

<b>Title:</b> SECOND OPINION	<b>Policy #: 0054 Dept: QI</b>
	<b>Reviewed/Approved By:</b> Quality & Compliance Committee
<b>Adopted:</b> 3/2015	<b>Last Revision:</b> 1/2016
<b>Revision Dates:</b>	<b>Review Frequency:</b> Every two years
<b>Sources:</b> 42 CFR 438.206 (b) (3)	

**DEFINITIONS:**

PrimaryHealth and OHMS as delegated by PrimaryHealth collectively will be referred to as The CCO (Coordinated Care Organization)

**POLICY:**

The CCO provides for a second opinion from qualified physical health care, dental care, or mental health care professionals within the network, or arranges for the enrollee to obtain one outside the network, at no cost to the enrollee.

**PROCEDURE:**

- A. A second opinion can be requested by the member, the member’s representative, or a provider. The second opinion will be paid for by the health plan. The second opinion must be provided by a qualified health professional, licensed in the State of Oregon.
- B. Reasons for second opinions include, but may not be limited to the following:
  1. The member has questions concerning the reasonableness or necessity of the recommended treatment.
  2. The member questions the diagnosis or course of treatment for a condition that threatens loss of life, limb, bodily function or impairment, including but not limited to a serious chronic condition.
  3. Clinical, dental or mental health indicators are unclear, complex and confusing.
  4. The diagnosis is in doubt due to conflicting test results, or the treating practitioner is unable to make an accurate diagnosis of the situation.



5. The current treatment plan is not improving the physical, dental or mental health condition within an appropriate period of time for the known diagnosis.
6. The member has attempted to follow the course of treatment or consulted with the initiating professional and still has serious doubts about the diagnosis or treatment plan.

C. The CCO shall make sure the second opinion is provided by a qualified professional.

D. The CCO reserves the right to limit a member's choice of provider for the second opinion from within the network/contracted providers when there is a qualified professional available. The member shall be referred outside when there is not an available qualified professional available.

**MONITORING:**

The CCO will perform annual reporting.

The CCO will request second opinion monitoring reports from the dental and mental health organization on an annual basis.

**RESPONSIBILITY:**

The operational process of monitoring compliance to this policy will fall upon the PrimaryHealth/Oregon Health Management Services Quality Improvement Department. Outcomes will be reported to the Quality and Compliance Committee and any concerns shall be reported to the Board of Directors.

