

San Francisco Health Service System Health Service Board

Expert Second Opinion Services

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Introduction

- Currently members who receive medical coverage through the San Francisco Health Service System (SFHSS) may receive an expert medical review through two options:
 - The member may receive an expert medical review from another provider within the health plans, subject to the medical carrier's administrative and financial requirements (e.g., within the network and subject to copays/coinsurance), and/or
 - The member may contact Best Doctors to receive an expert medical review
- The following slides outline the services offered through each of the medical carriers and through Best Doctors.

Kaiser Permanente

- Members may ask member services to help arrange a second opinion with a plan physician who is an appropriately qualified medical professional for the condition. If there is not a plan physician who is an appropriately qualified medical professional for the condition, member services will help arrange a consultation with a non–plan physician for a second opinion
 - For these purposes, an "appropriately qualified medical professional" is a physician who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise, related to the illness or condition associated with the request for a second medical opinion
- The results of a second opinion are input into the electronic health record and is available to the initial physician for discussion on next steps
- If a member's request for a second opinion is denied, the member may file a grievance

BlueShield of California

- Members may request a second opinion referral from their primary care physician (PCP) or the member's PCP may initiate a second opinion
 - If the second opinion involves care provided by the member's PCP, the second opinion will be provided by a physician within the same medical group (the medical group will manage this process)
 - If the second opinion involves care provided by a specialist, the second opinion may be provided by any specialist of the same or equivalent specialty within the BSC network, as authorized by the member's medical group or BSC
- The results of a second opinion will be shared through the medical group, electronic file, and/or provider-to-provider for discussion on next steps

UnitedHealthcare – Non-Medicare

- Members have the option to contact another doctor and make an appointment anytime, the member does not need to notify the current provider that they are seeking another opinion
 - The services received must be otherwise covered under the plan
 - The member cost-sharing is based on the provider's network status (e.g., in-network or out-of-network)
- The member has the choice to share the second opinion information with their initial provider, UHC does not facilitate this process

UnitedHealthcare – Medicare

- Members have the option to a second and possibly third opinion to determine the advisability of undergoing surgery or a major non-surgical diagnostic or therapeutic procedure
 - The member would contact another doctor and make an appointment, the member does not need to notify the current provider that they are seeking another opinion
 - Should the initial and second opinion differ, the member may obtain a third opinion covered under the plan
 - The same rules apply for coverage of a second opinion as any other service, the doctor needs to be a Medicare provider and willing to bill UHC and the procedures/testing must be covered under Medicare
- The member has the choice to share the second opinion information with their initial provider, UHC does not facilitate this process

Medical Carrier Options – Within the Plan

	United Healthcare – Non-Medicare	United Healthcare - Medicare	Blue Shield of California	Kaiser Permanente
How does a member obtain a 2 nd opinion?	Members can contact any doctor without notifying primary provider as long as the second opinion provider is in-network and can bill UHC		Members <u>must</u> request through their primary care physician (PCP) otherwise it is not covered	Member <u>must</u> request through PCP or by calling member services otherwise it is not covered
What is the member cost-share?	Deductible + Coinsurance	\$15 specialist copay	\$25 office visit copay	\$20 office visit copay

Medical Carrier Options – Within the Plan

	United Healthcare – Non-Medicare	United Healthcare - Medicare	Blue Shield of California	Kaiser Permanente
Does the member need pre-authorization?	No	No	Yes	Yes
Can a member go outside of the network?	Yes	Yes	No	No, unless specialty is not available within plan (as determined by Kaiser)

Medical Carrier Options – Within the Plan

	United Healthcare – Non-Medicare	United Healthcare - Medicare	Blue Shield of California	Kaiser Permanente
How do these claims get processed?	Claims are auto-adjudicated and process like any other claim	These claims are not identified with a specific billing code and will adjudicate based on the billing code(s) that are submitted	Claims are auto-adjudicated as an office visit	Claims for services provided within Kaiser are auto-adjudicated; for services provided outside of Kaiser, the member will typically receive a bill directly from the provider and thus will need to make an appeal to Kaiser

Medical Carrier Options – Outside the Plan

	United Healthcare – Non-Medicare	United Healthcare - Medicare	Blue Shield of California	Kaiser Permanente
Additional Services through Carrier	Add-on expert medical review service available through 2nd.MD partnership	None available	None available	KP does not have a second opinion service outside the network
3rd-Party Services	Will also work with 3 rd party providers, such as Best Doctors		BSC does not refer members of delegated model HMO's to external services as care is to be driven by the physician	Members will only be referred to an external service through PCP referral

Best Doctors

- SFHSS began offering an expert medical case review service through Best Doctors/Teladoc on January 1, 2017 for all health plan members.
- Services include the following:
 - In-Depth Medical Case Review
 - Ask the Expert – regarding a diagnosis or treatment options
 - Critical Care – emergency medical review
 - Find a Doctor – locate in-network medical expert
 - Medical Records eSummary – collect, organize, and summarize medical records
- Members contact Best Doctor’s directly to obtain services
- The member has the choice to share the second opinion information with their initial provider

Next Steps

- Continue to review reporting from Best Doctors and engage with medical carriers on activity around second opinions (reporting, appeals, new or modified programs/partnerships, etc.)
- Recommend that SFHSS explores the market to ensure it is contracted with the best partner to support its strategic goals around member engagement and support to provide resources, tools and services to support informed actions and decisions