

Clinical Policy: Preventive Health and Clinical Practice Guidelines

Reference Number: CP.CPC.03

Date of Last Revision: 02/26

[Revision Log](#)

Description

The health plan (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 approved by the Clinical Policy Subcommittee (comprised of the Physical Health and Behavioral Health Clinical Policy Committee) to the Quality Improvement 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 pediatric and adult care.

I. Procedure:

A. Development, Adoption and Revision

1. The Physical Health Clinical Policy Committee (PH CPC), is responsible for researching physical health (PH) evidence-based guidelines, and Behavioral Health Clinical Policy Committee (BHCPC) is responsible for researching behavioral health (BH) evidence-based guidelines. Whenever possible, guidelines from recognized sources are adopted. Source data is documented along with 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 PH CPC or BH 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, Centene's PH CPC or the BH CPC is consulted for assistance in guideline sourcing or development.
4. Clinical policy staff update guidelines upon significant new scientific evidence or change in national standards and guidelines are reviewed by the PH CPC/BH 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 deem necessary, customized assessments or utilization management tools are developed as follows:
 - a. Utilize clinical sources with documented evidence-based practice.

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- b. A team consisting of Plan and Corporate staff, which includes licensed clinical staff, develops the necessary tools.
 - c. The Deputy Chief Health Officer (DCHO) or their designee, Vice President of Population Health and Clinical Operations, the Vice President of Medical Affairs and/or the Senior VP/Chief Medical Director of Behavioral Health review and approve the modifications as applicable.
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/BHS Distribution to Practitioners and Members/Enrollees

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

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/enrollees are assessed, via claims data or HEDIS rates, to measure compliance with the guidelines.

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- b. If practice-based, a sample of practitioners' or practices' records may be evaluated for adherence to specific guidelines.
3. Whenever possible, the Plan use 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 implement 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.docx

2. AZ Complete Health Addendum



AZ CPG
Addendum.docx

3. Buckeye OH Addendum



Buckeye OH
Addendum.docx

4. Coordinated Care WA Addendum



Coordinated Care
WA Addendum.docx

5. WellCare HI Addendum



WellCare HI
Addendum.docx

6. WellCare KY Addendum

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7. Meridian MI Addendum



MI Addendum.docx

8. Meridian IL Addendum



Meridian IL CPG
 Addendum (004).do

9. NH Healthy Families Addendum

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Clinical Practice Guidelines created	08/02	08/02
Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines approved by subcommittee 02/21. Updated plan addenda for WA Coordinated Care, WellCare FL, WellCare GA, WellCare HI, WellCare KY, WellCare NJ, Meridian MI, and Meridian IL. Retired addenda for WellCare South Carolina and MHS WI Health Plan. Removed addendum for WellCare Nebraska.	04/21	04/21
Minor edits to CPG Grid	05/21	
Added BH guidelines to CPG grid. Changed “Review Date” in header to “Date of Last Revision,” and “date” in revision log header to “Revision Date.”	08/21	08/21
Updated guidelines in CPG grid.	09/21	10/21
Updated guidelines in CPG grid.	01/22	01/22
Annual review. Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines approved by subcommittee 02/22. Updated plan addenda for WA Coordinated Care, WellCare MeridianCare MI and WellCare KY. Removed retired addenda for WellCare MeridianCare IL, WellCare FL, WellCare NJ, and WellCare GA.	04/22	04/22
Added guideline to CPG grid.	06/22	06/22
Made adjustments throughout the policy to reflect that Centene Advanced Behavioral Health manages and approves BH guidelines. Added Trillium Community Health Plan OR Addendum.	11/22	12/22
Annual review. Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines approved by subcommittee 02/23. Added plan addenda for Health Choice Illinois. Updated plan addenda for WA Coordinated Care, Trillium Community	04/23	04/23

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Health Plan OR, WellCare HI, WellCare KY, and WellCare MeridianCare MI.		
Added BH policy subcommittee-approved guidelines to CPG grid.	07/23	
Annual review. Minor edits made to the description with no impact to process. Updated CABH CPSC to CABH CPC throughout policy. Reviewed and updated Clinical Practice Guidelines Grid, including behavioral health guidelines. Updated plan addenda for WA Coordinated Care, WellCare HI, WellCare KY, Meridian MI, and Meridian IL. Retired Trillium Community Health Plan OR addenda. Added reference for Code of Federal Regulations.	03/24	
Updated and added guidelines to CPG grid	04/24	04/24
Added plan addenda for NH Healthy Families.	08/24	
Annual review. Updated Corporate Clinical Policy Committee (CPC) to Physical Health Clinical Policy Committee (PH CPC) throughout policy. Added “plan websites” under I.C.6.e. Reviewed and updated Clinical Practice Guidelines Grid, including Behavioral Health guidelines Updated plan addenda for Meridian MI.	02/25	02/25
Added plan addenda for WA Coordinated Care.	04/25	
Added guidelines to BH portion of the CPG grid. Added Buckeye Health Plan addendum.	06/25	06/25
Annual review. Minor wording updates throughout with no impact to process. Updated Centene Advanced Behavioral Health (CABH) to Behavioral Health Services (BHS) throughout policy. Reviewed and updated Clinical Practice Guidelines Grid, including Behavioral Health Guidelines. Added new plan addendum for AZ Complete Health and updated plan addenda for Meridian MI, Meridian IL, HI Quest, and WellCare KY.	02/26	02/26

References

1. Centers for Medicare & Medicaid Services (CMS). Medicare Managed Care Manual Chapter 5 (Quality Assessment). Rev. 117, 8/8/2014.
2. Code of Federal Regulations. 42 CFR §438.236 Practice Guidelines. <https://www.govinfo.gov/content/pkg/CFR-2022-title42-vol4/pdf/CFR-2022-title42-vol4-part438.pdf>. Published October 1, 2022. Accessed January 13, 2026.