

Medi-Cal Program
Combined Evidence of Coverage and Disclosure Form
ERRATA for 2018-2019

The Medi-Cal Program has made changes to the program. The changes are noted below. Please read these changes and keep this document with the 2018-2019 EOC you have received.

If you have any questions regarding the changes made to the Medi-Cal EOC Booklet please call San Francisco Health Plan Customer Service Department at **1(415) 547 7800 (local)**, or **1(800) 288 5555 (toll free)**, Monday – Friday, 8:30am to 5:30pm. TDD/TTY users can call **1(888) 484 7200**. We have staff that can assist in your language.

Teladoc[®]

The following information was been added to the “Who Should I Call?” section on page 3:

Call Teladoc[®] at **1(800) 835-2362** or visit **sfhp.org/members/Teladoc**[®]:

- If you cannot reach your doctor or clinic during the day or after hours
- To have a phone or video consultation with a California-licensed Teladoc[®] doctor.

The Teladoc[®] doctor can treat simple medical problems, instruct you to see your regular doctor for follow-up care, or assess whether you need to go to the emergency room or need urgent care. Teladoc[®] doctors can also prescribe some types of medications, but not controlled substances.

This service is free of charge and available to you in your language and is available 24 hours a day, 7 days a week.

The following information replaces in full the “Nurse Help Line” and “Urgent Care after Regular Hours and on Weekends” sections on page 15:

j. Teladoc[®] and Nurse Help Line

You should always go to your PCP or clinic for care or call with your questions, but sometimes you can't reach your PCP or clinic during the day or after hours. When this happens, call Teladoc[®] at **1(800) 835-2362**. You can have phone or video consultation with a Teladoc[®] doctor 24 hours a day and 7 days a week in 30 minutes or less. Teladoc[®] is staffed by California-licensed doctors and can treat simple medical problems, instruct you to see your regular doctor for follow-up care, or assess whether you need to go to the emergency room or need urgent care. Teladoc[®] doctors can also prescribe some types of medications, but not controlled substances. The service is free of charge and available to you in your language. To register to receive Teladoc[®] services, visit **sfhp.org/members/Teladoc**.

San Francisco Health Plan also has a Nurse Help Line at **1(877) 977-3397**. It is staffed by trained registered nurses who are available 24 hours a day and 7 days a week to help answer your health care questions or instruct you to go to the urgent care center or emergency room, if needed. The service is free of charge and available to you in your language.

If you are a Kaiser member, call Kaiser's Call Center at **1(415) 833-2200** to speak to an advice nurse who can give you advice and instruct you to go to the urgent care center if needed. This service is free of charge and available to you in your language. You may call this number 24 hours a day, 7 days a week. You must have your Kaiser member number available when you call.

k. Urgent Care after Regular Hours and on Weekends

Some medical problems may require urgent care, but are not emergencies. Urgent medical problems are problems that usually need attention within 24 to 48 hours. If you think you have an urgent medical problem, call your PCP's office. Your PCP, or a substitute provider, is available 24 hours a day, 7 days a week, to help if there is an urgent medical problem. They will tell you what to do. You may also contact Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362** or by visiting **sfhp.org/members/Teladoc**.

You have a right to interpreter services at no cost to you on a 24-hour basis when you receive medical care or use medical services. For more information, please call SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free).

The following information replaces in full the "What to Do if Your PCP's Office is Closed" section on page 25:

a. What to Do if Your PCP's Office is Closed

If you feel sick or have some other urgent medical problem, call your PCP's office even when your PCP's office is closed. Your PCP or a substitute provider on-call will always be available to tell you how to handle your problem.

If your PCP is not available, you may also contact Teladoc® for a phone or video consultation with a doctor at **1(800) 835-2362** or by visiting **sfhp.org/members/Teladoc**.

Changing your PCP or Medical Group

The following information replaces in full the "Changing your PCP or Medical Group" section on pages 25-26:

f. Changing your PCP or Medical Group

If you are not happy with your PCP or medical group for any reason, call SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free), and we will help you pick a new one. If you request the change before the 16th of the month and you have not received services during that month, the change will be effective the 1st day of the current month. If you request the change on or after the 16th of the month and/or you received services during that month, the change will be effective the first day of the next month in most cases.

Keep in mind: If you change your PCP to another PCP who belongs to a different medical group, when you need to see a specialist or need to go to the hospital, you will have to go see the specialists and the hospital in the same medical group that your new PCP works with.

