

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management – Utilization Management	<b>DOCUMENT NAME:</b> Practice and Preventive Health Guideline
<b>PAGE:</b> 1 of 6	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b> 5/31/2016	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 11/05/2014	<b>REVIEWED/REVISED:</b> 11/05/2014, 5/2016, 6/2017, 1/26/2018
<b>PRODUCT TYPE:</b> ALL	<b>REFERENCE NUMBER:</b> OR.MM.107

**SCOPE:** Medical Management

**PURPOSE:** Trillium Community Health Plan (Trillium) selects evidence-based clinical and preventive health practice guidelines to assist practitioner and member decisions regarding appropriate healthcare for health promotion and specific clinical circumstances. Trillium promotes practice guidelines including: practitioner/provider education regarding current evidence-based practices, minimizing inter-practitioner variation to reduce use of out-of-date or sub-optimal approaches to care, and improving overall health outcomes of Trillium’s member populations. Decisions for utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.

**POLICY:** To promote appropriate clinical and preventive healthcare for specific populations and/or diagnoses.

1. To promote appropriate clinical and preventive healthcare for specific populations and/or diagnoses, Trillium adopts the following:
  - 1.1. Evidence-based clinical practice guidelines for medical and behavioral health conditions, including behavioral health conditions related to children and adolescents.
  - 1.2. Evidence-based preventive health practice guidelines for:
    - 1.2.1. Perinatal care.
    - 1.2.2. Care for children up to 24 months old.
    - 1.2.3. Care for children 2-19 years old.
    - 1.2.4. Care for adults 20-64 years old.
    - 1.2.5. Care for adults 65 years and older.
2. Trillium selects practice guidelines based on high frequency of conditions among members, excessive morbidity or mortality as determined by a retrospective review of member data, wide variations in practice patterns among practitioners, potential risks for over or underutilization of services, high costs of care for condition, and/or scientific cost-effective preventive care.
3. Adopted clinical and preventive practice guidelines are consistent with Trillium’s quality improvement projects targeted to improve health, patient satisfaction, reduce costs, meet quality initiative requirements, and target external product line performance measures.
4. Trillium reviews and updates current practice guidelines every two (2) years and when new scientific evidence or national standards are published.

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5. Maintenance, revision, and addition of new practice guidelines are the responsibility of the Medical Director and Licensed Behavioral Health Practitioner, who present recommendations to Quality Committee for review and approval.
6. Trillium expects practitioners to utilize adopted practice guidelines; however, Trillium recognizes practitioner/provider inability to use these guidelines to address all individual circumstances.

Trillium notifies practitioners of adopted clinical and preventive health practice guidelines at least annually and makes guidelines available on Trillium Provider Website.

### PROCEDURE:

Trillium researches, approves, adopts and disseminates evidence-based clinical and preventive health practice guidelines to practitioners to improve healthcare quality and reduce variation in care. Clinical and preventive health practice guidelines are intended to reflect population-based recommendations relevant to Trillium members. These guidelines are not intended to address all individual variations and are not a substitute for an individual clinician’s judgment.

### 1. Research and Review Practice Guidelines

- 1.1. Trillium’s process for research and review of clinical (medical and behavioral health) and preventive health guidelines are:
  - 1.1.1. Trillium Medical Director and Licensed Behavioral Health Practitioner research and review published scientific evidence and national standards.
    - 1.1.1.1. Trillium evaluates guidelines based on needs and positive outcomes of members.
  - 1.1.2. Trillium reviews sources including:
    - 1.1.2.1. Guidelines and reports provided by professional medical associations (e.g., American College of Physicians, American Medical Association, American Psychiatric Association).
    - 1.1.2.2. Government institutions (e.g., Healthy People 2020, National Institutes of Health, National Institute of Mental Health, National Cancer Institute).
    - 1.1.2.3. Voluntary health organizations (e.g., American Diabetes Association, American Heart Association, American Lung Association, United States Preventive Services Task Force).

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**1.1.2.4.** Medical and scientific journals (e.g., New England Journal of Medicine, The Journal of the American Medical Association).

