

HEALTH PLAN OF SAN JOAQUIN		
Subject: Second Medical Opinions		
Department: Utilization Management		Policy #: UM16
Applies to: All, unless specifically stated		Scope: UM
Effective Date: 1/1/2000	Revised Date: 1/06,	Approved by: <i>Signature on file</i> (Title of Sr. Exec. responsible)

Definition: Appropriately Qualified Healthcare Professional, -

A primary care provider or a specialist who is acting within his/her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease, or condition(s) associated with the request for a second medical opinion.

POLICY

The Health Plan of San Joaquin (HPSJ) shall provide second medical opinions to its members by an appropriately qualified healthcare professional, if requested by a member or a participating provider who is treating the member in accordance with regulatory requirements.

PROCEDURE

- A. When requested by a member or participating provider who is treating the member, HPSJ shall authorize a second opinion by an appropriately qualified healthcare professional, contracted with the Health Plan of San Joaquin.
- B. If there is no participating plan provider within the network HPSJ shall authorize a second medical opinion by an appropriately qualified healthcare professional outside of HPSJ's provider network, taking the members ability to travel the distance, into consideration, when necessary.
- C. HPSJ may delegate second opinion determinations to providers.
- D. The Intake Processor, or the Utilization Management Review Nurse enters second opinion requests into the authorization system. The reason for the second opinion is noted in the comment section of the request.
- E. Reasons for a second opinion to be authorized shall include, but are not limited to:
 - 1. The member questions the reasonableness or necessity of recommended surgical procedures.
 - 2. 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. The clinical indications are not clear or are complex and confusing, the 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. 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. The member has attempted to follow the plan of care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.
- F. The member or participating healthcare professional who is treating the member requests a second medical opinion, an authorization or decision to modify, or deny the request shall be provided in a timely and expeditious manner, appropriate for the nature of the member's condition, not to exceed 5 business days.
- G. Requests for the second opinion for a routine condition, the utilization management department will make the determination to approve or deny the request within 5 working days. The consultation for the second medical opinion shall occur within 30 days or as soon thereafter as it is reasonably possible.
- H. Requests for second opinion if the member faces an imminent and serious threat to his/her health including, but not limited to, the potential loss of life, limb, or other major bodily function, or lack of timeliness would be detrimental to the member's ability to regain maximum function, the second medical opinion shall be authorized or denied within 72 hours of receipt of the request. Any changes to the timelines described above will be filed with the Department of Managed Health Care within 30 days. The timelines of second medical opinions are available to the public upon request. Additionally, this information is contained in the member's Combined Evidence of Coverage and Disclosure Form.
- I. The member shall be responsible only for the cost of applicable copayments that HPSJ requires for similar referrals. The copayment amount will be consistent with in-plan copayments to the same type of provider.
- J. If the member is requesting a second medical opinion about care from his/her primary care provider, the second opinion shall be provided by an appropriately qualified healthcare professional of the member's choice who is also a contracted HPSJ provider.
- K. If a member is requesting a second medical opinion about care from a specialist, the second opinion shall be provided by a provider of the member's choice as long as the provider is a contracted HPSJ provider.
- L. In approving the second medical opinion either inside or outside of HPSJ's provider network, HPSJ shall take into consideration the ability of the member to travel to the provider. If the member needs transportation assistance, HPSJ will arrange for such

services. If an out-of-network provider is used, HPSJ shall incur the cost or negotiate the fee arrangements of that second medical opinion, beyond the applicable copayments which shall be paid by the member. The member's second medical opinion will be provided within the required timeframes.

- M. HPSJ requires the second opinion healthcare professional to provide the member and the initial healthcare professional with a consultation report, including any recommended procedures or tests that the second opinion healthcare professional believes appropriate. HPSJ, based on its independent determination, may authorize additional medical opinions concerning the member's medical condition.
- N. A letter will be sent along with the authorization to the provider rendering the second opinion, stating that a consultation report, including any recommended procedures or tests, be sent to the member, referring provider and HPSJ.
- O. If HPSJ denies a request by a member for a second medical opinion, the member shall be notified in writing within 24 hours of the decision, informing them of the reasons for the denial and the right to file a grievance with HPSJ.
- P. HPSJ's Utilization Management Department will monitor its compliance with this policy on a quarterly basis reporting the findings to the Quality Improvement/Utilization Management Committee. The report will include, but not be limited to, the following:
 - 1. The number of requests for second opinions
 - 2. The timeliness and processing of the request
 - 3. The reason for the second opinion
 - 4. The provider type
 - 5. The diagnosis
 - 6. The compliance rate of second opinion consultation reports being sent to the member.
 - 7. Denials for second opinion requests
 - Reason for the denial
 - Timeliness of review
 - Denial was reviewed by the Medical Director
 - Denial letter sent out within the required time period

REFERENCE

- A. California Health and Safety Code, Sections 1383.1 and 1383.15(b)
- B. DHS Contract Exhibit A, Attachment 5.1 c

Review Date:	03-05-01	4/02	5/06	10/08		
UM/QI Committee Review	Presented by M. Jordan	M. Jordan RN	M. Jordan RN	J. Scott		

**SAMPLE OF LETTER SENT TO
SECOND OPINION PROFESSIONAL**

DATE

INSIDE ADDRESS

Re: Second Opinion for [LIST MEMBER'S FULL NAME HERE]
Member Identification Number:
HPSJ Authorization Number:

Dear Dr. _____:

This letter is to advise you that we are authorizing a second medical opinion for the above-referenced HPSJ member. This member has been diagnosed with [LIST DIAGNOSIS HERE]. We are interested in your opinion regarding the diagnosis and your treatment recommendations.

In accordance with Health and Safety Code, Section 1383.15(h), please provide the member, the initial healthcare professional, and HPSJ (addresses listed below) with a consultation report, including any recommended procedures or tests that you believe are appropriate.

If you have any questions, please call HPSJ's Utilization Management Department at (209) 939-3590. Thank you for your effort in providing a second medical opinion.

Sincerely,

Utilization Management Department

C: List Name and Full Address of Initial Health Professional
List Name and Full Address of HPSJ Member