



## **INDEPENDENT MEDICAL REVIEW (IMR)**

An IMR is a review of your case by one or more doctors who are not part of your health plan. You do not pay anything for an IMR. If the IMR is decided in your favor, MediExcel Health Plan must pay for the service or treatment you requested.

You may qualify for an IMR if MediExcel Health Plan does one of the following:

- Denies, changes, or delays a service or treatment because MediExcel Health Plan determines it is not medically necessary.
- Denies an experimental or investigational treatment for a serious condition.
- Will not pay for an emergency or urgent care service that you already received.

### **More information about an IMR:**

- If MediExcel Health Plan denies a treatment because it is experimental or investigational, you can apply for an IMR right away. You do not have to file a complaint with MediExcel Health Plan first.
- Similarly, if MediExcel Health Plan denies a treatment and you believe your case is extraordinary and compelling as it involves an imminent threat to your health, you can apply for an IMR right away and request a waiver from the Health Plan Help Center to avoid filing a complaint with MediExcel Health Plan first.
- In all other cases, you have to file a complaint with MediExcel Health Plan first and wait for MediExcel Health Plan's decision.
- You must apply for an IMR within 6 months after MediExcel Health Plan sends you a decision about your complaint, unless you had a good reason for the delay.
- If you decide not to participate in the IMR process, you may be giving up your right, as stated in California law, to take other legal action against MediExcel Health Plan regarding the service or treatment you are requesting.

### **How to contact MediExcel Health Plan Member Services:**

**Telephone:** Toll Free at (855) 633-4392, or at (664) 633-8300 if dialing from Mexico.

**Website:** [www.mediexcel.com](http://www.mediexcel.com)

### **If you still need help, contact California's Health Plan Help Center:**

The Health Plan Help Center is part of the Department of Managed Health Care (DMHC.) The DMHC protects the rights of HMO members.

- If you do not agree with MediExcel Health Plan's decision, or you do not receive the decision within the required time, you can take your problem to the Health Plan Help Center. See the contact information below.
- The Health Plan Help Center will look at your case and decide if you qualify for an Independent Medical Review (*see "Independent Medical Review (IMR) below*).



- If you do not qualify for an Independent Medical Review, the Health Plan Help Center will review your case as a complaint against your health plan.
- If your problem is urgent, you can call the Health Plan Help Center at any time.

### **How to contact the Health Plan Help Center:**

- **Call:** 1-888-466-2219 in the US
- **Website:** [www.dmhc.ca.gov](http://www.dmhc.ca.gov) The website has Independent Medical Review forms, complaint forms, and instructions.
- Staff is available 24-hours-a-day, 7 days a week, in many languages, to help you resolve problems with your health plan. There is no charge to call.

### **California law requires that we include the following statements:**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(855) 633-4392**, or at **(664) 633-8300** if dialing from Mexico and use your health plan's grievance process before contacting the DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the DMHC for assistance. You may also be eligible for an Independent Medical Review (IMR.) If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The DMHC also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website, <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions.