



United Behavioral Health

<b>Second Opinions</b>			<b>Policy Identifier/Number:</b> CM-20
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director			<b>Signature:</b> 

#### Policy Statement and Purpose

Second opinions regarding clinical decisions are provided at no additional cost by the Optum Pierce Behavioral Health Organization (BHO) and contracted behavioral health care providers upon the request of consumers.

Optum Pierce BHO has a clear process for second opinions.

#### Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

#### Policy Definitions

- **Individual** --means a person who has applied for, is eligible for, or who has received mental health services from an Optum Pierce BHO-contracted mental health care provider. For a child under the age of 13, or for a child age 13 or older whose parents or legal representatives are involved in the treatment plan, the definition of consumer includes parents or legal representatives
- **Chemical Dependency Professional (CDP)** –means a Chemical Dependency Professional as defined in chapter 18.205.020 RCW or a person with “Core competencies of chemical dependency counseling” means competency in the nationally recognized knowledge, skills, and attitudes of professional practice, including assessment and diagnosis of chemical dependency, chemical dependency treatment planning and referral, patient and family education in the disease of chemical dependency, individual and group counseling with alcoholic and drug addicted individuals, relapse prevention counseling, and case management, all oriented to assist alcoholic and drug addicted patients to achieve and maintain abstinence from mood-altering substances and develop independent support systems.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA ) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- **Mental Health Professional (MHP)**—means a psychiatrist, psychologist, psychiatric nurse or a social worker as defined in chapters 71.05 and 71.34 RCW or a person with a master’s degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional, or will be a person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986, a person who had an approved waiver to perform the duties of a mental health professional that was requested by the behavioral health organization and granted by DSHS prior to July 1, 2001, or a person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the division of behavioral health and recovery (DBHR).
- **Second Opinion**—means a face-to-face assessment, evaluation and/or recommendation by a second professional with the same or higher degree to verify or challenge medical necessity, a diagnosis, or methodology of treatment by a current mental health care provider. Individuals have the right to request and obtain second opinions.

<b>Policy Provisions</b>
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1. Individuals and/or those with legal custody of an individual are informed about the right to a second opinion at intake assessment, and at any time dissatisfaction, disagreement, or concern about a clinical decision regarding their treatment is expressed.
2. Information regarding the right to a second opinion is provided to consumers at the intake assessment (through provision of the Washington State Medicaid Benefits Booklet and/or the Optum Pierce BHO Consumer and Family Handbook) by Optum Pierce BHO network providers.
3. An individual, his/her custodial parents or legal guardians, Ombuds, or an Optum Pierce BHO provider may submit a request for a second opinion regarding any clinical decision to Optum Pierce BHO either verbally or in writing to the attention of an Optum Pierce BHO Care Manager or the Optum Pierce BHO Quality Analyst with grievance responsibilities.
4. All second opinions shall be offered to occur as expeditiously as the individual’s behavioral health condition requires and no later than 30 calendar days from the request unless the individual requests the second opinion be postponed to a date more than 30 days later.
5. Second opinions may only be rendered by MHPs or CDPs qualified to review and treat the behavioral health condition in question. The second opinion shall be furnished by an MHP whose degree is equal to or higher than the MHP who yielded the original opinion or a certified CDP.
6. Optum Pierce BHO Care Managers shall arrange for a second opinion with a Behavioral Health Professional within its contracted provider network at no cost to the individual. Care Managers shall confer with the individual/family member as appropriate for their preference of a BHA agency for the second opinion. Requests for second opinions outside of the Optum Pierce BHO provider network will be considered only in the event that the services requested are not available within the contracted provider network within 30 days. If a qualified MHP or CDP is not currently available within the network, Optum Pierce BHO must provide or pay for a second opinion provided by a qualified MHP or CDP outside the network at no cost to the individual.
7. The Care Manager receiving a request for a second opinion ensures that the treating BHA has a Release of Information signed for the exchange of information as part of the referral process. The treating provider shall make available to the MHP or CDP responsible for the second opinion the most recent mental health assessment, treatment plan, medication regimen (if any) and progress notes.
8. All second opinions shall be documented in writing and made available to the individual, custodial parent or legal guardian, Optum Pierce BHO, and the treating Optum Pierce BHO-contracted network provider, and are included in the individual’s clinical record.

- 8.1. If a network provider is conducting the second opinion, the network provider shall mail the individual a copy of the report or arrange an alternative method of conveying the report information to the individual within 5 business days of the consultation. If an out-of-network provider conducts the second opinion, the MHP or CDP conducting the second opinion assessment shall determine whether or not the individual will be mailed the report or if an alternative method is appropriate
- 8.2. All second opinion consultation reports shall be submitted to Optum Pierce BHO within 5 business days of the completed second opinion assessment.
- 8.3. Optum Pierce BHO will mail a copy of the report within 2 business days of receipt to the initial network provider and MHP or CDP unless the individual specifically requests of Optum Pierce BHO that the report not go to them.
9. The fact that the MHP or CDP furnishing the second opinion recommends a particular treatment, diagnostic test, or service does not necessarily mean that the recommended intervention is medically necessary or an Optum Pierce BHO-covered service. In addition, there are some Optum Pierce BHO services that have additional procedures to follow after a recommendation for the service is made.
10. If the MHP or CDP giving the second opinion recommends a particular treatment, diagnostic test, or service covered by Optum Pierce BHO and it is determined to be medically necessary according to Optum Pierce BHO eligibility criteria then that treatment, diagnostic test or service shall be provided by the Optum Pierce BHO-contracted network provider. When indicated, the treating MHP or CDP communicates directly with the MHP or CDP who rendered the second opinion regarding his/her findings and continues to consult with him/her. All such communication shall be documented in the individual's clinical record.
11. If the medically necessary covered treatment, diagnostic test, or service is unavailable within Optum Pierce BHO's provider network and an equivalent network service or package of services does not meet the needs of the individual, then that treatment, diagnostic test or service will be arranged (with the individual's consent) by the original treating network provider.
12. The treating behavioral health care provider shall provide the individual information about his or her right to file a grievance and/or to request a change of behavioral health care provider or network provider when explaining the outcome of the second opinion.
13. Optum Pierce BHO shall maintain a log of requests for second opinions including the reason(s) for the request, involved network provider, involved mental health care provider, and the outcome of the requests for quality improvement purposes.
14. On-site annual reviews of network providers conducted by Optum Pierce BHO include checks for evidence of compliance with the provisions of this policy. When a need for corrective action is identified during such reviews, network providers address compliance issues via their quality improvement processes and provide evidence of sustained improvement. Optum Pierce BHO staff review network provider findings for trends requiring system level intervention and report such to the Optum Pierce BHO Quality Assurance/Performance Improvement Committee for action.

#### **Related Policies, Procedures & Materials**

- Pierce Behavioral Health Organization policy: CM-03 – *Timely Access to Care*
- Pierce Behavioral Health Organization policy: CR-01 – *Individual Rights and Responsibilities*
- Pierce Behavioral Health Organization policy: CR-06 – *Ombuds Services*
- Pierce Behavioral Health Organization policy: QA-08 – *Clinical and Administrative Review*

#### **Attachments**

N/A

## Approval History

- Policy created and effective: 10/2011
- Operational Procedures and Standards Committee reviewed and accepted: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018