



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 the CCC 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 Cascade Comprehensive Care's (CCC) commitment to providing all members access to a second opinion from a qualified health professional. CCC strives 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 CCC when performed by an in-network provider. If a provider is not available in-network, or not prearranged by Primary Care Provider's office, CCC 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 a new prior authorization to CCC; this request should explicitly state that the authorization is for a second

Confidentiality Statement

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Cascade Health Alliance, LLC



cascade comprehensive care, inc.

opinion. This authorization will be handled according to the Case Management department's standard procedures.

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.

4.2.1 A member who has been assigned to a provider for more than six months can be reassigned to a new provider by Member Services. Members who have been assigned to a provider for less than six months will be transferred by Member Services to the Case Management department. A case manager will discuss the member's situation and concerns and assign or handle their case as appropriate.

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 CCC; 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 CCC's 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 a recognized CCC record management system.

6 RELATED LEGISLATION AND DOCUMENTS

6.1 [Health Insurance Portability and Accountability Act \(HIPAA\)](#)

6.2 [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
Next Review Date	09/28/2018

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