

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:

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

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:

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