Addressing TIC – Exception

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| --- |
| Correction |
| The URL Claims Payment Policies & Other Information does not contain enough information on payments to be made during grace periods. Update the URL so that it contains an explanation that the issuer will pay all appropriate claims for services rendered to the enrollee during the first month of the grace period and may pend claims for services rendered to the enrollee in the second and third months of the grace period. Reference the QHP Instructions for example language. |
| The URL for Claims Payment Policies & Other Information does not provide the enrollee with instructions necessary to complete an internal, external, and expedited drug exception review application. Update the URL so that it contains instructions for the enrollee to complete this application, which includes a request form link, address, phone number, or fax number for the enrollee to contact. Reference the QHP Instructions for example language. |
| The URL for Claims Payment Policies & Other Information does not provide the enrollee with instructions necessary to complete an expedited drug exception review due to exigent circumstances. Update the URL so that it contains instructions for the enrollee to complete this application. Reference the QHP Instructions for example language. |

***Exceptions***

**What is a prescription exception request?**

Sometimes our members need medications that are not on the plans drugs list also called the drug formulary. These requests are reviewed by Imperial through a special process called the formulary exception review process. The member or provider can submit the request to us by phone, fax, and mail. If the request is denied, you have the right to an external review.

**Important things to know about asking for exceptions.**

When you ask for an exception, your doctor or other prescriber must give us a written request for exception that explains the medical reasons for requesting the exception and why it needs to be approved. If your health requires a quick response, you can ask us to make an expedited or fast decision.  For an expedited or fast decision, include this medical information from your doctor or other prescriber when you ask for an exception.

* For initial **standard** exception review of medical requests, the timeframe for review is **72 hours** from when we receive the request.
* For initial **expedited** **or fast** exception review of medical requests, the timeframe for review is **24 hours** from when we receive the request.

**What to do**

Your doctor, or other prescriber may use the form below to submit your request for a coverage determination and/or an exception.

* + <https://www.medimpact.com/sites/default/files/2023-10/MedImpact-Standard-MRF-2023-rev3.pdf>

If you do not use this form, you will need to provide the same information indicated in the form so that we can process your request in a timely manner.

**You can also ask for a coverage decision and/or exception by:**

* **Phone:** Medimpact’s Pharmacy Help Desk #: **844-269-0977**
* **Fax:**  Submitting a written request or a completed Medication Form by fax to #: **1-858-790-7100**
* **Mail your request to:**   **Attn: Clinical Services**    
  **10181 Scripps Gateway Court**   
  **San Diego, CA 92131**

**How to request an external review**

If you feel we have denied your exception request incorrectly, you may ask us to submit the case for an external review by an impartial, third-party reviewer known as an independent review organization (IRO). We must follow the IRO’s decision. You have 60 days from the date of the written denial notice to request an external review.

An IRO review may be requested by a member, member’s representative, or prescribing provider by mailing, calling, or faxing the request:

* **Form:** https://exchange.imperialhealthplan.com/wp-content/uploads/2023/05/IR\_015-Exchange-Complaint-Form\_ENG-04.17.23.docx
  + **Phone:** Call Member Services at 1-800-595-0619 TTY: 711.
  + **Fax**: Submitting a written appeal or a completed Imperial Insurance Companies, Inc. Appeal Request Form by fax to 1-626-737-0989
  + **Email**: [exchangecomplaints@imperialhealthplan.com](mailto:exchangecomplaints@imperialhealthplan.com) with a completed Imperial Insurance Companies, Inc. Appeal Request.
  + **Send a letter to us. Mail your written request to:**

**Imperial Insurance Companies, Inc.**

**Attn: Appeals & Grievances**

**PO Box 60567**

**Pasadena, CA 91116**

To find out more about the Coverage Determination/Exception process, please refer to your Evidence of Coverage (EOC): "For preauthorization of outpatient prescription drugs and How to request a Medical Exception." Or call Member Services at **1-800-838-8271, TTY: 711**.