	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 404-1113	<b>Lead Department:</b> Utilization Management
<b>Title:</b> External Independent Medical Review	
<b>Original Date:</b> January 2001	<b>Date Published:</b> 02/28/2025
<b>Approved by:</b> Utilization Management Work Group (UMWG)	

**Purpose:**


To describe the External Independent Medical Review process available to Central California Alliance for Health (the Alliance) members prior to determination for complex or specialty cases and in the event of an adverse coverage decision (denial, delay or modification) based upon lack of medical necessity or on the basis that the service is experimental or investigational. This policy underlines the external independent medical review process. The Alliance does not utilize internal consultants for independent medical review.

**Policy:**

**I. External Independent Medical Review (EIMR)**


The Alliance will provide an external, independent review process for review of complex or specialty cases prior to a determination by an Alliance Medical Director.

- A. When an authorization is in progress, consideration for EIMR will be made when an Alliance Medical Director determines that the authorization requires specialty review, is considered experimental and investigational, is for a specialty device, or as needed on an appeal case. The Medical Director documents the need for EIMR and the authorization is routed to the EIMR vendor for review via entry into the vendor's online portal. Once returned from the EIMR vendor, the report is reviewed by the Alliance Medical Director and a final determination is made with consideration of the findings from the EIMR report.
- B. The EIMR vendor does not provide specific or direct provider information, the Alliance requests for the specifically appropriate practitioner or clinical specialty when entering the request through the EIMR vendor's website. The Alliance provides all relevant documentation to the EIMR, including but not limited to:
  1. All medical records in the Alliance's possession relevant to the member's medical condition and the services being provided for the condition.
  2. A copy of all information provided to the member and the member's provider relevant to the services requested.  
A copy of all information submitted to the Alliance by the provider in support of the request for service.
- C. The Alliance contracts with MCMC as their EIMR. Requests for EIMR review are submitted via their website at MCMC (mcmcllc.com). Upon entering the request for EIMR on the website, the Alliance requests the specifically appropriate practitioner or clinical specialty. MCMC does not provide specific or direct provider information. All

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specialties available via MCMC must be requested upon initial submission of the request on the MCMC website.


- II.** The Alliance will provide an external, independent review process to examine decisions regarding denial, delay or modification of service based upon (a) medical necessity or (b) experimental or investigational status, at no cost to the member. Individuals are notified of option to request a DMHC Independent Medical Review (IMR) in the Notice of Action Letter (NOA), and their right to request an Alliance EIMR in the Your Rights attachment to the NOA.
- A. Individuals requesting an EIMR based on a denial, delay or modification of a request for service on the basis of the requested service being experimental or investigational must meet the following criteria:
    - 1. The member has a life-threatening or seriously debilitating condition.
    - 2. The member's treating physician has provided requested documentation supporting the request and certifying that the member's condition has not been effective with conventional therapy.
    - 3. The member's physician recommends in writing that another drug, device, procedure or therapy would be more beneficial than standard therapies.
  - B. Based on a denial, delay or modification of a requested service/device due to a finding that the service is not medically necessary (a "disputed health care service/device") as defined in Alliance policy 404-1112 - Medical Necessity The Definition and Application of Medical Necessity Provision to Authorization Requests, the request must meet the following criteria:
    - 1. The member's provider has recommended a health care service/device as medically necessary; or,
    - 2. The member has received urgent care or emergency services that a provider determined was medically necessary; or,
    - 3. The member has been seen by an Alliance provider for the diagnosis and treatment of the condition for which the member is seeking medical review; and,

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4. The disputed health care service has been denied, delayed or modified based on a decision that the service is not medically necessary.
  5. The member has filed a grievance with the Alliance and the denial has been upheld or the member has participated in the grievance process for thirty (30) days without a decision on the grievance.
  6. The request for EIMR must be made within six months of the Alliance's notice to the member of a denial.
- C. The Alliance will process EIMR requests under the Appeals and Grievances processes. Members are not required to request an EIMR before, or use one as a deterrent to, requesting a State Fair Hearing.
- D. Upon notice that a member has requested an EIMR, the Alliance will provide the following information to the EIMR organization, within three (3) business days:
1. All medical records in the Alliance's possession relevant to the member's medical condition, the services being provided for the condition and the services in dispute.
  2. A copy of all information provided to the member and the member's provider relevant to the services in dispute.
  3. A copy of all information submitted to the Alliance by the provider in support of the request for service.
  4. All written communications regarding the member's grievance.
- E. The Alliance will immediately forward to the EIMR organization, any new or additional relevant information obtained after the initial submission.
- F. The Alliance will also provide copies of all of the aforementioned information to the member, or the member's provider if authorized by the member.

