HSCSN

HSCSN Internal Policy

POLICY NAME: Second Opinions

POLICY ID: UM_15

DEPARTMENT: Utilization Management

POLICY EFFECTIVE DATE: 04/01/2022

POLICY LAST UPDATED DATE: 10/16/2023

I. PURPOSE

This policy supports governance of HSCSN's delivery of quality services to its enrollees while ensuring compliance with regulations and implementation of industry-specific standards.

II. POLICY STATEMENT

Summary

With advances in medical care and rapidly changing technology, it is common for there to be varying approaches to diagnosis and treatment. It is not unusual for an enrollee to question a physician's opinion about recommended medical care and to seek additional input. A second opinion is when a physician (provider), other than the treating physician (provider), gives his or her view about the enrollee's health condition and how the condition should be treated. Getting a second opinion can help the enrollee make a better-informed decision about his or her care.

HSCSN enrollees have a right to a second opinion about their medical care. HSCSN seeks to make it easy for enrollees to obtain a second opinion. HSCSN does not require prior authorization for in-network physician specialty care.

A second opinion can be obtained from an in-network provider without explicit permission from HSCSN by seeking a referral from the Primary Care Provider (PCP) or another treating physician. If the PCP refuses or does not think a second opinion is necessary, the enrollee can ask the HSCSN Care Manager to assist in obtaining a second opinion. The Care Manager will work with the Chief Medical Officer (CMO) or Chief Psychiatric Medical Officer to identify an appropriate and qualified specialist to render a second opinion. If there is no appropriate in- network provider, then HSCSN will authorize consultation (a second opinion) with an appropriate and qualified out-of-network specialist.

III. PROCEDURE

Details

Procedures for second opinions:

1) Enrollees have the right to second opinions. As stated in the HSCSN Enrollee Handbook, if an HSCSN enrollee refuses or disagrees with a clinical recommendation or procedure, including disagreement based on services not included in the Care Plan, she/he may receive a second opinion.

2) Referral for Second Opinion

A. An enrollee can be referred for a second opinion by the Primary Care Provider (PCP), another treating physician, or by HSCSN.
B. Enrollees are encouraged to discuss referral for a second opinion with their PCP.
C. If the PCP refuses or is unable to make a referral for a second opinion, the enrollee can ask the HSCSN Care Manager for assistance in obtaining a second opinion.
    1. The Care Manager will obtain information from the enrollee about the reasons for a second opinion and will present the case to the CMO and/or CPMO.
    2. The CMO and/or CPMO will assist the Care Manager in selecting a suitable in- network provider to render the second opinion.
    3. If there is no appropriate in-network provider, then HSCSN will arrange for a second opinion from an appropriate out-of-network provider at no cost to the enrollee.
D. If the PCP agrees that a second opinion is appropriate, they can refer the enrollee to an in-network physician specialist without prior authorization.

3) Authorization for Second Opinion

A. Referral to an in-network specialty physician for a second opinion does not require prior authorization.
B. If the second opinion to be obtained is from an ancillary provider that ordinarily requires prior authorization, then a prior authorization request is submitted to Utilization Management, including the reasons for a second opinion.
    1. Utilization Management follows its standard process and timeframes for review of an authorization request according to UM_09.
    2. The request for second opinion is sent to a Medical Director for second-level review.
C. If the referral for second opinion is to an out-of-network provider, then it requires prior authorization and needs to be sent to Utilization Management for review.
    1. Utilization Management follows its standard process and timeframes for review of an authorization request according to UM_09.
    2. The request for second opinion is sent to a Medical Director for second-level review.
    3. Referral to an out-of-network provider will only be considered if there is no appropriate in-network provider.

4) If an enrollee obtains a second opinion from a provider that requires prior authorization, but without first obtaining prior authorization, then the enrollee is responsible for payment of the provider.

5) The Care Manager will inform the PCP and enrollee about the process for requesting second opinions.

A. The Care Manager will inform the enrollee that they can assist an enrollee in obtaining a second opinion when there is no referral from a treating physician.

B. The Care Manager will inform the enrollee and PCP when prior authorization is needed in order to obtain a second opinion and about the process for obtaining such authorization.
C. The Care Manager will inform the enrollee that a second opinion should not be obtained from a provider that requires prior authorization, without first obtaining prior authorization, or the enrollee will be responsible for payment of the provider.

6) Request for additional opinions:
A. HSCSN does not restrict the number of consultations or opinions that can be obtained from in-network providers
B. As per CASSIP contract sections C.5.117 and C.5.148, HSCSN, upon Enrollee request, provides enrollees the opportunity to have a second opinion from a network provider. If a qualified network provider is not available, HSCSN arranges for the Enrollee to obtain one outside the network, at no cost to the Enrollee per 42 C.F.R. § 438.206(b)(3).
C. Requests for additional opinions from out-of-network providers
1. If a second opinion is obtained from an out-of-network provider and is consistent with the first opinion, then HSCSN will not authorize additional second opinions for that issue.
2. If a second opinion obtained from an out-of-network provider is contrary to the first opinion, then HSCSN will consider additional requests for second opinion on a case-by-case basis.

IV. ACCOUNTABLE EXECUTIVE(S) AND REVIEWER(S)

A. Accountable Executive(s): Levey, Eric

B. Committee(s) Responsible for Review: Benefits and Utilization Management Committee

V. APPROVAL

Approved by:

Levey, Eric — Date

VI. REFERENCES

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References:
NCQA Standards: N/A
CN Documents/Policies: N/A
CASSIP Contract Sections: C.5.117, C.5.148
Federal Regulations: 42 CFR § 438.206(b)(3)
District Regulations: N/A
Transmittals: N/A
Internal Policies: UM_09
Internal Documents: N/A
Committees: Benefits and Utilization Management Committee (BUMC)