

**Policy: MP171**

**Section: Medical Benefit Policy**

**Subject: Clinical Guideline Development, Implementation and Review Process**

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**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.

**Care Coordination & Integration** – The Health Plan department, comprised of a healthcare team, including but not limited to, nurse case managers, health liaisons, health coaches, behavioral health case managers, and community health assistants responsible for the delivery of care to our members.

**Evidence-based Clinical Guidelines** – Clinical guidelines, statements of recommendation, algorithms, or materials created through an unbiased and transparent process of systematic review, appraisal, and the best clinical findings to aid in the delivery of optimum clinical care. The guidelines are based on the best available scientific evidence, professional standards, or expert opinion.

**Chronic Conditions** - Defined as diseases or conditions, usually of slow progress and long continuance, requiring ongoing care. Examples include Hypertension, Asthma and Diabetes.

**Care Coordination & Integration Leadership Staff** –Includes Chief Population Health Officer, VP Care Management, VP Health & Wellness, AVP Behavioral Health & Health Choices, Sr. Director Population Health Education and Strategic Partners, Directors Care Coordination & Integration, Sr. Director Innovations, Sr. Director Clinical Health & Wellness, Director Keystone ACO, Director Clinical Optimization and Education.

**Recognized Sources** – Organizations that develop and distribute evidence-based clinical guidelines. Examples include NIH, professional medical associations, or voluntary health organizations.

**Quality Improvement Committee (QIC)** – Quality Improvement Committee for the Geisinger Health Plan.

## **Process for Guideline review and adoption:**

Clinical guidelines offer providers consistent and appropriate guidance for diagnosis and treatment of specific conditions or diseases. The clinical guidelines supported by Geisinger Health Plan reflect the current literature and research about treatment protocols, and incorporate enterprise experience and best practices. Clinical guidelines present an opportunity to significantly reduce variation in the clinical setting and provide part of a framework necessary for measuring and improving the quality of care.

Clinical practice guidelines may be established/adopted based on the needs of the Health Plan membership. The Health Plan uses the following criteria to assess the need for an Evidence-based Clinical Guideline: a) disease prevalence, b) disease complexity, c) potential for reducing complications and improving quality, d) current cost of managing the disease, e) existence of Evidence-based Clinical Guidelines, and f) value to the Member and GHP if a Population Health Management (PHM) program is implemented.

Geisinger Health Plan views all caregivers as active participants in the monitoring and feedback of the effectiveness of these guidelines and welcomes provider feedback and suggestions. All contracted providers have the availability to provide input.

The Health Plan reviews and adopts evidence-based clinical guidelines from nationally recognized sources determined by scientific evidence, expert opinion or professional standards.

CC&I utilizes Evidence-based Clinical Guidelines as available or other algorithms, as the clinical platform for CC&I staff members in conducting assessments and management of complex cases.

<https://www.geisinger.org/health-plan/providers/clinical-guidelines>

### **QIC for Review and Approval**

Upon recommendation of approval by the Director of Medical Policy and the GHP Manager of Accreditation the guideline(s) are presented for review and approval at the QIC meeting. Approval at this stage activates the guideline. The Evidence-based Clinical Guidelines are reviewed and revised by the national recognized specialty source and approved biannually according to National Committee for Quality Assurance (NCQA) standards.

### **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 measures performance against the guidelines based on HEDIS specifications and/or through Population Health Management strategy measurements. This includes behavioral health measures.

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) 6/21 (Revised process)

**Reviewed:** 1/07, 1/09, 2/11, 2/14, 1/17, 1/19, 1/20, 1/21

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.