

Title: Clinical Practice Guidelines					Version: 4	Ref #: 240	
Owner: Shellie Holk (Director, Quality of Care and Accreditation)							
Approved by ELT/CEO: 03/27/2025		Effective Date: 02/26/2005		Next Review: 03/27/2027			
Applies to (check all that apply):							
⊠ Medicare	oxtimes Medicaid		Housecall Providers	$\boxtimes$ Care	CareOregon Corporate		

### **SCOPE**

This policy applies to CareOregon provider facing staff, clinical operations staff, behavioral health staff, dental staff, pharmacy staff, medical management staff and subcontractors.

#### **PURPOSE**

Practice guidelines are developed from scientific evidence or a consensus of health care professionals in the field such as the HERC/Oregon Health Authority. Practice guidelines are not intended to address all individual variations, but to reflect population-based recommendations. Evidence based practice guidelines are provided to improve the quality of care delivered to CareOregon members.

# **DEFINITION(S)**

CMS	Centers for Medicare & Medicaid Services http://www.cms.hhs.gov
DMAP	Oregon Division of Medical Assistance Programs http://www.oregon.gov/DHS
HERC	Health Evidence Review Commission
Interqual	Evidence Based Clinical Decision Support tool
Practice Guideline	A set of criteria that describes appropriate management for a specific population or diagnosis, i.e., health

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	maintenance for children or diabetes management
SMD	Senior Medical Director

### **POLICY**

CareOregon, reviews and adopts practice guidelines that define standards of practice as they pertain to improving health care quality for major diseases/diagnoses and preventive strategies. The selection of guideline topics is based on an analysis of the CareOregon population.

Whenever possible, guidelines are derived from nationally recognized/local sources and are evidenced-based in their foundation. If a nationally recognized guideline is not available, CareOregon involves board certified specialists, that are contracted providers in our network to support the development and review of the most appropriate guidelines. CareOregon also uses the guidelines presented by the HERC and other relevant CareOregon internal guidelines including ,InterQual Guidelines and ensures they aremade available to practitioners via the appropriate websites.

Practice guidelines are reviewed and updated at least every two years and more frequently when we are made aware of clinical updates by the issuing entity. The review process includes review of the guideline by each line of business (physical health, behavioral health, oral health and pharmacy). This review ensures each guideline is in alignment with covered services as well as ensuring it is still the most appropriate guideline to use. Additionally the guidelines are reviewed by the CareOregon Utilization Management Committee to ensure adherence and the Quality Oversight Committee for discussion and approval of the guidelines.

CareOregon expects its practitioners will utilize the adopted guidelines in their practices and recognizes the inability of the guidelines to address all individual circumstances.

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When CareOregon is considering member coverage decisions, the clinical teams use relevant objective clinical documentation in considering the needs of the members.

CareOregon supports its members in self-management of their conditions by making practice guidelines available to members and potential members on the CareOregon/CareOregon Dental websites and through specific quality improvement initiatives/activities.

## **OWNERSHIP/RESPONSIBILITIES**

Senior Medical Director's, Medical Management, , Director of Clinical OperationsDirector of Quality of Care, Director of Behavioral Health, Pharmacy Director, Dental Director to ensure Clinical Practice Guidelines are up to date based on current evidence based care and shared with provider network and updated at least every two years.

# **COMPLIANCE/ENFORCEMENT**

The compliance and enforcement of this policy is the responsibility of the owners listed above.

REGULATIONS42 CFR §438.236(b)

Contract: Exhibit B Part 4(10)

Related

Clinical Practice Guideline Procedure