



Policy: GG.1204
Title: **Clinical Practice Guidelines**
Department: Medical Management
Section: Clinical Operations

CEO Approval: /s/ Michael Hunn 03/06/2025

Effective Date: 01/01/2003

Revised Date: 03/01/2025

Applicable to: ☒ Medi-Cal
☒ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy describes CalOptima Health's process to adopt, disseminate and monitor Clinical Practice Guidelines (CPGs) relevant to Members for the provision of preventive, acute, or chronic medical services, and behavioral health services standards and requirements.

II. POLICY

- A. CalOptima Health shall assist Practitioners and Members in making decisions about appropriate care for specific clinical conditions.
- B. CalOptima Health shall ensure that Practitioners use relevant CPGs and shall adopt, and disseminate CPGs for non-preventive acute and chronic conditions relevant to CalOptima Health's Member population.
- C. CalOptima Health shall monitor Practitioners access and usage of relevant CPGs through CalOptima Health website metrics.
- D. CalOptima Health shall establish CPGs based on valid and reliable clinical evidence or a consensus of contracting health care professionals.
- E. CalOptima Health shall present any prospective CPGs to the Quality Improvement Health Equity Committee (QIHEC) for review and approval, as described in CalOptima Health Policy GG.1620: Quality Improvement Health Equity Committee (QIHEC).
- F. CalOptima Health shall adopt Evidence-Based CPGs for at least two (2) medical conditions and at least two (2) behavioral conditions with at least one (1) behavioral guideline addressing children and adolescents.
- G. CalOptima Health shall distribute the guidelines to Network Providers through provider newsletters, in writing by mail, or e-mail, and on the CalOptima Health Website, www.caloptima.org, with notifications that information is available and upon request to Members and potential Members.
- H. CalOptima Health's decisions regarding utilization management, Member education, coverage of services, and other areas included in the practice guidelines are consistent with CalOptima Health CPGs.

- I. CalOptima Health's CPGs will be reviewed by the Medical Director, as well as Subcontractors, Downstream Subcontractors and Network Providers as appropriate.

III. PROCEDURE

- A. CalOptima Health shall utilize two (2) of the adopted CPGs as the clinical basis for the CalOptima Health Disease Management program.
- B. CalOptima Health shall implement and maintain CPGs, in accordance with the Department of Health Care Services (DHCS) requirements, Centers for Medicare & Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA). Programs may address but are not limited to, the following Chronic Health Conditions:
 1. Asthma;
 2. Diabetes;
 3. Hypertension;
 4. Heart Disease; and/or
 5. Congestive Heart Failure.
- C. The QIHEC shall review all prospective CPGs. Upon approval by the QIHEC, CalOptima Health shall post CPGs on the CalOptima Health Website, and shall notify Practitioners via the earliest distribution of a provider newsletter.
- D. CalOptima Health shall adopt guidelines from:
 1. Recognized sources, including but not limited to:
 - a. Professional Medical Associations;
 - b. Voluntary Health Organizations; or
 - c. National Institute of Health (NIH) Centers and Institutes.
 2. Those developed with involvement of Board-Certified Practitioners, from appropriate specialties.
- E. CalOptima Health shall update guidelines and revisions as needed, but at a minimum of every two (2) years. CalOptima Health shall distribute any revisions or updates to all new and existing Practitioners as follows:
 1. An email, noting new CPGs are posted on the CalOptima Health website.
 2. A semiannual provider newsletter with updates and renewals:
 - a. Notifications to Practitioners will communicate that information is available on the CalOptima Health Website; and
 - b. New Practitioners will be notified of the availability of guidelines in the Provider Manual.

3. In writing by mail, or e-mail.
- F. CalOptima Health's Population Health Management Department shall establish the CPG log to document each guideline. The log shall include:
 1. Medical condition;
 2. Original review date;
 3. Approved date;
 4. Source of guideline; and
 5. Distribution date.
 - G. The updated CPG log will be presented at the QIHEC which will review and approve any new, revised, or updated CPGs. Upon approval, CalOptima Health shall notify Network Providers, in accordance with Section III.E. of this Policy.
 - H. CalOptima Health shall document new, revised or updated CPGs on the CPG log and record the distribution date to new and existing Practitioners.
 - I. CalOptima Health shall disseminate practice guidelines to all Network Providers and ensure guidelines are reviewed and updated periodically as appropriate, in accordance with CalOptima Health Policy EE.1103: Provider Network Training.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract for Health Care Services
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health PACE Program Agreement
- E. CalOptima Health Policy EE.1103: Provider Network Training
- F. CalOptima Health Policy GG.1620: Quality Improvement Health Equity Committee (QIHEC)
- G. Title 42, Code of Federal Regulations (CFR), §438.236(b)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/28/2015	Department of Health Care Services (DHCS)	Approved as Submitted
11/27/2019	Department of Health Care Services (DHCS)	Approved as Submitted
01/30/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2003	GG.1204	Disease Management	Medi-Cal
Revised	10/01/2004	GG.1204	Disease Management Programs	Medi-Cal
Revised	01/01/2007	GG.1204	Health Network Disease Management Programs	Medi-Cal
Revised	01/01/2008	GG.1204	Disease Management Programs	Medi-Cal
Revised	08/01/2011	GG.1204	Population Based Care: Disease Management and Clinical Practice Guidelines	Medi-Cal
Revised	01/01/2012	GG.1204	Population Based Care: Disease Management and Clinical Practice Guidelines	Medi-Cal
Revised	08/01/2014	GG.1204	Clinical Practice Guidelines	Medi-Cal
Revised	12/01/2015	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2016	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	11/01/2017	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	10/01/2018	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2018	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	10/01/2019	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2020	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	10/01/2021	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	01/01/2023	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare PACE
Revised	05/01/2024	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare PACE
Revised	03/01/2025	GG.1204	Clinical Practice Guidelines	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Chronic Health Condition	A condition with symptoms present for three (3) months or longer. Pregnancy is not included in this definition.
Clinical Practice Guidelines (CPGs)	Systematically developed statements to assist Practitioners and patient decisions about appropriate health care for specific circumstances.
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Disease Management	A multi-disciplinary and continuum-based approach to health care delivery that proactively identifies populations with, or at risk for, established medical conditions and that: <ol style="list-style-type: none"> 1. Supports the physician/Member relationship; 2. Emphasizes prevention of exacerbation and complications utilizing cost-effective and Evidence-Based practice guidelines and Member empowerment strategies such as self-management; and 3. Continuously evaluates clinical, humanistic, and economic outcomes with the goal of improving health.
Evidence Based	A document or recommendation created using an unbiased and transparent process of systematically reviewing, appraising, and using the best clinical research findings of the highest value to aid in the delivery of optimum clinical care to patients.
Member	A beneficiary enrolled in a CalOptima Health program.
Network Provider	A Provider that subcontracts with CalOptima Health for the delivery of Medi-Cal Covered Services.
Practitioner	A licensed independent Practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Quality Improvement Health Equity Committee (QIHEC)	A committee facilitated by CalOptima Health's medical director, or the medical director's designee, in collaboration with the Health Equity officer, that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.
Subcontractor	An individual or entity who has a Subcontract with CalOptima Health that relates directly or indirectly to the performance of CalOptima Health's obligations under contract with DHCS.