Timely Access to Care

The following information has been added to the "Getting Care Under Your New Health Plan" section on pages 13-17:

You should be able to make an appointment for Covered Services based on your health needs. The California Department of Managed Health Care (DMHC) created standards for appointment wait times. They are:

Type of Appointment	Standard Wait Time
For Urgent Care, if a prior authorization is not needed	Within 48 hours of the request for appointment
For Urgent Care, if a prior authorization is needed*	Within 96 hours of the request for appointment
For routine Primary Care visit (non-urgent)	Within 10 business days of the request for appointment
For routine visit with a specialist physician (non-urgent)	Within 15 business days of the request for appointment

* Prior authorization may be needed if you are seeing a provider who is not part of your medical group.

If you wish to wait for a later appointment that will better fit your needs, check with your provider. In some cases, your wait may be longer than the standard wait times if your provider decides that a later appointment will not harm your health.

The standard wait times do not apply to preventive care appointments. Preventive care means prevention and early detection of illnesses. This includes physical exams, immunizations, health education and pregnancy care. The standard wait times also do not apply to periodic follow-up care that is scheduled in advance. Examples of periodic follow-up care are standing referrals to specialists and recurring office visits for chronic conditions. Your provider may suggest a specific schedule for these types of care, based on your needs.

Interpreter services are available at no cost to you. If you need help in your language during your appointment, ask your provider to arrange for an interpreter for you. Or you can call SFHP Customer Service at **1(800) 288-5555** (toll free) or **TDD/TTY 1(888) 883-7347**, Monday – Friday, 8:30am to 5:30pm.

The DMHC also created standards for answering phone calls. They are:

- For calls to SFHP Customer Service – within 10 minutes during normal business hours, Monday– Friday, 8:30am to 5:30pm
- For triage or screening calls – within 30 minutes, 24 hours a day, 7 days a week

Triage or screening is done by a physician, registered nurse, or other qualified health professional to determine where and how quickly you need to get care. If you need triage or screening, you should call your PCP or clinic first. If you cannot reach your PCP or clinic, you can call Teladoc® to have a phone or video consultation with a physician. This service is free of charge and available to you in your language. Call Teladoc® at **1(800) 835-2362** or visit **sfhp.org/members/Teladoc**.

Acupuncture Services

Acupuncture is no longer an excluded service under SFHP’s Medi-Cal Program. Acupuncture services are no longer listed as exclusions in the “Care That SFHP Does Not Cover” section on pages 55-56 and the “Exclusions” section on page 56.

The following section has been added to the Summary of Benefits Chart on pages 20-23:

Benefit	Covered Service	Member Pays
Acupuncture	<ul style="list-style-type: none"> • Two outpatient acupuncture services (with or without electric stimulation of the needs) per month to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition • Prior authorization required for additional services per month • No limit for members under 21 years old 	No co-payment

The following section has been added to the “Care That SFHP Covers” section that begins on page 40:

nn. Acupuncture

Acupuncture services are covered to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. You may receive two outpatient acupuncture services (with or without electric stimulation of the needles) per month. Prior authorization is required for additional services per month. There is no limit for members under 21 years old.

Transportation

The following information replaces in full the “Transportation” section of the Summary of Benefits Chart on pages 20-21:

Benefit	Covered Service	Member Pays
Transportation	<ul style="list-style-type: none"> • Emergency transportation such as ambulance when medically necessary • Non-emergency medical transportation such as ambulance, litter van or wheelchair when you cannot get to your medical appointment by car, bus, train or taxi • Non-medical transportation such as bus passes to get to a medical appointment covered by SFHP or Medi-Cal 	No co-payment

The following information replaces in full the “Transportation” description in the “Care That SFHP Covers” section on pages 46-47:

n. Transportation

Emergency Medical Transportation

We cover emergency transportation services that are not ordered by us if you reasonably believe all of the following:

- You are experiencing acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who has an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:
- Placing the health of the individual (or, in the case of a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part
- Your condition requires emergency transportation

Please discuss your transportation needs with your provider or call SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free) from Monday through Friday, 8:30am to 5:30pm.

Non-Emergency Medical Transportation

Non-Emergency Medical Transportation (NEMT) is an ambulance, litter van, wheelchair van or air transportation requested by your provider. NEMT is not a car, bus, or taxi. SFHP allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if a wheelchair van is able to transport you, SFHP will not pay for an ambulance.

