

Clinical Criteria Guideline

Oversight:

The Quality Assurance, Utilization Management, Pharmacy & Therapeutics (QAUMPT) Committee is tasked with defining formulary coverage and clinical guidelines for the Medicaid population, coverage policies, and formulary decisions. The Committee is an advisory body for quality, utilization, pharmacy, therapeutics, and performance improvement activities under the directive authority of the Chief Medical Officer (CMO). The Medicaid Medical Director chairs the committee and will collaborate with and receive input and recommendations from the Committee regarding quality and performance improvement activities. Committee members are selected to comprise a representation of network physicians by specialty types, geographic region, and organizations, such as Independent Practice Associations, Medical Homes, and Federally Qualified Health Clinics.

Resources:

Nationally recognized utilization management criteria and established evidence-based practice guidelines are applied in a way that allows flexibility for individual members on a case-by-case basis. Resources used for making utilization decisions and developing criteria may include:

- Nationally recognized utilization management criteria and established practice guidelines
- MCG criteria:
 - <http://careweb.careguidelines.com/ed20/>
- Hayes Health Technology Website
 - www.HayesInc.com/
- AIM Diagnostic Imaging Utilization Management
 - www.aimspecialtyhealth.com/clinical-guidelines/agreementAccess
- Evidence-based websites such as American College of Radiology (ACR) appropriateness Criteria
 - www.acr.org/Quality-Safety/Standards-Guidelines
- Medicare criteria and guidelines including Local Coverage Determinations (LCD) and National Coverage Determinations (NCD)
 - www.CMS.gov/Medicare-Coverage-Database/
 - Medicare's National database
 - www.NoridianMedicare.com/
 - Oregon's Medicare carrier's database

- Oregon Health Authority (OHA) guidelines
 - www.oregon.gov/OHA/OHPR/HSC/current_prior.shtml
 - Prioritized List of Services
 - www.dhs.state.or.us/policy/healthplan/guides/main.html
 - Policies, rules and guidelines
- American Society of Addiction Medicine (ASAM)
 - www.asam.org/
- In-network and out-of-network physician specialty consultants
- Members of the QAUMPT committee or outside consultants
- Other commercial health plan established policies

Procedure:

The Medical Services team reviews requests for services. The Medical Services team consists of clinical and non-clinical staff: health service representatives, nurse case managers, member support specialists, behavioral health specialists, and medical directors. Requests are prioritized based on the date received, urgency status, and type of request. Consideration is also given to plan benefits and the needs of individual members. The attending physician and/or the primary care physician are consulted during the review process as appropriate and as needed. Clinical staff conducts medical review under the direction of the medical directors. PacificSource follows state and federal notification requirements in regard to member and provider notification.

QAUMPT committee approved associated policy 08/10/2016