

1 **Policy:** **Treatment Form Waiver Program**
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3 **Date of Implementation:** **December 20, 2004**
4
5 **Contact:** **Clinical Care Management**
6 **Clinical Services Management Administration**
7 **Clinical Quality Management**
8

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10 ASHA utilizes a Treatment Form Waiver Program (TFWP) for contracted practitioners
11 that defines appropriate levels of quality and clinical services management based on peer
12 reviewed clinical and administrative criteria. The program allows certain clinically
13 necessary treatment/services to be rendered prior to evaluation of medical necessity by
14 ASHA. If the member requires more treatment/services than are available at the
15 practitioner’s Treatment Form Waiver level, the practitioner will submit a Clinical
16 Treatment Form for verification of medical necessity of those additional
17 treatment/services by a clinical services manager. Post-service review may also be
18 performed at any time for any ASHA member.

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20 Treatment/services available under the Treatment Form Waiver are communicated to
21 practitioners via payor summaries.

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23 The TFWP may not apply to the Member Benefit Plans of certain payors. Payor-specific
24 exceptions to the TFWP will be set forth in the applicable Payor Summaries, which are
25 components of the Provider Services Agreement. Practitioners are provided with Payor
26 Summaries applicable to their geographic area and clinical specialty to ensure awareness
27 of any applicable TFWP criteria for specific members.

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29 Annual monitoring of the TFWP is limited to only those specialties eligible for multiple
30 tier levels, and only those practitioners who meet the minimum criteria annual patient
31 base.

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33 Each individual practitioner’s performance is monitored for TFWP eligibility regardless
34 of whether the practitioner is part of a group practice or professional corporation which
35 receives reimbursement under a common tax ID number. Unless notified otherwise,
36 practitioners are eligible for TFWP Tier 3. With the exception of practitioners
37 credentialed into Tier 2, ASHA notifies practitioners of eligibility for a TFWP tier other
38 than Tier 3 in writing and with a minimum of fifteen (15) days written notice.
39 Participating practitioners are monitored annually and will be moved up in tier level if
40 they continue to demonstrate compliance with criteria and will be moved down if they
41 fail to meet criteria.

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1 **Tier Determination Criteria and Progression**

2 The TFWP assesses the following criteria in the determination of the performance quality
3 of the practitioners participating with ASHA:

- 4 • **Annual Patient Base:** *Patient base greater than or equal to 20 ASHA*
5 *members/patients to provide a statistically meaningful sample*
- 6 • **Malpractice Claims:** *Number and amount of malpractice settlements reported by*
7 *practitioner, captured through primary source verification, or obtained via*
8 *NPDB/HIPDB*
- 9 • **Utilization Management Alerts / Clinical Service Investigations:** *Potential*
10 *alerts identified by Clinical Service Managers from the clinical documentation*
11 *submitted by the practitioner*
- 12 • **Quality of Care Grievances:** *A member complaint or grievance that, upon*
13 *completion of the investigation, reveals improper standard of practice*
- 14 • **Member Administrative Complaints:** *Validated member administrative*
15 *complaints identified through Member Services, patient satisfaction surveys, other*
16 *member communications, etc.*
- 17 • **Clinical Corrective Action Plans:** *Any steps which practitioners must take to*
18 *bring their practices into compliance with ASHA standards*
- 19 • **State Board Action/Attestation Issues:** *Documented state board action or*
20 *attestation issues (conviction of misdemeanor, felony, moral or ethical crime)*
- 21 • **Patient Office Visit Average:** *Used office visits per patient per year based on*
22 *claims data*
- 23 • **X-ray Utilization Data:** *Compliance with ASH adopted X-ray utilization Clinical*
24 *Practice Guideline (where applicable to practitioner's scope of practice)*
- 25 • **Length of Participation:** *Years of participation based on minimum of one year's*
26 *claims data available for analysis.*
- 27 • **Administrative Contract Compliance Corrective Action Plans:** *CAPs issued*
28 *for non-compliance with administrative requirements of the practitioner's*
29 *contract.*

30
31 No criterion or tier level threshold is intended to imply an absolute level of appropriate
32 behavior but rather, is used to determine the appropriate point at which ASHA will apply
33 its utilization management processes including the requirement to submit Clinical
34 Treatment Forms (CTFs) for verification of medical necessity of services. Practitioners
35 who have consistently demonstrated patterns of utilization and quality that suggest a low
36 level of compliance with the ASHA clinical services process should have a higher level
37 of oversight. Those with high levels of performance should have less oversight.
38 Treatment Form Waiver Program (TFWP) tiers are summarized below; a more detailed
39 description of the TFWP can be found in the ASH Provider Service Agreement or the
40 ASH Operations Manual:
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Tier 6

Practitioners who qualify for Tier 6 have an unlimited TFW allowing submission of claims for service rendered without the requirement to submit CTFs for verification of medical necessity of services.