NEMT can be used when all of the following conditions are met:

- Medically needed;
- You can't use a bus, taxi, car or van to get to your appointment;
- Requested by a SFHP provider, using the Physician Certification Statement (PCS); and
- Approved in advance by SFHP or your medical group.

To ask for NEMT, please discuss your transportation needs with your provider or call SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free) from Monday through Friday, 8:30am to 5:30pm, at least 10 business days (Monday-Friday) before your appointment. Or call your provider as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call. Your provider must submit a PCS form to request authorization for NEMT.

Limits of NEMT:

There are no limits if you meet the terms above.

What Doesn't Apply?

Getting to your appointment by car, bus, or taxi. Transportation will not be provided if the service is not covered by SFHP or Medi-Cal. A list of covered services is in this EOC.

Cost to Member:

There is no cost when transportation is authorized by SFHP or your medical group.

Non-Medical Transportation

SFHP allows you to use public transportation, car, taxi, bus, or other public/private way of getting to and from your medical appointment, or for obtaining other covered medical services, such as picking up your prescriptions or medical supplies. SFHP covers the lowest cost Non-Medical Transportation (NMT) type for your needs that is available at the time of your appointment.

SFHP will cover round trip NMT services for you and one attendant, such as a spouse or parent/guardian. Minor children cannot travel alone without written consent of a parent or guardian, unless allowed by law.

To ask for NMT services, please discuss your transportation needs with your provider or call SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free), Monday through Friday, 8:30am to 5:30pm, at least 10 business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT:

There are no limits for getting a ride to or from covered medical services, but it must be the lowest cost method of transportation that meets your needs. Gas mileage will not be reimbursed for a private vehicle arranged through a **transportation broker or if SFHP covers the fare, e.g., taxi, bus, shuttle, or ride share.**

Attestation and Gas Mileage Reimbursement for Private Vehicle:

For SFHP to cover a private vehicle, such as a personal car, you must submit an attestation orally or in writing that other types of transportation are not available or do not meet your needs.

For private vehicles, we will reimburse for gas mileage at the current Internal Revenue Service standard mileage rate only when the driver meets all of the following California driving requirements:

- Valid driver's license;
- Valid vehicle registration; and
- Valid vehicle insurance.

What Doesn't Apply?

NMT does not apply if:

- 1) An ambulance, litter van, wheelchair van or other form of NEMT is medically needed to get to a covered service.
- 2) The service is not covered by SFHP or Medi-Cal. A list of covered services is in this EOC.
- 3) SFHP does not cover trips to a non-medical location or for appointments that are not medically necessary.

Cost to Member:

There is no cost when transportation is allowed by SFHP or your medical group.

Help in Solving Problems

The following information replaces in full the "Help in Solving Problems" section on pages 62-66:

a. What Do I Do If I Have a Complaint? Can I Just Call SFHP?

If you are having a problem with your provider, we suggest you talk to your provider first to see if you can get the problem solved quickly. If this does not work, or if you do not want to talk to your provider, call SFHP. We will do our best to help you fix the problem.

If you are dissatisfied with a Notice of Action letter from SFHP telling you that a medical service has been denied, deferred or modified, you have **sixty (60) days** from the date of the Notice of Action to file an appeal. But, if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within **10 days** from the date the Notice of Action was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you file the appeal. (see "What If I Don't Like How SFHP Has Answered My Complaint?").

Please note: SFHP cannot do anything about your Medi-Cal eligibility or the benefits you are entitled to under Medi-Cal. Medi-Cal eligibility and Medi-Cal benefits are determined by

Medi-Cal, not by SFHP. If you have any questions about your Medi Cal eligibility, please call Medi-Cal at **1(415) 558-1853**.

Any kind of complaint or expression of dissatisfaction that is **not** about a Notice of Action is called a grievance. This might include complaints you make about SFHP or an SFHP provider. Filing a grievance is your right and you may do so at any time. Neither SFHP nor your provider will discriminate against you if you file a grievance or appeal. SFHP also will not disenroll you because you file a grievance or appeal. **Services previously authorized by the SFHP will continue while a grievance or appeal is being resolved.**

You can file a grievance just by talking to us, or you can do it in writing and SFHP will provide assistance. If you submit an appeal orally or over the phone because you disagree with a Notice of Action you received, you are also required to submit the appeal in writing on a form signed by you or your representative.

You can file a grievance or appeal by calling SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free). The TDD number is **1(415) 547-7830** (local) or **1(888) 883-7347** (toll free).

