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**Objective:**

- I. To ensure Tuality Health Alliance (THA) makes known to THA Providers the Clinical Practice Guidelines that THA Medical Management utilizes when making medical necessity determinations.
- II. To ensure that THA provides more than one avenue of dissemination to our providers and/or members of THA's Clinical Practice Guidelines.
- III. To ensure practitioners and members make decisions about appropriate health care for specific clinical circumstances.

**Policy:**

- I. The THA Quality Management Committee (QMC) is responsible for the review, adoption and approval of clinical practice guidelines.
- II. The process of review includes the development and dissemination of clinical practice guidelines adopted from nationally recognized sources with solicitation for comments from the THA Medical Director and QMC members.
- III. THA engages in an active process of choosing guidelines appropriate to its membership and uses these guidelines as the standard to measure performance. THA recognizes that the benefits of promoting guidelines for use include:
  - A. Decreasing variations in practice patterns.
  - B. Increasing appropriateness of care.
  - C. Improving health outcomes and health status.
- IV. THA utilizes the following guidelines in the practice of referral reviews and prior authorizations of procedures:
  - A. THA developed Clinical Practice Guidelines
  - B. Guidelines from the Oregon Health Services Commission
  - C. McKesson InterQual Guidelines
  - D. National Clearinghouse Guidelines @ [www.guideline.gov](http://www.guideline.gov)
  - E. Guidelines developed by nationally recognized federal organizations or associations.

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- V. In the event a conflict exists between guidelines used, the guideline that is most appropriate for the needs and positive outcome of the patient will be utilized.
  
- VI. The guidelines are located and available for dissemination from THA's Policy Manual, THA's internet site at [www.tualityhealthalliance.org](http://www.tualityhealthalliance.org) and upon request.
  - A. When a referral or prior authorization is requested, the THA Medical Director may contact the referring provider if the request does not meet criteria for approval.
  
  - B. In the event that a member requests a copy of the guidelines used in making a referral or authorization decision, the guidelines will be printed and mailed to the member, or alternatively an Adobe Acrobat file may be sent electronically to the member.
  
  - C. If a provider prefers a printed copy of the guidelines, these can be printed and faxed or mailed per the provider's request.
  
  - D. Once guidelines are provided, the request should be logged in the Case Management folder.
  
- VII. Guidelines are reviewed and updated as needed but at least every two years.

Reference: NCQA 2011 HP Guidelines QI 9- Clinical Practice Guidelines  
DMAP 2011 Contract Exhibit B Part II part 1 k

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Formulated: June 5, 2007

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August 2011

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THA Plan Director

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THA Medical Director