**1.1.3.** Trillium assesses effectiveness of guidelines based on scientific evidence, professional standards in the absence of scientific evidence, or expert opinion in the absence of professional standards.

### **2. Approve and Adopt Practice Guidelines**

**2.1.** Trillium Medical Director and Licensed Behavioral Health Practitioner present recommendations to the Quality Committee .

**2.2.** Quality Committee reviews and provides feedback regarding adoption of new practice guidelines and updates to existing clinical and preventive health practice guidelines.

**2.3.** Quality Committee votes to:

**2.3.1.** Approve.

**2.3.2.** Approve with changes.

**2.3.2.1.** If changes are incorporated, they are represented for approval with modifications.

**2.3.3.** Reject.

**2.4.** Quality Committee documents review and approval of practice guideline decisions in meeting minutes.

**2.5.** Trillium Medical Director and Licensed Behavioral Health Practitioner update Medical and Behavioral Health Clinical and Prevention Practice Guidelines Logs with the following:

**2.5.1.** Name of guideline.

**2.5.2.** Product line(s).

**2.5.3.** Identification of source.

**2.5.4.** Decision outcome.

**2.5.5.** Reason for rejections or modifications.

**2.5.6.** Approval or rejection dates.

**2.5.7.** Revision dates.

**2.5.8.** Two (2) year review date.

**2.6.** Guidelines at two (2) year review date go back to Quality Committee for review and adoption.

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- 2.6.1. Medical Directors review and update adopted practice guidelines every two (2) years, and when scientific evidence or national guideline recommendations change.

### 3. Distribution of Practice Guidelines

- 3.1. Approved guidelines are posted on Trillium Provider Website.
- 3.2. Trillium notifies practitioners quarterly by e-mail and annually by letter informing:
  - 3.2.1. Approved guidelines.
  - 3.2.2. Renewed guidelines.
  - 3.2.3. Printed copies available by request.
  - 3.2.4. Guideline availability on website.
- 3.3. Provider manual includes information on how to obtain practice guidelines by:
  - 3.3.1. Requesting printed copies.
  - 3.3.2. Accessing website.
- 3.4. Trillium provides new practitioners and providers copies of adopted guidelines in Practitioner orientation materials.
- 3.5. Trillium provides practice guidelines upon request to members, potential members or member representatives.

REFERENCES	
NCQA	Practice Guidelines
42 CFR	438.236 (b), (c), (d)
2018 CCO/OHP Contract	B.4.6. OHP and CCO
RELATED MATERIALS	

ATTACHMENTS:	
Trillium UM Clinical Criteria & Guidelines	TCHP_ZZ143NR Effective 10/6/17

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<b>DEFINITIONS:</b>	
Clinical Practice Guidelines	Systematically developed tools, usually evidence-based, that help practitioners make decisions about appropriate healthcare for specific clinical (medical and behavioral health) circumstances.
Evidence-Based Practice	A prevention or treatment practice, regimen, or service grounded in consistent scientific evidence showing improvement of consumer outcomes in both scientifically controlled and routine care settings. The practice is sufficiently documented through research to permit the assessment of fidelity. This means the elements of the practice are standardized, replicable, and effective within a given setting and for particular populations. As a result, the degree of successful implementation of the service can be measured by the use of a fidelity tool that operationally defines the essential elements of practice.
Preventive Health Guidelines	Healthcare guidelines designed for prevention and early detection of illness in asymptomatic people, and generally include routine physical examinations, tests and immunizations.

### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
<b>NCQA Annual Review Required</b>	
Review and edit of document for compliance with CCO contract assessment. Removed “QMIC” committee and replaced with “Quality” committee; Addition of paragraph 3.5.	5/2016
Annual Review. No updates.	6/2017
Addition of Clinical Criteria and Practice Guidelines Attachment	11/9/17
Addition in purpose regarding decisions in UM, member education.. to be consistent with guidelines. Verification that the P&P meets 438.236 and CCO/OHP. 2018 CCO/OHP reference added to Reference section.	1/26/2018

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### POLICY AND PROCEDURE APPROVAL

The electronic approval is retained in Compliance 360

Director of Department:      Approval on file

Vice President of Department: Approval on file