioral Health is..., and 5.b.ii. Plan distributes the... Removed CC.UM.10 – New Technology Review from references.	07/15	07/15
Added Health Services Group New York (HSGNY) Addendum	03/16	06/16
Updated References. Updated Attachment 1 – Adopted Clinical Practice and Preventive Health Guidelines. Updated References. Updated Clinical Practice Guidelines and Preventive Guidelines. Minor grammar changes. Updated “Procedure: Development, Adoption, and Revision”; A), B), C), and D). Updated “Internal Use of Practice Guidelines”; 2.a., 2.b., and 2.e. to include “clinical decision support tools”. Updated “Delegation” 5.a. The Plan’s delegated managed..., and 5.b.i Plan has delegated the adoption...	08/16	
Updated policy to include Medicare specific language throughout. Minor grammar changes. Updated References. Added Chronic Obstructive Pulmonary disease to clinical practice guidelines inclusion list. Update 4. Performance Measurement to include CMS.	11/16	
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 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 in the QI/QM Annual Program Evaluation.). Attached WellCare plan addenda: IL, MI, NE, NJ, SC.	04/20	04/20