If you want to file a grievance or appeal in writing, send it to:

San Francisco Health Plan
Grievance Coordinator
PO Box 194247
San Francisco, CA 94119-4247

If you want to file a grievance or appeal in person, you may visit your doctor's office or SFHP's Service Center. SFHP's Service Center is located at:

7 Spring Street
San Francisco, CA 94104

You may also download Grievance Forms or submit a grievance or appeal electronically by visiting SFHP's Web Site (**sfhp.org**).

b. How Long Will It Take SFHP to Look Into and Answer My Complaint?

In most cases, within five days after you file the grievance or appeal, we will mail you a letter letting you know we received your grievance or appeal. SFHP will tell you how we have handled it as soon as we can, but always within 30 days from when we got your grievance. You will receive SFHP's resolution to a grievance in a "Grievance Resolution." You will receive SFHP's decision for an appeal in a "Notice of Appeal Resolution" letter.

c. What If I Don't Like How SFHP Has Answered My Complaint?

If you do not accept SFHP's solution, or if we have taken longer than 30 days to resolve your grievance from the day you first filed, you can:

- Ask for an "**Independent Medical Review**" (**IMR**) and an outside reviewer that is not related to SFHP will review your case.
- Ask for a "**State Hearing**" and a judge will review your case.

You can ask for both an IMR and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for

an IMR. In this case, the State Hearing has the final say. You will not have to pay for an IMR or State Hearing.

Independent Medical Review (IMR)

If you want an IMR, you must first file an appeal with SFHP. If you do not hear from SFHP within 30 days, or if you are unhappy with SFHP's decision, then you may then request an IMR. You must ask for an IMR within 180 days from the date of the "Notice of Appeal Resolution" letter.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger or the request was denied because treatment is considered experimental or investigational.

The paragraph below will provide you with information on how to request an IMR. Note that the term "grievance" is talking about both "complaints and "appeals."

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, SFHP Customer Service at **1(415) 547-7800** or **1(800) 288-5555** (toll free) and use your health plan's grievance process before contacting the department. 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 department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for 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 department also has a toll-free telephone number **1(888) HMO-2219** and a TDD line **1(877) 688-9891** for the hearing and speech impaired. The department's Internet Web site **hmohelp.ca.gov** has complaint forms, IMR application forms, and instructions online.

State Hearing

If you want a State Hearing, you must ask for one within **120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a State Hearing by phone or in writing:

- By phone: Call **1(800) 952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD **1(800) 952-8349**.
- In writing: Fill out a State Hearing form or send a letter to:
California Department of Social Services State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an

answer within 3 working days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an “expedited hearing” and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, you can have a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak on your behalf. This person is called an “authorized representative.”

d. Are There Any Rules You Have to Follow When You Look Into My Complaint?

SFHP has to follow very specific rules when we deal with grievances. If you want to know what those rules are, call us and we will send you a copy.

e. What If I Need SFHP to Decide In Less Than 30 days?

You can ask that SFHP review your grievance or appeal within 72 hours when your request for an authorization (to see another provider or for a specific medical procedure) is denied, and a delay in your medical treatment could possibly harm your health. This is called an expedited medical review. SFHP will give you an expedited medical review if a delay in your medical care would pose an imminent and serious threat to your health including, but not limited to, loss of life or limb, major bodily function or severe pain. To file an expedited medical review, call SFHP at **1(415) 547-7800** or **1(800) 288-5555** and tell us that you want an expedited medical review. We will help you through the process and we will also provide you with information on how you can also immediately contact the Department of Managed Health Care for review. You do not have to participate in SFHP’s grievance process for 30 days before you go to the Department of Managed Health Care for an expedited medical review. If SFHP does not resolve an expedited issue in 72 hours or its resolution is not favorable, you may file for an expedited State Fair Hearing. (see “What If I Don’t Like How SFHP Has Answered My Complaint?”)

You may do so at the same time you are using SFHP’s grievance process. SFHP or your provider will provide records supporting the need for an expedited hearing. SFHP responds within two business days to requests for records pertinent to the expedited hearing and assigns a representative to participate

f. Do I Have to Help SFHP with My Complaint?

In order for SFHP to consider your grievance as quickly as possible, you may be asked to provide information or to permit the release of medical records. SFHP asks that you respond to these requests as quickly as possible.

g. Do I Have to Complain Only to SFHP? Can I Complain Anywhere Else?

