

## **MEDICAL REQUEST FORM (MRF) PROCESS**

Although CenCal Health has contracted with a Pharmacy Benefit Manager (PBM), MedImpact Healthcare Systems (MedImpact), to assist in the administration of the pharmacy management program, all prior authorization requests are submitted directly to CenCal Health through the Medical Request Form (MRF) process. Every effort will be made to process each MRF upon the initial submission.

Prescriptions for the following require a MRF:

- All non-formulary medications
- Drugs not meeting the Code 1 restriction criteria
- Drugs exceeding the member age, dosing limit, quantity or duration of treatment dispensing limits.

**MRF's are reviewed by MedImpact who will approve, deny, or defer the request for more information. Under the direction of a clinical pharmacist, MedImpact will deny all MRFs that lack acceptable medical justification for the intended use of the drug.**

### **Medical Request Forms (MRFs)**

CenCal Health utilizes the MRF. A sample MRF has been included in this section. Providers may obtain MRFs by contacting CenCal Health at (800) 421-2560, extension 1676 or (805) 562-1676 or by accessing the Provider Restricted Area of our website at [www.cencalhealth.org](http://www.cencalhealth.org). Contact the webmaster at [webmaster@cencalhealth.org](mailto:webmaster@cencalhealth.org) for a password to access this area of the website.

### **MRF Submission**

A MRF must be completed by the prescriber and faxed to CenCal Health at (805) 685-7781. **Please submit only one drug per MRF.** Fill the form out in its entirety, starting with the Exceeded 7 RX Monthly Limit and Today's Date boxes in the top right hand corner. Required member information includes: member's name, ID#, birth date, address and phone number, member Medicare eligibility and status. For prescribers, please include: prescriber name, specialty, phone and fax numbers, DEA, NPI, address, and pharmacy name and fax number. Under the heading of Requested Medication Information include drug name/strength, dosing schedule, diagnosis, and estimated length of drug therapy, ICD-9 Code(s) and fill in the retroactive request box if appropriate. If the request is retroactive, include the date and the reason for the retroactive request. In the following sections, explain why this drug is being requested and include previous medications tried; please be specific and thorough.

Directly below is the space for the Prescribers signature; include the date in the box indicated after the signature.

### **Timely Submission of MRFs**

All MRFs must be received at CenCal Health within fifteen (15) business days after requested start date of service.

### **Retroactive MRFs**

Retroactive MRFs received after fifteen (15) business days of requested date of service may be considered for review only under the following conditions:

- When certification of the member's eligibility by the appropriate entity was delayed
- When other coverage (e.g. Medicare or other health insurance) denied payment of a claim for services
- When a member did not identify himself/herself to the provider as an CenCal Health member by deliberate concealment or because of physical or mental incapacity to identify himself/herself.

If a member has obtained retroactive eligibility, the MRF must be received by CenCal Health within 60 days of the member obtaining eligibility.

### **Provider Notification of MRF Action**

Inquiries regarding status of a MRF may be directed to MedImpact at (800) 788-2949.

- Approved MRFs  
The approved MRF is entered into the MedImpact system and faxed back to the **provider**. If this is the prescriber, please notify either the patient or the pharmacy filling the prescription so that the member can get his medication in a timely manner. The approved MRF is entered directly into the member's prescription file and the billing provider is not required to enter the MRF Control Sequence Number when submitting the claim to MedImpact.
- Deferred MRFs  
Incomplete MRFs or MRFs that require additional information will be deferred back to the submitter by CenCal Health. If the submitter does not respond to the request for additional information within 28 calendar days for Medical plans or 30 calendar days for non-MediCal plans, the MRF will be denied.

- Denied MRFs

Written notification of a denied MRF that lacks medical justification for the intended use of the drug or a MRF deferred for more than 30 calendar days will be sent to the member within 2 business days and the prescribing physician within 24 hours from the time of the decision. The PCP, if different from the prescriber, will also be sent written notification of the denied MRF within 24 hours from the time of the decision. If a pharmacy has been involved in the MRF, the pharmacy will also be sent written notification of the denied MRF within 24 hours from the time of the decision. The denied MRF will include the reason for the denial and information about the appeals process.

### **Emergency After Hour Authorizations**

CenCal Health members who do not appear as eligible in the MedImpact system may receive emergency authorizations outside of CenCal Health's normal business hours (Monday through Friday, 8am to 5pm) including weekends and holidays. MedImpact may authorize up to a 5-day supply of non-formulary medication, pending further authorization by CenCal Health. In an emergency situation, when authorization is not possible, CenCal Health will authorize a retroactive MRF allowing the pharmacy to dispense up to a 72 hour supply of a non-formulary drug.

### **MRF Completion**

The MRF completion procedure allows only one drug per MRF.

Providers who have questions regarding the MRF process may contact CenCal Health at (800) 421-2560, extension 1080 or (805) 562-1080.

### **Appeal of a Medical Request Form (MRF)**

Providers may appeal denied or modified MRFs by submitting the following documentation within thirty (30) calendar days from the date of the original decision:

- A copy of the original or modified MRF
- A letter stating why denial or modification should be overturned
- Documentation to support overturning the original denial or modification
- A new completed MRF.

Providers/members are notified of receipt of their appeals and the appeals process within five (5) working days.

The appeal decision shall be reviewed by the Chief Medical Officer or a qualified licensed Chief Medical Officer Designee Physician who may reverse the denial. The provider will receive a written response within thirty (30) calendar days of receipt regarding the final determination of the appeal.

If the service has not been provided, the provider may inform the member of his right to file an appeal by contacting CenCal Health's Member Services Department at:

CenCal Health  
Member Services Department  
4050 Calle Real, Santa Barbara, CA, 93110  
1-877-814-1861 (Toll-Free)  
or  
805-685-4131 TDHI (Telecommunications Device for the Hearing Impaired)  
8:00 a.m. to 5:00 p.m. - Monday through Friday

CenCal Health offers **members** the right to an independent, third party review whenever the member is appealing an adverse determination that is based on medical necessity. CenCal Health may elect to bypass the internal review and proceed to an independent review. The decision of the external review body is binding on CenCal Health.

### **Expedited Appeals**

When the member's condition is such that the member faces an imminent and serious threat to his or her health including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process would be detrimental to the member's life or health or could jeopardize the member's ability to regain maximum function, decisions shall be made in a timely fashion not to exceed 72 hours after the CenCal Health's receipt of information necessary and required to make the determination. Expedited appeals may be initiated by the member or by the provider acting on behalf of the member. Expedited appeals are performed by CenCal Health only when, in the judgment of CenCal Health, a delay in decision making might seriously jeopardize the life or health of the member.

The provider will be notified in writing of the expedited appeal within 24 hours of the decision. Written confirmation of the decision will be provided within two (2) working days if the initial decision was not in writing.

Following the final resolution of the provider appeal process, the appropriate Member Services staff shall log all pertinent data.

For additional information about MRF appeals, call (805) 562-1080.

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