

SUBJECT: Second Opinion		
The following MemorialCare affiliates that have adopted this: <input checked="" type="checkbox"/> Policy & Procedure or <input type="checkbox"/> Policy (only) or <input type="checkbox"/> Procedure (only)	<input type="checkbox"/> MemorialCare <input type="checkbox"/> Community Medical Center Long Beach <input type="checkbox"/> Long Beach Medical Center <input type="checkbox"/> Miller Children’s & Women’s Hospital Long Beach <input type="checkbox"/> Orange Coast Medical Center <input type="checkbox"/> Saddleback Medical Center <input type="checkbox"/> MemorialCare Medical Foundation <input checked="" type="checkbox"/> MemorialCare Select Health Plan <input type="checkbox"/> Memorial Medical Center Foundation <input type="checkbox"/> Saddleback Memorial Foundation	REFERENCE: UM 1501 S
		PAGE: 1 OF: 3
		EFFECTIVE: 2/26/2018
MANUAL:	SHP Select Utilization Management/UM	
OWNER:	Utilization Management Department	

I. POLICY

- A. When requested by a Member or participating provider who is treating a Member, MemorialCare Select Health Plan or its delegate shall provide or authorize a second opinion by an appropriately qualified health care professional.
- B. Reasons for a second opinion to be provided or authorized shall include, but are not limited to, the following:
 - 1. If the Member questions the reasonableness or necessity of recommended surgical procedures
 - 2. If the Member questions a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
 - 3. If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition, and the Member requests an additional diagnosis.

4. If the treatment plan in progress is not improving the medical condition of the Member within an appropriate period of time given the diagnosis and plan of care, and the Member requests a second opinion regarding the diagnosis or continuance of the treatment.
 5. If the enrollee has attempted to follow the plan of care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.
- C. If MemorialCare Select Health Plan or its delegate approves a request for a second opinion, the Member is only responsible for applicable co-pays as required by his or her plan. This also applies if the Member is authorized for a second opinion with an out of plan provider.
 - D. If the Member is requesting a second opinion about care from his or her primary care physician, the second opinion shall be provided by an appropriately qualified health care professional of the Member's choice within his or her Medical Group.
 - E. If the Member is requesting a second opinion about care from a specialist, the second opinion shall be provided by any provider of the Member's choice within the MemorialCare Select Health Plan network of the same or equivalent specialty.
 - F. If there is no qualified participating provider within the network, MemorialCare Select Health Plan will authorize a second opinion by an appropriately qualified out of plan provider. If this is necessary, MemorialCare Select Health Plan and/or the delegate will consider the Member's ability to travel out of the network area.
 - G. If MemorialCare Select Health Plan or its delegate denies or modifies a request by a Member for a second opinion, the Member is notified in writing of the reasons for the denial and is informed of the right to file a grievance with MemorialCare Select Health Plan. The written denial notice to the member complies with CA Health and Safety Code section 1368.02 (b).

II. DEFINITIONS

- A. **Qualified Health Professional** is a primary care physician or specialist who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease, condition or conditions associated with the request for a second opinion.

III. PROCEDURE

- A. MemorialCare Select Health Plans Members are informed of the process to request a second opinion in their Evidence of Coverage. They are informed that:
1. They must have a pre-authorization from their Medical Group to receive a second opinion
 2. They can ask for a second opinion from any Participating Physician in their Medical Group or from any specialist in the MemorialCare Select Health Plan network.
 3. They may also request a second opinion from MemorialCare Select Health Plan regarding their Mental Health, Behavioral Health and Substance Use Disorder Services.
 4. If they request a second opinion, it will be provided to them by an appropriately qualified medical professional. This is a physician who is acting within his or her scope of practice and who possesses a clinical background related to the illness or condition associated with the request for a second medical opinion.
 5. The Member may ask their Primary Care Physician to help arrange for a second medical opinion or contact another Participating Provider directly.
 6. If either MemorialCare Select Health Plan or the delegated Medical Group determines that there is not a Participating Provider who is an appropriately qualified medical professional for the Member's condition, the Medical Group or MemorialCare Select Health Plan will authorize a referral to a Non-Participating Provider for the second opinion.
 7. The Member is responsible for the Copayments or Coinsurance applicable to the Service received for the second opinion. If MemorialCare Select Health Plan or its delegate denies the Member's request for a second opinion, then additional medical opinions outside of the Member's Medical Group are the Member's responsibility.
- B. Timeframe for Prior Authorization

MemorialCare Select Health Plan makes decisions to authorize, deny, delay or modify requests for covered health care services, based on Medical Necessity, within the following timeframes as required by California state law:

1. Decisions based on Medical Necessity will be made in a timely manner appropriate for the nature of the Member's condition, not to exceed five (5) business days from the receipt of information reasonably necessary to make the decision.
2. If the Member's condition poses an imminent and serious threat to his/her health, including, but not limited to, severe pain, potential loss of life, limb, or other major bodily functions, or lack of timeliness would be detrimental in regaining maximum functions, the decision would be rendered in a timely manner appropriate for the nature of the Member's condition, not to exceed seventy- two (72) hours after receipt of the information reasonably necessary to make the determination.

IV. DOCUMENTATION

The practitioner providing the second opinion will provide the Member and the requesting practitioner with a consultation report including any recommended procedures and tests.

V. REFERENCES/AUTHORITY

- A. CA Health and Safety Code section 1383.1 (a) (b) (c) (d) (e) (f) (g) (h) (i)