

SECOND OPINION POLICY AND PROCEDURE

In this document, CCC may be referenced in place of CCC and/or CHA.

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Terms not defined in the DEFINITIONS section of this document may be found in our Glossary.

1 PURPOSE

- 1.1 This policy establishes guidelines and procedures and delineates responsibilities for providing second opinions for members.
- 1.2 This policy demonstrates our commitment to providing all members access to a second opinion from a qualified health professional. We strive to provide equal opportunity to members for obtaining second opinions from a qualified health professional within the network or arrangements for second opinion outside the network at no cost to the member.

2 SCOPE

- 1.1 To set standards and guidelines for processing second opinion requests for members and/or providers.

3 POLICY STATEMENT

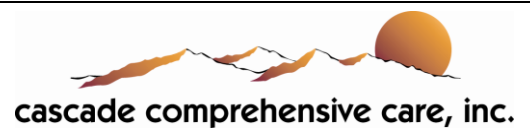
- 3.1 The Chief Medical Officer will provide oversight on second opinion requests and review them for determination, as necessary.
- 3.2 Utilization Management (UM) Reviewers will:
 - 3.2.1 Review and document second opinion requests and consult with the Chief Medical Officer, or Utilization Review Committee as necessary.
 - 3.2.2 Assist the member in arranging a second opinion request within or outside the network as necessary.
- 3.3 A second opinion will be paid for by us when performed by an in-network provider. If a provider is not available in-network, or not prearranged by Primary Care Provider's office, we will arrange for a second opinion to be performed by an out-of-network provider at no cost to the member.

4 PROCEDURE

- 4.1 Members who desire a second opinion after conferring with a specialist should return to their primary care provider (PCP) or primary care dentist (PCD) and request another specialist. The PCP/PCD will then submit

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a new prior authorization to us; this request should explicitly state that the authorization is for a second opinion. Please refer to *Authorization Workflow (PP06002.01)*.

- 4.2 Members who desire a second opinion after conferring with their PCP/PCD can request that the PCP/PCD submit an authorization for a consultation with a specialist. If the member desires to see a new PCP/PCD, they must be officially reassigned to that provider. Members will contact Member Services for the request.
- 4.3 Members who are concerned that their requests for a second opinion are not being addressed by their PCP/PCD will contact Member Services, be directed to Case Management, and will be assisted by a case manager, the Director of Case Management, a Utilization Review Committee Member, or the Chief Medical Officer, as required.
- 4.4 Physicians may also initiate the second opinion process. The physician will submit a new prior authorization to us; this request should explicitly state that the authorization is for a second opinion. This authorization will be handled according to the Case Management department's standard procedures.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

- 5.1 Authorizations for second opinions will be handled according to the same timelines as regular authorizations:
 - 5.1.1 Fourteen days maximum for standard requests.
 - 5.1.2 Three days maximum for expedited requests.
- 5.2 Our Executive Approval Committee will review this policy and procedure for compliance with OHA contract and guidelines at least once a year, or as applicable.

Reporting

- 5.3 No additional reporting is required.

Records Management

- 5.4 Team Members must maintain all records relevant to administering this policy and procedure in our record management system.

6 RELATED LEGISLATION AND DOCUMENTS

- 6.1 *Authorization Workflow PP06002.01*
- 6.2 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)
- 6.3 [Oregon Health Authority \(OHA\): Coordinated Care Organizations \(CCO\)](#)

7 FEEDBACK

- 7.1 Team Members may provide feedback about this document by emailing policyfeedback@cascadecomp.com.

8 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Executive Approval Committee
Committee Review Dates	10/09/2018
Approval Dates	10/15/2018

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