POLICY AND PROCEDURE	
Title: Second Medical Opinion	
Primary Policy owner: Utilization Management	**Policy#:** UM16
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☒Behavioral Health (BH) 3) ☐Benefits Administration (BA) 4) ☒Case Management (CM) 5) ☐Claims (CLMS) 6) ☐Community Marketplace & Member Engagement (MAR) 7) ☐Compliance (CMP/HPA) 8) ☐Configuration (CFG) 9) ☐Provider Contracting (CONT) 10) ☐Cultural & Linguistics (CL) 11) ☐Customer Service (CS)	12) ☐Facilities (FAC) 13) ☐Finance (FIN) 14) ☐Human Resources (HR) 15) ☐Information Technology / Core Systems (IT) 16) ☒Pharmacy (PH) 17) ☐Provider Networks (PRO) 18) ☒QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☒ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
Product Type: ☒Medi-Cal ☐D-SNP	**Supersedes Policy Number:** N/A

I. PURPOSE

To describe Health Plan of San Joaquin and Mountain Valley Health Plan's ("Health Plan") process for the provision of a second medical opinion. Members are entitled to a second opinion if they have questions about a provider's recommendations for care.

II. POLICY

A. Health Plan provides a second medical opinion to members by an appropriately qualified healthcare professional at no cost to the

member, if requested by a member or a participating provider who is treating the member.

1. This information can be found in the members EOC (Evidence of Coverage).

B. Reasons for a second opinion to be authorized 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.

III. PROCEDURE

A. Health Plan does not require authorization for second opinion for an in-network provider.

B. Health Plan reviews a request for authorization for second opinion with out of network provider if a network physician is not available, in accordance with Health Plan policy UM 01: Authorization and Referral Review.

C. If a member or participating healthcare professional who is treating the member requests a second medical opinion with an out-of-network (OON) provider, a review of the request is provided in a timely and expeditious manner, appropriate for the nature of the member's condition.
    1. Health Plan reaches out to the ordering provider to determine if an alternate in-network provider can be used.
    2. Upon identification of an alternate provider for the second opinion, the ordering provider submits an authorization request via the provider portal or by fax.
    3. If Health Plan denies a request for an OON second opinion, Health Plan notifies the enrollee in writing of the reasons for the denial and the enrollee's right to file a grievance with the plan. The notice complies with California Health and Safety Code subdivision (b) of Section 1368.02 (b).

D. If there is no available participating provider, Health Plan authorizes a second opinion by an appropriately qualified health professional outside Health Plan's network.

E. If the member is requesting a second medical opinion about care from his/her primary care provider, the second opinion is provided by an appropriately qualified healthcare professional of the member's choice who is also a contracted provider of Health Plan.

F. Health Plan arranges for transportation if needed to the second opinion provider.

IV. ATTACHMENT(S)

A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
B. Glossary of Terms Link
C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. 42 CFR section 438.206
B. California Health and Safety Code, Sections 1383.1, subdivision (b) of Section 1368.02 (b) and 1383.15(a), (b), (c), (f) and (i)
C. DHCS Contract Exhibit A, Attachment III, Section 2.3
D. Evidence of Coverage Section 3: How to get care
E. Health Plan policy UM 01: Authorization and Referral Review

VI. REVISION HISTORY

Version*	Revision Summary	Date
000	3/01, 4/02, 1/06, 5/06, 10/08, 1/15, 4/16, 8/17, 8/18, 12/19, 12/20, 11/21, 10/22	N/A
001	Moved UM16 to new template	2/9/2024
002	Reviewed and updated references to align with regulatory requirements and strengthened language around use of alternate providers when OON providers requested.	7/11/2025
Initial Effective Date: 1/1/2000		
Published Date:10/22/2026		

VII. Committee Review and Approval to be Completed by Compliance

Committee Name	Version	Date
Compliance Committee (CC)	002	10/09/2026
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee (PIC)		
• Audits & Oversight Committee (AOC)		
• Policy Review Committee (PRC)	001	1/17/2024
Quality Improvement Health Equity Committee (QIHEC)		

• Quality Operations Committee (QOC)		
• Grievance Committee (GC)		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	N/A	N/A	N/A
Department of Managed Care (DMHC)	DMHC Attorney	001	12/5/2023

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy