

**OPTUM HEALTH BEHAVIORAL SOLUTIONS OF CALIFORNIA<sup>1</sup>**  
**INDEPENDENT MEDICAL REVIEW OF GRIEVANCES INVOLVING A DISPUTED BEHAVIORAL**  
**HEALTH SERVICE**

Members of Optum Health Behavioral Solutions of California (“OHBS-CA” or the “Plan”) may request an independent medical review (“IMR”) of a disputed behavioral health service from the California Department of Managed Health Care (“DMHC”) if the member believes that behavioral health services have been improperly denied, modified or delayed by OHBS-CA, or by one of its contracted providers. A “disputed behavioral health service” is any behavioral health service eligible for coverage under the *Evidence of Coverage* that has been denied, modified or delayed by OHBS-CA, based in whole or in part on a finding that the requested service is not medically necessary.

**WHAT IS THE ELIGIBILITY CRITERIA FOR IMR?**

The IMR process is in addition to the procedures and remedies that are available to the member under the OHBS-CA grievance process. If the member’s grievance pertains to a disputed behavioral health service subject to IMR, the grievance should be filed with OHBS-CA within 180 days of receiving the denial notice. If the following conditions are met, the member has the right to contact the DMHC directly to request an IMR of a disputed behavioral health service:

- The member’s provider has recommended a service as medically necessary, or
- The member has received urgent care or emergency services that a provider determined were medically necessary, or
- The member, in the absence of a provider recommendation or the receipt of urgent care or emergency services, has been seen by a contracted provider for the diagnosis or treatment of the medical condition for which the member seeks IMR. OHBS-CA expedites access to a contracted provider upon request of the member. The contracted provider need not recommend the disputed health care service as a condition for the member to be eligible for IMR. The member’s provider may be a non-contracted provider; however, OHBS-CA has no liability for payment of these services except as provided in Section 1374.34(c) of the California Health and Safety Code.
- The disputed behavioral health service has been denied, modified, or delayed by OHBS-CA, or by one of its contracting providers, based in whole or in part on a decision that the service is not medically necessary.

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<sup>1</sup> OptumHealth Behavioral Health Solutions of California is also known as U.S. Behavioral Health Plan, California or USBHPC.

- The member has filed a grievance with OHBS-CA, and the disputed decision is upheld, or the grievance remains unresolved after thirty (30) days. The member is not required to participate in the OHBS-CA grievance process for more than thirty (30) days. In the event that OHBS-CA fails to comply with the requirements of the grievance process or appeals process, the member is deemed to have exhausted the Plan's internal process and accordingly may initiate an IMR. In the case of a grievance that requires an expedited review, the member may be allowed to proceed with IMR simultaneously with or separately from the OHBS-CA grievance process.

If the DMHC finds that a member grievance involving a disputed behavioral health care service does not meet the requirements for review under the IMR System, the member's request for review is treated as a request for the DMHC to review the grievance according to the DMHC's grievance process.

### **HOW TO REQUEST IMR**

OHBS-CA provides the member with an IMR application form (and an addressed envelope) with a disposition letter that denies, modifies or delays urgent, emergency, and/or experimental/investigational services behavioral health services, and notices of complaint or appeal resolution of a disputed behavioral health care service. Also, the member may obtain an application by:

- Contacting the Plan directly at **1-800-999-9585**;
- Contacting the DMHC at **1-888-HMO-2219**; or by
- Accessing the DMHC's Internet Web site at **<http://www.healthhelp.ca.gov>**

The member may apply to the DMHC for IMR of a decision regarding a disputed behavioral health care service within six (6) months of any of the qualified periods or events described above ("What are the Eligibility Criteria for IMR?"). The DMHC may extend the application period beyond six (6) months if circumstances so warrant. The member may be assisted in the IMR process by an authorized member representative or agent, or by the member's provider, with the appropriate releases of information in place.

Completed applications for IMR should be submitted to the DMHC by mail or by fax. The DMHC fax number is **1-916-255-5241**. The member pays no application or processing fee to apply for IMR. The member has the right to include any additional information or evidence not previously provided to OHBS-CA in support of the request for IMR.

A decision not to participate in the IMR process may cause the member to forfeit any statutory right to pursue legal action against OHBS-CA regarding the disputed behavioral health service.

If the DMHC determines that the member is eligible for IMR, the IMR process will provide an impartial review of medical decisions made by OHBS-CA 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.

## **HOW ARE MEMBERS INFORMED OF THE RIGHT TO IMR?**

Members are informed of the availability of the IMR process in Evidence(s) of Coverage, member handbooks, grievance forms, all written responses to grievances/appeals and in denial notices for urgent, emergency, and/or experimental/investigational services. In addition, members may contact OHBS-CA by telephone, U.S. mail or fax for further information on the IMR process. The Plan informs providers of the member IMR process via the Network Manual. The Plan's IMR policies and procedures are available free of charge to members, individual providers and facilities, authorized member representatives, and the public upon request.

## **APPLICATIONS ACCEPTED BY DMHC FOR IMR**

Upon receiving a member's application for IMR, the DMHC will review the request and notify the member whether his/her case has been accepted. If the member's case is eligible for IMR, the dispute will be submitted to an independent medical review organization ("IMRO") contracted with the DMHC for review by one or more expert reviewers, independent of OHBS-CA, who will make an independent determination of whether or not the care should be provided. The IMRO selects an independent panel of behavioral health professionals knowledgeable in the treatment of the member's condition, the proposed treatment and the guidelines and protocols in the area of treatment under review. Neither the member nor OHBS-CA controls the choice of expert reviewers.

Upon notice from the DMHC of the accepted IMR, OHBS-CA provides specific documents as required by law to the IMRO.

## **THE IMR DECISION**

The IMRO will render its analysis and recommendations on the member's IMR case in writing, and in layperson terms to the maximum extent practical, within 30 days of receiving the member's request for IMR and supporting information. Certain circumstances may cause this timeline to be adjusted.

## **WHEN A DECISION IS MADE**

The DMHC will immediately adopt the decision of the IMRO upon receipt and will promptly issue a written decision to the parties that will be binding on OHBS-CA. OHBS-CA will promptly implement the decision when received from the DMHC. In the case of an IMRO determination requiring reimbursement for services already rendered, OHBS-CA will reimburse either the member or the member's provider, whichever applies, within five (5) working days. If services have not yet been rendered to the member, OHBS-CA will authorize the services within five (5) working days of receiving the written decision from the DMHC, or sooner if appropriate for the nature of the member's clinical condition and will inform the member and the member's provider of the authorization.

**CONTACT OHBS-CA FOR MORE INFORMATION ABOUT IMR**

For additional questions about the member's right to request IMR and/or the applicable procedures, please see the attached related documents or contact OHBS-CA at 1-800-999-9585.

**Independent Medical Review.pdf**

**Independent Review of Exp-InvTx.pdf**