RCHN AUTHORIZATION & APPEALS

Quick Reference Guide

REQUEST FOR OUTSIDE OPINION

Scenario: A **member/patient** asks you to request a second opinion with a provider **outside the RCHN network**. (CHOC is considered out of network)

Key points for providers:

- Members/Patients may be entitled to out-of-network second opinions **based on their specific health plan benefits.**
- **Do not place a referral** for a member/patient requested second opinion.
- **RCHN does not issue authorizations** for member/patient requested second opinions.

Provider role: Instruct the patient/parent to contact their health plan.

AUTHORIZATION DETERMINATION & APPEALS

For every authorization request, a **determination letter** is sent to the provider and the member explaining the decision and instructions on next steps if there is a disagreement which include the following:

- Peer-to-Peer Review
- Provider Appeal
- Member/Patient Appeal

• PEER-TO-PEER REVIEW

- A **direct discussion** with the RCHN Medical Director who issued the determination.
- Can be requested via **email, Epic message, or the phone number listed on the determination letter**.
- Most effective when the provider has **new or additional** clinical information not available during the initial review.
- RCHN Medical Directors **must follow the member/patient's health plan policies**.
  - Without new information supporting approval under the health plan policy, the **decision will not change.**

• PROVIDER APPEAL

- Providers may formally appeal and **instructions are in the determination letter**.
- Recommended to **submit any additional clinical information.**
- **Appeals are reviewed in accordance with the member's health plan policies.**

• MEMBER / PATIENT APPEAL

- **Health Plan will review** after RCHN decision.
- **Only the health plan** can overturn a determination that does not meet policy criteria.
- Providers may submit a member/patient appeal **on their behalf** with **written member/patient authorization**.
- Please include any relevant additional information

BOTTOM LINE FOR PROVIDERS

- Do not refer for member/patient requested out-of-network second opinions.
- Always review the determination letter first.
- Appeals are most successful when **new, policy relevant information** is provided.
- Coverage decisions are ultimately governed by the **member/patient's health plan**.