I. Policy: Clinical Guideline Development, Implementation and Review Process

II. Purpose/Objective:
To provide a policy of coverage regarding Clinical Guideline Development, Implementation and Review Process

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**Process for New Guideline Development:**

**Proposal of New Guideline**
Clinical practice guidelines are the clinical basis for the disease management programs. An area of clinical care deemed appropriate for support by a Guideline can be proposed by any Clinical Practice Guidelines Committee member, Plan Medical Director, Director or Manager of Population Management Operations, the Vice President of Health Services or a provider credentialed by the Plan. The proposal is submitted by email or in writing to the Director of Medical Policy. The proposal is placed on the agenda for the next available meeting of the Clinical Practice Guidelines Committee.

**The Clinical Practice Guideline Committee (GC)**
The CPG Committee is chaired by designated Geisinger Health Plan (GHP) Medical Director or designee. At a minimum, the committee is composed of a physician board-certified in appropriate specialties; a GHP medical director; the GHP Director of Medical Policy; and the GHP Manager of Accreditation.

At a minimum, the CPG Committee meets on an annual basis with authority to convene additional meetings as needed. Meetings may be held in person or virtually. Committee members are expected to attend all meetings or send a designee authorized to vote on their behalf. Minutes are recorded at each meeting and reflect key discussion points and evidence reviewed, approval decisions, needed actions, rationale, planned activities, responsible person and follow-up needed. Minutes record committee member attendance and participation. Minutes are reviewed and approved within 30 days of each meeting.

**Committee Responsibilities**
The CPG committee is tasked with the identification, review and adoption of evidence-based clinical guidelines from nationally recognized sources or develop guidelines determined by scientific evidence, expert opinion or professional standards. The group will systematically review guidelines at least every two years or sooner, if national guidelines have changed or substantively new scientific evidence is published in the interim. The CPG is responsible for communication of all approvals/modifications of evidence-based clinical guidelines, and committee activities at least semi-annually to the GHP Quality Improvement Committee for implementation. The CPG also works in conjunction with GHP Case Management department to assure Case and Health Management programs align with clinical guidelines. If the guideline contains medications, feedback may also sought from at least one Plan Pharmacy Department Pharmacist, Manager or Director.

**QIC for Review and Approval**
Upon recommendation of approval by the CPG committee, the Director of Medical Policy and the GHP Manager of Accreditation schedules a QIC presentation of the final recommendations. The Director of Medical Policy presents the guideline(s) for review and approval at the QIC meeting. Approval at this stage activates the guideline.

**Distribution of Approved Guideline**
Upon QIC approval, the URL link to the guideline document is communicated to the Information Technology department by the Director of Medical Policy and a service request (SR) is submitted to the Information Technology department for the link/document(s) to be posted on the Plan’s website at thehealthplan.com, GHP Encyclopedia, and the GHS INFOWEB. Notice of the availability of the guideline(s) is made through the Plan’s established provider communication tools.

**MEASUREMENT OF GUIDELINES**
GHP annually measures performance against at least two important aspects of each of the NCQA required four clinical practice guidelines, two of which relate to behavioral health.

**Director of Medical Policy, Manager of Accreditation, Outpatient Case Management Leadership, Senior Coordinator - Clinical/Medical Mgmt Data:** Required Action and Responsibilities:

To facilitate and coordinate the measurement of guidelines based on NCQA guideline standard requirements.
This includes the **annual** measurement of **at least two** important aspects of each of the NCQA required clinical practice guidelines.

Of the NCQA required guidelines, two must be the clinical basis for Disease Management programs in QI 7: Disease Management. The other two guidelines measured must relate to behavioral health.

The Outpatient Case Management assumes responsibility for collecting measures data relative to guidelines used as the basis for the disease management programs. The Behavioral Health Oversight Committee is assigned responsible for coordinating the collection of measures data relative to the guidelines associated with behavioral health. Collection of guideline measures data is also coordinated through the Decision Support Services department as requested by the Director of Medical Policy and/or the Manager of Accreditation.

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 11/30/05 (Developed referencing Outpatient Case Management policy CC 25 Use and Review of Evidence Based Guidelines, Dev 1/31/03; Rev 7/14/04, 8/2/04)

**Revised:** 1/08 (title changes), 1/10; 2/12 (title change); 2/13 (title change), 9/15 (process change); 1/16, 1/18 (title correction)

**Reviewed:** 1/07, 1/09, 2/11, 2/14, 1/17