



SALISH BHO

ADMINISTRATION POLICIES AND PROCEDURES

Policy Name: SECOND OPINIONS

Policy Number: 2.13

Reference: WAC 388-877-0680; 42 CFR 438.206

Effective Date: 12/2002

Revision Date(s): 12/2012; 6/2016; 7/2016

Reviewed Date: 6/2016; 7/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Enrollee Rights

PURPOSE

Medicaid enrollees served within the Salish Behavioral Health Organization (SBHO) have a right to free access to a second opinion from another clinician within the network. If a qualified clinician is not available within the network, the network provider will provide a second opinion outside the network at no cost to the enrollee.

If a non-Medicaid individual is not found eligible for services based on lack of sufficient resources, a second opinion is not required.

PROCEDURE

1. SBHO providers will allow Medicaid individuals free access to a second opinion
 - Individuals will be notified of their right.
 - a. For intakes that do not meet entrance criteria, a Notice of Adverse Benefit Determination form is provided in writing.
 - The right to a second opinion is part of the client rights that each individual is provided and signs to acknowledge receipt.
2. If requested, a second opinion shall be provided:

- When the enrolled recipient needs more information as to the medical necessity of treatment recommended by the PIHP; or
 - If the enrolled recipient believes the PIHP is not authorizing covered medically necessary community behavioral health rehabilitation services.
3. SBHO providers will arrange for timely access to a second opinion for enrolled individuals for:
 - An intake assessment, within thirty (30) days from the request.
 - Direct behavioral health services, within thirty (30) days from the request.
 4. If a network provider is unable to provide a second opinion within the network, the enrollee shall be provided a second opinion outside the network.
 - The network provider shall provide out of network second opinions at no cost to the individual should they be necessary.
 - The network agency shall maintain receipts for proof of payment for one (1) fiscal year.
 5. If a network provider fails to provide full access to a second opinion for enrolled individuals, it constitutes a contract violation.
 - The contract requires access to be provided to second opinions.
 - If a violation occurs, corrective action steps as outlined in the contract will be instituted.
 6. Individuals without Medicaid funding, requesting services, may be found ineligible for outpatient services *based on lack of resources*. In these circumstances, a second opinion does not apply because the individual is not enrolled.

MONITORING

This policy is a mandated by statute.

1. This policy will be monitored through use of SBHO:
 - Grievance Tracking Reports
 - Ombuds provides monthly activity report and verbal reports to the SBHO office, QUIC, and QRT members. The Ombuds office does outreach to each network provider, day treatment program, local NAMI affiliate, and through the BRIDGES to Parent Voice program.
 - Annual Provider Chart Reviews
 - Quality Management Plan and QUIC activities
 - Annual SBHO Provider and Subcontractor Administrative Review
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy.