

SECTION 2 - PARTNERSHIP HEALTH PLAN, INC. RESPONSIBILITIES

To facilitate quality care and follow best practices of care management, PHP is responsible for the following:

- Assist Plan Providers in meeting the expectations of PHP
- Pay claims fairly and in an efficient and accurate manner
- Educate and encourage Members to be seen for appropriate preventive services
- Collaborate with Primary Care Physicians for Members involved in the Case Management Program
- Provide due process to Plan Providers when complaints or grievances are logged against them or when Plan Providers wish to appeal PHP decisions
- Maintain an appeals and grievance process that can respond quickly and appropriately to Members and Plan Providers
- Strive to interfere as little as possible with the process of care, unless there are significant issues related to quality
- Inform Primary Care Physicians of initiatives that may affect them or Members before such interventions occur (e.g. educational programs which may result in Member questions to Plan Providers)
- Work in all operational areas to improve service to Members and Plan Providers
- Maintain a safe and healthful work environment for PHP employees, Members, clients, volunteers and visitors

Prohibition of Interference with Advice to Members

PHP respects the Patient/Practitioner relationship and does not restrict or prohibit a health care professional acting within the lawful scope of their practice from providing advice to a patient that is an enrolled Member of Program.

Privacy Practices

It is the policy of PHP to maintain confidentiality and protect the privacy, use and disclosure of Protected Health Information (PHI) from unauthorized use, no matter what its form (electronic, paper or oral).

Following is a list of circumstances under which, and purpose for which, health information may be used and disclosed without Member consent or authorization:

- Provider treatment
- To obtain payment and for persons involved in payment for Member care
- To conduct health care operations
- When legally required to do so by any federal, state, or local law
- When there are risks to public health and safety
- To report abuse, neglect or domestic violence
- To conduct health oversight activities
- In connection with judicial and administrative proceedings
- For law enforcement purposes, as permitted or required by state law

- To coroners, medical examiners, funeral directors
- For organ, eye or tissue donation
- For specified government functions
- For worker's compensation
- For contact information regarding fundraising activities

Clinical Guideline Development

It is the policy of PHP to adopt clinical guidelines to assist in the management of diseases and conditions that are prevalent within its Members. Guidelines are based upon those created or validated by appropriate national or state professional organizations and/or based upon valid and reliable clinical evidence. Guidelines are developed as follows:

- Proposed clinical guidelines are developed by appropriate PHP professional staff or committees with input from contracted practitioners or practitioner groups.
- Whenever possible, guidelines are aligned with those of network large health systems or physician groups.
- Guidelines used solely by Plan practitioners will be developed and approved by them.
- The Peer Review Committee is responsible for recommendation that guidelines be revised or referred for approval by the Corporate Quality Improvement Committee.
- The Peer Review Committee will review all clinical guidelines every two years, or more often if revisions are appropriate, based upon new clinical information.
- Guidelines will be disseminated to all affected practitioners and upon request to Members and potential Members.