


Utilization Management	 ASPIRE HEALTH PLAN	<u>Effective Date</u> 01/01/2021	
	SECOND OPINIONS	<u>Policy #</u> AHP ASO HS065	
		<u>Review Date</u> 6/16/2022	<u>Applicable to:</u> <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name & Title</u>		Eva Balint, MD – Chief Medical Officer

1.0 PURPOSE

- 1.1 The purpose of this policy is to facilitate a Member's right to make more informed decisions about his/her care by seeking a second opinion. This policy further describes the process for a member to receive a second medical opinion.

2.0 POLICY

- 2.1 AHP authorizes Members to obtain a second medical opinion from either a PCP, Specialist (SCP) and/or appropriately qualified healthcare professional for any illness or condition.

3.0 DEFINITIONS

- 3.1 Provider Organization - The entity with whom the Health Plan contracts (in this case, the Health Plan is Anthem HMO or Blue Shield).
- 3.2 Second Opinion - Consultation and evaluation only.
- 3.3 Qualified Health Care Professional - A PCP or Specialist (SPC) who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise related to the member's particular illness, disease, or condition(s).

4.0 PROCEDURE

- 4.1 When authorizing a second medical opinion to a PCP, SCP or appropriately qualified healthcare professional for the purpose of the diagnosis or treatment of a condition requiring care by a physician with specialized knowledge of their particular illness or condition, AHP will abide by the following California Health and Safety Code elements:
- 4.1.1 The second medical opinion will be rendered by a PCP or SCP acting within the scope of practice and who possesses clinical background including training and expertise related to the particular illness or condition.
- 4.1.2 If the Member requests a second opinion about care from a PCP, the second medical opinion may be obtained within the Provider Organization's network.

- 4.1.3 If the Member requests a second opinion about care from a SCP, the second medical opinion may be obtained within Health Plan's entire network and the Health Plan will incur costs beyond the Member's co-pay.
 - 4.1.4 If there is no participating Health Plan provider/practitioner within the Provider Organization's network or if the Member requests a second medical opinion outside of the Provider Organization's network, the Member must be instructed to call the Health Plan. See AHP's policies regarding determining the medical necessity of an out-of-network second opinion request.
 - 4.1.5 The practitioner rendering the second opinion will provide the Member and requesting practitioner with a consultation report including any recommended procedures or tests.
 - 4.1.6 First opinion will be rendered by an in-network SCP and Member can be referred to another SCP within the network.
- 4.2 The Member may seek a second opinion under the following circumstances, which may include, but are not limited to:
- 4.2.1 Member requested a second opinion from a particular PCP or SCP within the Provider Organization network and request was approved;
 - 4.2.2 Member questions the reasonableness or necessity of recommended surgical procedures;
 - 4.2.3 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;
 - 4.2.4 If clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating practitioner is unable to diagnose the condition, and the Member requests an additional diagnosis;
 - 4.2.5 If the treatment plan in progress is not improving the medical condition 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;
 - 4.2.6 Member has attempted to follow the plan of care or consulted with the initial practitioner concerning serious concerns about the diagnosis or plan of care; or
 - 4.2.7 Member was referred to the Health Plan when Member requested an out-of-network practitioner.
- 4.3 The authorization process will take into account the Member's ability to travel to the practitioner rendering the second medical opinion.
- 4.4 The second medical opinion will be authorized or denied within a period of time appropriate for the Member's circumstances, but within no more than 72 hours from receipt of request, when the Member's condition poses an imminent and serious health threat, including potential loss of life, limb, or other major bodily function, or if lack of timeliness would be detrimental to Member's ability to regain maximum function.
- 4.5 Request for non-contracted providers are referred to Health Plan and not denied by the organization.
- 4.6 If a second opinion differs from initial, coverage for third opinion is available, as requested.

5.0 TRAINING

5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

6.0 REVIEW PERIOD

6.1 Annually.

7.0 REGULATORY REQUIREMENTS AND REFERENCES

7.1 CA Health and Safety Code Section 1383.15

8.0 POLICY VIOLATION

Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.