### **III. Expedited Review**

Upon determination of the member's physician that the proposed therapy would be significantly less effective if not initiated promptly, or that imminent or serious threat to the member's health exists, the EIMR will be expedited.

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- A. In cases of an expedited EIMR, the Alliance will submit the required information as outlined in Section 1.D. above, within twenty-four (24) hours of the approval of the request for EIMR.

#### **IV. EIMR Decision**

The EIMR organization shall conduct review by an appropriate practitioner of all relevant information and shall make a determination in writing within thirty (30) days. For cases requiring expedited review, the EIMR organization shall make a determination within three (3) days. In all cases, the deadlines for EIMR decision may be extended by the Medical Director for up to three (3) days in extraordinary circumstances or for good cause. External reviews do not extend any of the time frames for appeals, and do not disrupt the continuation of covered services.

#### **V. Implementation of EIMR Decision**

Upon notice of an EIMR decision authorizing a service, the Alliance will immediately contact the member and offer to promptly arrange for the health care service.


- A. The Alliance will authorize the health care service no later than five (5) working days after receipt of the written decision from the Medical Director and will inform the member and provider of the authorization in accordance with the procedures for notification of authorization described in Alliance policy 404-1201 - Authorization Request Process.
- B. In cases where the service has already been rendered, the Alliance will reimburse the provider or the member, as applicable, within five (5) working day of receipt of the written decision from the Medical Director.

#### **Definitions:**

Life-threatening: Means either or both of the following applies:

- A. The diseases or condition where the likelihood of death is high unless the course of the disease is interrupted.
- B. The diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

#### **References:**

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Alliance Policies:

- 105-1002 – Member Grievance System
- 403-1101 – Pharmacy Operations Management
- 403-1109 – Non-FDA Approved Drugs and Herbal Remedies
- 404-1112 – Medical Necessity – The Definition and Application of Medical Necessity Provision to Authorization Requests
- 404-1201 – Authorization Request Process

Impacted Departments:

- Community Care Coordination
- Member Services
- Pharmacy
- Provider Services

Regulatory:

- Title 28, § 1300.70.4. Independent Medical Reviews Experimental and Investigational Therapies
- Title 28, § 1300.74.30. Independent Medical Review System

Legislative:

- Health & Safety Code, § 1370.4. Independent external review process for coverage decisions on experimental or investigational therapies
- Health & Safety Code, § 1374.30. Independent Medical Review System; establishment; grievances involving disputed health care service; procedures and requirements
- Health & Safety Code, § 1374.31. Imminent threat to health; expeditious review
- Health & Safety Code, § 1374.34. Prompt implementation of decision; review and audit

Contractual (Previous Contract):

- DHCS Medi-Cal Contract Exhibit A, Attachment 18, Provision 14a
- DHCS Medi-Cal Contract Exhibit E, Attachment 3, Provision 5

Contractual (2024 Contract):

- Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.6.7.C

DHCS All Plan Letters:

- All Plan Letter 24-003: Abortion Services
- All Plan Letter 23-012: Enforcement Actions: Administrative and Monetary Sanctions

NCQA: UM Element 4F – Use of Board-Certified Consultants

Supersedes:

Other References:


Attachments:

**Lines of Business This Policy Applies To**

☐ DSNP

**LOB Effective Dates**

(01/01/2026 – present)

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|--|------------------------|
| <input checked="" type="checkbox"/> Medi-Cal           | (01/01/1996 – present) |
| <input checked="" type="checkbox"/> Alliance Care IHSS | (07/01/2005 – present) |

**Revision History:**

Reviewed Date	Revised Date	Changes Made By	Approved By
07/20/2021	07/20/2021	Gordan Arakawa, MD Medical Director	UMWG
09/6/2022	09/6/2022	Paige Harris UM Regulatory Reporting Supervisor	UMWG
03/27/2023	4/10/2023	Paige Harris UM Regulatory Reporting Supervisor	UMWG
4/4/2024	4/4/2024	Carissa Grepo, RN UM Manager – Prior Auth	UMWG
04/30/2024	04/30/2024	Carissa Grepo, RN UM Manager – Prior Auth	UMWG
07/15/2024	07/15/2024	Danah Hernandez UM Regulatory Reporting Supervisor	UMWG