Clinical Practice Guideline: **Managing Communications with Health Care Practitioners**

Date of Implementation: **January 28, 2021**

Product: **Specialty**

INTRODUCTION

This policy describes the management of communications with health care practitioners of members utilizing the specialty benefits that American Specialty Health (ASH) is delegated to manage. Communication may involve the treating practitioner or other practitioners on the member's health care team. Federal and state mandates, regulatory requirements, and delegation agreements with the health plan contribute to how ASH manages communication with practitioners. All clinical communication with practitioners is educational only. ASH does not guide nor determine plans of care or make treatment decisions.

ASH NETWORK TREATING PRACTITIONERS

Most ASH communications with practitioners involve the treating ASH network practitioner or an out-of-network practitioner whose patient is covered by a benefit administered by ASH. The treating practitioner is the in-network (INN) or out-of-network (OON) practitioner who delivers the delegated service to the ASH member. When a Medical Necessity Review (MNR) form is submitted, the treating practitioner receives a Medical Necessity Review Response form (MNRF) with the rationale for the determination and the clinical quality evaluator's (CQE) contact information. The member also receives a Member Notification Letter with the determination. The treating practitioner is encouraged to contact the CQE for a peer-to-peer discussion if there are questions. The practitioner may also call the CQE to provide additional clinical information that may impact the determination. Agents of the practitioner may call, but clinical discussions will only occur with the treating practitioner.

Members contacting ASH will be directed to the practitioner or health plan for further information as appropriate and defined in the delegation agreement between ASH and the Health Plan. The CQE will document the member's concerns in the call log and relay them to the treating provider as indicated.

CQEs may proactively outreach to initiate communication with treating practitioners in some situations. When essential information is missing or vague or not submitted correctly, a CQE will attempt to reach the practitioner to obtain clarifying information and to educate the practitioner on best practices for future submissions for MNRs. ASH will also contact

treating practitioners if a suspected health or safety issue is identified on review of the submitted information.

Clinical Quality Administration (CQA) clinical staff may contact treating practitioners if there is a health or safety issue that the CQE has not been able to resolve either because they were unable to reach the practitioner, or the issue was not resolved satisfactorily. CQA generates educational letters for predetermined clinical indicators as found by CQE review. CQA may schedule a follow up discussion with a practitioner to discuss practitioner quality of care issues or corrective action plans. Documentation of these communications will be kept in compliance with applicable procedures.

Other administrative, non-clinical communications may occur with treating practitioners through the customer service or credentialing departments.

REFERRING PRACTITIONERS (MEDICAL PHYSICIANS)

Physicians (MD/OD) may refer patients for care by ASH treating practitioners. These communications are typically managed by the health plan medical management (HPMM) staff of the health plan with whom ASH is contracted. ASH medical staff provide support to Health Plan medical staff in support of the Health Plan member.

In every case, it is the goal of the integration process to share information for the benefit of patient/member outcomes while carefully following HIPAA requirements and contractual agreements.

If ASH receives an inbound communication from a treating physician, the practitioner's request will be evaluated by ASH clinical team and addressed as appropriate to the question. If the physician is interested in information about the program their patient is engaged with, the program will be explained. If there are questions regarding medical care of the patients, ASH medical management will collaborate within the appropriate health plan process as specified per agreements between ASH and the Health Plan. All the communications will be documented in the call log. ASH medical management staff and senior CQE staff provide support to HPMM staff by:

- Performing a comprehensive case review and analysis of the relevant care provided and medical necessity decisions rendered;
- Creating a summary statement of the findings of the analysis;
- Communicating the results to the HP Medical Director(s);
- Supporting the HP Medical Director in telephone conversations with the referring physicians upon request.

OTHER PRACTITIONERS

Occasionally, ASH may receive communications from other practitioners on the member's health care team (e.g., primary care practitioners who did not provide the treatment or care plan related to an ASH product or benefit or the referral for treatment). CQEs, or if escalated, ASH Medical Directors or senior clinical management may accept inbound calls from these practitioners. However, in compliance with applicable HIPAA and privacy regulations, ASH will not share protected or personal health information such as specific information on the member's care or determinations unless an appropriate release is on file and the discussion is specific to the treatment of the patient for which ASH manages benefits or program services. The ASH medical director or senior clinical manager will document any concerns or questions in the call log and communicate those to the HPMM and/or the treating practitioner as necessary. ASH will provide support to the HPMM staff as needed.