

Policy: Management of Urgent Clinical Concerns

Date of Implementation: May 22, 2003

Product: Specialty

To enable American Specialty Health – Specialty (ASH) to rapidly resolve or manage a significant and/or urgent matter, ASH has implemented a policy that gives the Chief Health Services Officer (CHSO), or designee, the authority to make necessary decisions to resolve matters relative to members' health and/or safety.

When issues of concern require immediate corporate action, the CHSO, or designee, may make a decision on behalf of the company without prior committee evaluation provided:

- The decision is in accordance with established policy;
- The Chairman of the Board is consulted if there is no established policy;
- The decision is appropriately documented and signed by the decision-maker;
- The decision and documentation is reported to the appropriate committee at the next appropriate opportunity; and
- The Chairman of the Board is notified in writing.

Issues that may be decided in this manner include resolution of a member's clinical appeal or grievance or other issues identified as posing a health and safety risk such as:

- Complaint of injury caused by the practitioner or staff;
- Complaint of complication from treatment/services rendered by the practitioner or staff;
- Complaint that a medical condition appears to be rapidly worsening;
- Complaint that a patient received inappropriate clinical management;
- Complaint that a member was sexually or otherwise physically assaulted by the practitioner or staff;
- Complaint that a practitioner will not accept a member or provide ongoing treatment of a member;
- Complaint that unprofessional conduct was exhibited by a practitioner;
- Actions or behavior by a practitioner that may potentially place a member at risk;
- Determination of how to assist a member who has experienced a significant adverse reaction or complication from treatment/services rendered by a practitioner;
- When information identifies the practitioner as a potential health or safety risk to members;
- When significant malpractice charges have been filed;
- When determination and assignment of clinical expert witness or external independent evaluation is necessary;

- 1 • When a facility is proven or suspected to be a health or safety risk to members;
- 2 • Determination to approve experimental or investigational treatment for a terminally
- 3 ill member or to send to external independent review;
- 4 • Immediate termination of a contract as defined in ASH services agreement (e.g.,
- 5 loss of license) or immediate decredentialing of practitioner; and
- 6 • Review and render medical necessity determination for urgent/emergent clinical
- 7 services submitted by a non-credentialed practitioner if no ASH practitioner is
- 8 available for medically necessary services.