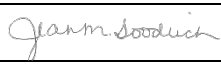




SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Customer Services	Policy Name: Second Opinions	Policy Number: 11.1.8
Owner: Corporate Compliance Director	Applies To: <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input type="checkbox"/> Summit Pointe CCBHC DCO Providers	
Approved By: 		
Version Number: 2	Revised Date: 01/30/2024	First Effective Date: 02/01/2023

I. **PURPOSE:**

To establish the standards and procedures to assure a customer’s right to request a second opinion for denial of psychiatric hospitalization or a denial of mental health services by Summit Pointe.

II. **DEFINITIONS:** Refer to the “Summit Pointe Policy and Procedures Definitions Glossary.”

III. **POLICY:**

All customers, regardless of insurance type or lack thereof, may request a second opinion for denial of access to services and/or denial of psychiatric inpatient hospitalization at no cost.

IV. **PROCEDURE:**

Medicaid and Non-Medicaid enrollees have rights to a Second Opinion review under the authority of the State of Michigan Mental Health Code and the Medicaid Managed Care Regulations. The Second Opinion review process may be requested for denial of inpatient hospitalization and for denial of initial CMHSP services under sections 409 and 705 of the Michigan Mental Health Code. The process of notification of rights to a Second Opinion is delegated to each CMHSP.

Summit Pointe shall assure that customers who voluntarily seek/request inpatient psychiatric admission or emergency psychiatric admission to hospitals who are denied admission by the access clinician, shall be informed of (verbally and in written format), to their right to a second opinion, and may request, at no cost to the customer, a second opinion from the Summit Pointe Executive Director or designee.

Second opinions may be requested by the customer, guardian, or parent of a minor by contacting the Summit Pointe Customer Service Department at 877-275-5887 or 269-966-1460.

Second Opinions are made available at no cost to the customers from a qualified health professional within the network or outside the network if a qualified health professional is not available within the network under section 438.206 (b) of the Balanced Budget Act. ***The qualified health professional making a Second Opinion determination cannot have been involved in the initial denial.***

Second Opinion protocol for both denial of psychiatric hospitalization and access to mental health services shall be based upon eligibility criteria as determined by Summit Pointe policies and procedures, Michigan Mental Health Code, MDHHS Administrative Rules, MDHHS Medicaid Provider Manual and contractual requirements.



SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Denial for CMHSP Mental Health Services due to lack of Medical Necessity Criteria:

If the denial is regarding the determination of not meeting medical necessity criteria for the services requested, the customer, his or her guardian if one has been appointed, or the customer's parent or parents if the customer is a minor may request a second opinion of the Executive Director or designee. The Executive Director or designee shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist within 5 business days from the date of the denial.

Once a determination has been made regarding the Second Opinion request for CMHSP mental health services, the access clinician or customer services representative, will:

- Notify the customer/representative verbally as soon as possible not to exceed one (1) business day and in writing within three (3) business days.
- Provide the customer with information regarding further appeal rights, as applicable.
- Provide the customer with referrals to appropriate services or resources, as applicable.
- Document the Second Opinion request, determination, and supporting documentation in the customer's electronic medical record.

Denial for Psychiatric Inpatient Care:

If a denial is regarding inpatient care under Section 409 of the Michigan Mental Health Code, the individual may request a second opinion from the Executive Director or designee. The Executive Director or designee shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within three (3) days, excluding Sundays and legal holidays, or as soon as possible if a minor, after the Executive Director or designee receives the request. The Executive Director or designee, in conjunction with the evaluator, shall decide based on all clinical information available.

Once a determination has been made regarding the Second Opinion request for inpatient hospitalization, the access clinician or customer services representative, will:

- Notify the customer/representative verbally as soon as possible not to exceed one (1) business day and in writing within three (3) business days.
- Ensure the written determination includes the signatures of the Executive Director or designee and the evaluator, or verification that the decision was made in conjunction with the appropriately credentialed provider.
- Provide the customer with information regarding further appeal rights, as applicable.
- Provide the customer with referrals to appropriate alternative services or resources, as applicable.
- Document the Second Opinion request, determination, and supporting documentation in the customer's electronic medical record.

Additional Types of Second Opinions:

Second opinions can also be requested, free of charge for the following situations:

- Diagnosis
- Medications
- Plan of care such as type of therapy, treatment modality, etc.

Recordkeeping Requirements:

Documentation that the notice of the customer's right to request a Second Opinion, requests for Second Opinions, and the outcome of those requests shall also be documented in Summit Pointe's electronic medical record.



SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Reporting Requirements:

Each CMHSP provider entity shall maintain logs of all denials of services to Medicaid customers. Each CMHSP provider entity shall adhere to applicable Grievance and Appeals requirements of Summit Pointe Policies 11.1.2 and 11.1.7, respectively. The CMHSP shall maintain logs of all adverse benefit determinations for Medicaid customers and report them to the PIHP according to the PIHP/CMHSP Memorandum of Understanding.

Notice Regarding Grievance, Appeal, and Second Opinion Processes (Mediation):

The customer or his/her legal guardian or personal representative are entitled to information regarding mediation services. Information on mediation will be given to the customer or his/her legal guardian or personal representative at the start of services and annually thereafter. If a grievance, appeal, or second opinion is requested, notification of the right to request mediation will also be provided to the customer and his/her legal guardian or personal representative. Mediation will be facilitated by a State appointed mediation organization. Participation in the mediation process will be attended by a Summit Pointe (or applicable service provider). Mediation proceedings must begin within 10 business days after record of the request and complete within 30 days after the date the mediation was recorded. An extension of up to 30 days can be given if all parties agree in writing. The entire mediation process cannot exceed 60 days.

V. REFERENCES:

Balanced Budget Act 42 CFR

Michigan Mental Health Code, Chapter 7

Michigan Department of Health and Human Services Administrative Tribunal Policy and Procedure Manuals

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs Agreement with Southwest Michigan Behavioral Health PIHP

Michigan Department of Health and Human Services (MDHHS)/Pre-paid Inpatient Health Plan (PIHP)

Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program Contract

Michigan Department of Health and Human Services (MDHHS)/Community Mental Health Service Program (CMHSP) Managed Mental Health Support and Services Contract

MDHHS Medical Services Administration Bulletin, Beneficiary Eligibility Manual, Beneficiary Hearings Chapter 1, Section 2

MDHHS Medical Services Administration, Community Mental Health Services Program Manual, Chapter III, page 3

Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule – April 2016

MCL 330.1206a

VI. ATTACHMENTS:

None