

1 **Policy:** **Management of Urgent Clinical Concerns**

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3 **Date of Implementation:** **May 22, 2003**

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5 **Product:** **Specialty**

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

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

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

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

- 24 • Complaint of injury caused by the practitioner or staff;
- 25 • Complaint of complication from treatment/services rendered by the practitioner or
 26 staff;
- 27 • Complaint that a medical condition appears to be rapidly worsening;
- 28 • Complaint that a patient received inappropriate clinical management;
- 29 • Complaint that a member was sexually or otherwise physically assaulted by the
 30 practitioner or staff;
- 31 • Complaint that a practitioner will not accept a member or provide ongoing
 32 treatment of a member;
- 33 • Complaint that unprofessional conduct was exhibited by a practitioner;
- 34 • Actions or behavior by a practitioner that may potentially place a member at risk;
- 35 • Determination of how to assist a member who has experienced a significant adverse
 36 reaction or complication from treatment/services rendered by a practitioner;
- 37 • When information identifies the practitioner as a potential health or safety risk to
 38 members;
- 39 • When significant malpractice charges have been filed;
- 40 • When determination and assignment of clinical expert witness or external
 41 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.