See “What If I Don’t Like How SFHP Has Answered My Complaint?” for information about how to ask for an Independent Medical Review (IMR) or a State Hearing.

If you have a complaint, you can also contact the Office of the Patient Advocate at any time before, during or after the grievance or appeal process. You may contact them at **1(800) 743-8525**.

The Medi-Cal Managed Care Office of the Ombudsman helps solve problems from a neutral standpoint to ensure that you receive all medically necessary covered services for which SFHP is contractually responsible. The Ombudsman does not automatically take sides in a complaint. It considers all sides in an impartial and fair way. Call **1(888) 452-8609** or **1(800) 430-7077** (TDD) for more information.

You may be able to get free legal help. Call the Health Consumer Alliance’s hotline at **1(888) 804-3536**. You may also call the local Legal Aid Society, Bay Area Legal Aid, at **1(800) 551-5554**.

h. Can I Get Someone Besides SFHP to Look Into a Denial of Medical Services?

See “What If I Don’t Like How SFHP Has Answered My Complaint?” for information about how to ask for an Independent Medical Review (IMR) or a State Hearing.

You may ask for an Independent Medical Review (IMR) from the Department of Managed Health Care (DMHC) if you believe that SFHP or your medical group has improperly denied, changed, or delayed your health care services or a request for services that SFHP has described as being experimental or investigational in nature (see “What Do I Do If I Have Been Denied a Request for Services That SFHP Describes As Experimental or Investigational in Nature?”). You may apply for IMR within six months of any of the qualifying events described below. An IMR may not be requested if a State Fair Hearing has already been held for that Notice of Action. Your decision not to participate in the IMR process may cause you to forfeit any lawful right to pursue legal action against SFHP regarding the health care services at issue.

The IMR process is in addition to any other procedures or remedies that are available, such as filing a grievance or an appeal of a grievance. The IMR process is free. You have the right to provide any information you have to support your request for an IMR. SFHP or your medical group must provide you with an IMR application form along with any grievance disposition letter that denies, modifies, or delays health care services.

If you submit an IMR application to the DMHC it will be reviewed to confirm that:

- Your provider has recommended a health care service as medically necessary, or
- You have received urgent care or emergency services that a provider determined was medically necessary, or
- You have been seen by a provider for the diagnosis or treatment of the medical condition for which you seek an IMR;
- The disputed health care service has been denied, changed, or delayed by SFHP or your medical group, based in whole or in part on a decision that the health care service is not medically necessary; and

- You have filed a grievance with SFHP or your medical group and the disputed decision is upheld or the grievance remains unresolved after 30 days. If your grievance requires expedited review you may bring it immediately to the DMHC's attention. The DMHC may waive the requirement that you follow SFHP's grievance process in extraordinary and compelling cases.

If your case is eligible for IMR, the dispute will be sent to a medical specialist who will make an independent determination of whether or not the care is medically necessary. You will receive a copy of the assessment made in your case. If the IMR determines the service is medically necessary, SFHP or your medical group will provide the health care services.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within 30 days of receipt of your application and supporting documents. For urgent cases involving imminent and serious threat to your health, including, but not limited to, serious pain, the potential loss of life, limb or major bodily function, or the immediate and serious deterioration of your health, the IMR organization must provide its determination within seven (7) days.

For more information regarding the IMR process, or to request an application for an IMR, please call SFHP Customer Service at **1(415) 547-7800** (local) or **1(800) 288-5555** (toll free) or call the Department of Managed Health Care at **1(888) HMO-2219** or a TDD line at **1(877) 688-9891** or go to the Department's Web Site at **hmohelp.ca.gov** for complaint forms, IMR application forms and instructions online.

i. What Do I Do If I Have Been Denied a Request for Services That SFHP Describes As Experimental or Investigational in Nature?

The IMR process is also available if SFHP denies your request for health care services because we have stated that the services are experimental or investigational in nature. This applies for denials of services that include drugs, devices, procedures or other therapies recommended by your provider. If SFHP denies such a request, we will notify you in writing of the opportunity to request an IMR with the DMHC within five business days of the decision to deny coverage. You do not have to participate in SFHP's grievance/appeal process before asking the DMHC for an IMR regarding experimental or investigational services. If your provider decides that the proposed experimental or investigational services should be delivered promptly or they won't be as effective, the IMR panel will provide you with a decision within seven days of the request for an expedited review. You can contact the DMHC at **1(888) HMO-2219** or TDD **1(877) 688-9891** for more information on how to request an IMR for experimental or investigational services.