Tier 5

Practitioners who qualify for Tier 5 have a 12-visit TFW allowing submission of claims for service rendered without the requirement to submit CTFs for verification of medical necessity of services for up to 12 visits per patient per year.

Tier 4

Practitioners who qualify for Tier 4 have an 8-visit TFW allowing submission of claims for service rendered without the requirement to submit CTFs for verification of medical necessity of services for up to 8 visits per patient per year.

Tier 3

Practitioners who qualify for Tier 3 have a 5-visit TFW allowing submission of claims for service rendered without the requirement to submit CTFs for verification of medical necessity of services for up to 5 visits per patient per year.

Tier 2

Practitioners who qualify for Tier 2 have a 5-visit TFW allowing submission of claims for service rendered when x-rays are not taken, without the requirement to submit CTFs for verification of medical necessity of services for up to 5 visits per patient per year. Should the practitioner take or order x-rays to be taken, clinical oversight is required (i.e., no TFW provision for that patient). Tier 2 is not applicable for networks without x-ray authority (e.g., applies to chiropractic but not to acupuncture practitioners).

Tier 1

Practitioners who qualify for Tier 1 do not have a TFW provision. All services beyond the initial examination require clinical review and approval to be considered for reimbursement.

Ongoing Clinical Services Management Review/Clinical Oversight

Clinical services managers monitor practitioner service submissions for indications of possible over-utilization, under-utilization, and non-compliance with ASHA clinical services management standards. The practitioner's clinical performance patterns are also evaluated on an ongoing basis through an analysis of claims data, continued compliance with quality criteria, and appeals and grievances in order to identify quality of care and health and safety issues.

1 If a practitioner exhibits a pattern of practicing outside professionally recognized
2 standards of practice or health and safety issues are identified, manager peer reviewer
3 will submit a Clinical Performance Management Alert or a Clinical Services Alert. The
4 alert is forwarded to the Clinical Services Investigation Team and, if appropriate, to the
5 Provider Quality and Credentialing Committee (PQCC). The PQCC may lower a
6 practitioner's Tier designation as a component of a Corrective Action Plan (CAP); and
7 subsequently may raise a practitioner's Tier designation upon determining the
8 practitioner is compliant with the provisions of the CAP. (See ASHA policy Clinical
9 Performance Alerts, Clinical Services Alerts, and Corrective Action Plans
10 Practitioner/Provider Clinical Issues - QM 2 for additional information regarding CAPs.)
11 *(Note: Urgent health and safety issues are evaluated and remedied immediately by senior
12 clinical management. See policy Management of Urgent Clinical Concerns - QM 10.)*
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14 Alerts documenting quality and/or clinical services management issues are maintained in
15 the practitioner's clinical quality management file and reviewed during the annual tier
16 evaluation process.
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18 **Annual Review and Assignment of Tiers**

19 On an annual basis, Clinical Quality Management staff review practitioner utilization and
20 quality data. Based on this review, each practitioner is assigned a Tier based on the
21 application of criteria for raising or lowering a Tier approved by the Provider Quality and
22 Credentialing Committee (PQCC). Practitioners identified as meeting criteria to be
23 lowered more than one Tier due to annual office visit average are presented to the PQCC
24 for final determination. Practitioner notification of annual review data and Tier
25 designation occurs a minimum of fifteen (15) days prior to the commencement of the Tier
26 assigned.
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28 **Appeals of Tier Designation**

29 Practitioners are offered a one-level appeal of their annual Tier designation. Tier appeals
30 are considered and adjudicated by the Clinical Provider Review Committee (CPRC). The
31 CPRC, when considering Tier designation appeals, makes decisions consistent with the
32 established ASHA Tier Determination Criteria. The CPRC may grant a practitioner's
33 appeal if they determine that the ASHA Tier Determination Criteria was inappropriately
34 applied, was based on inaccurate or incomplete data, or the practitioner submits
35 additional information which the CPRC determines is sufficient to overturn how the
36 criteria was applied.