You may request an independent medical review (“IMR”) of disputed health care services from the Department of Managed Health Care ("DMHC") if you believe that health care services have been improperly denied, modified, or delayed by the plan or one of its contracting providers. A “disputed health care service” is any health care service eligible for coverage and payment under your subscriber contract that has been denied, modified, or delayed by the plan or one of its contracting providers, in whole or in part because the service is not medically necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for IMR. ABHP must provide you with an IMR application form with any grievance disposition letter that denies, modifies, or delays health care services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against the plan regarding the disputed health care service.

Eligibility: Your application for IMR will be reviewed by the DMHC to confirm that: (a) Your provider has recommended a health care service as medically necessary, or (b) You have received urgent care or emergency services that a provider determined was medically necessary, or (c) You have been seen by an in-plan provider for the diagnosis or treatment of the medical condition for which you seek independent review. The disputed health care service has been denied, modified, or delayed by ABHP or one of its contracting providers, 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 the plan or its contracting provider 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 Department’s attention. The DMHC may waive the requirement that you follow the plan’s grievance process in extraordinary and compelling cases.

If your case is eligible for IMR, the dispute will be submitted 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, the plan will provide the health care service.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within thirty (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 majorly bodily function, or the immediate and serious deterioration of your health, the IMR organization must provide its determination within three (3) business days.

Consult your benefit summary for specific information on your employer group or contact ABHP at (800) 498-9055.