A. Purpose
The purpose of this procedure is to provide a set of evidence-based clinical decision making criteria for Trillium Community Health Plan (Trillium) Utilization Management (UM) staff making prior authorization and payment decisions on medical and behavioral health care and services, including referrals.

B. Definitions

<table>
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<tr>
<th>Word / Term</th>
<th>Definition</th>
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| Aetna Clinical Policy Bulletins (CPBs)     | Aetna Clinical Policy Bulletins (CPBs) are based on the following objective, credible sources:  
- Evidence in peer-reviewed published medical literature.  
- Technology assessments and structured evidence reviews.  
- Evidence-based consensus statements.  
- Healthcare provider expert opinions.  
- Evidence-based guidelines from nationally recognized professional health care organizations and public health agencies.                                                                                                                                                                                                                           |
| Clinical Criteria                          | Written decision rules, medical protocols, or guidelines used as an element in evaluation of medical necessity and appropriateness of medical and behavioral health care and services.                                                                                                                                                                                                                   |
| Emergency Care                             | Request for care or treatment when member has a medical condition manifesting acute symptoms of sufficient severity (including severe pain) such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in: serious jeopardy to the health of the individual, or in the case of a pregnant woman, the health of the woman or her unborn child; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. |

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Health Evidence Review Commission (HERC)

- Created during the 2011 Oregon Legislative session.
- The Commission consists of 13 Governor-appointed and Senate-confirmed volunteer members including six physicians (one of whom must be a doctor of osteopathy), a dentist, a public health nurse, a behavioral health representative, a provider of complementary and alternative medicine, a retail pharmacist, and two consumer representatives.
- The HERC:
  - Develops or identifies and disseminates evidence-based health care guidelines for use by providers, practitioners, consumers, and purchasers of health care in Oregon.
  - Conducts comparative effectiveness research of health technologies.

Out-of-Network Provider

Provider or practitioner not contracted with Trillium to provide medical or behavioral health care or services.

Urgent Care

Request for medical care or treatment with respect to which the application of time periods for making non-urgent care determinations could result in the following circumstances:
- Serious jeopardy to life or health of member or member’s ability to regain maximum function, based on a prudent layperson’s judgment; or
- In the opinion of the practitioner with knowledge of member’s medical condition, would subject member to severe pain not adequately managed without care or treatment requested.

C. Procedure

1. UM medical and behavioral health staff uses evidence-based clinical criteria from nationally recognized authorities to guide UM decisions involving pre-service, concurrent review, and post service decisions. Nationally recognized guidelines or criteria used during coverage decision processes (secondary and other clinical criteria are applied in the absence of primary criteria):

   1.1. Trillium Medicaid
      1.1.1. Primary
      1.1.2. Secondary
         1.1.2.2. CMS Local Coverage Determinations.
         1.1.2.3. Medicare Benefit Policy Manual.

   1.2. Trillium Medicare
      1.2.1. Primary
         1.2.1.1. CMS National Coverage Determinations.
         1.2.1.2. CMS Local Coverage Determinations.
      1.2.2. Secondary
         1.2.2.1. HERC.

   1.3. Trillium Exchange
      1.3.1. Primary
         1.3.1.1. CMS National Coverage Determinations.
         1.3.1.2. CMS Local Coverage Determinations.
         1.3.1.3. Medicare Benefit Policy Manual.
1.3.2. Secondary

1.3.2.1. HERC.

1.4. **Additional Clinical Criteria utilized as appropriate:**

1.4.1. Guidelines from appropriate nationally recognized committees and organizations, including:

1.4.1.1. National Guideline Clearinghouse.
1.4.1.2. American College of Radiology Appropriateness Criteria.
1.4.1.3. National Comprehensive Cancer Network (NCCN).
1.4.1.5. Applied Behavioral Analysis (ABA) Guidelines for the treatment of Autism Spectrum Disorders.

1.4.2. High quality medical and behavioral health literature published in peer-reviewed journals or other health plans:

1.4.2.2. The American Journal of Psychiatry.
1.4.2.3. Aetna Clinical Policy Bulletins (CPBs)
1.4.2.4. Emblem Health Long Term Acute Care Facility Guidelines.

1.4.3. Expert Opinion:

1.4.3.1. Trillium convenes a clinical panel of experts as appropriate for developing evidence-based clinical guidelines.

2. UM medical and behavioral health staff use widely applicable principles and, in some cases, diagnosis or procedure specific protocols for referrals:

2.1. **Emergency Care**

2.1.1. A referral is never required to seek emergency care. Emergency care is covered 24 hours a day, 7 days a week. Trillium members may access any hospital, anywhere for an emergency.

2.2. **Urgent Care**

2.2.1. Members may access urgent care services without prior authorization.

2.3. **Non-emergent and Non-urgent Care**

2.3.1. For Medicaid, Trillium requires prior authorization of Primary Care Practitioner (PCP) referrals for the following services:

2.3.1.1. Bariatric Surgery.
2.3.1.2. Care or services to out-of-network providers and practitioners.

2.3.2. For Medicare HMO, Trillium requires prior authorization of PCP referrals for care or services to out-of-network providers and practitioners.

2.3.3. Trillium does not require prior authorization for all other referrals.

3. UM medical and behavioral health staff make clinical determinations in connection with coverage decisions on a case-by-case basis and consider characteristics based on individual needs and assessment of local delivery system.