

From: DMHC Licensing eFiling

Subject: APL 22-020 – Notice of Rate Changes for Independent Medical Reviews

Date: Monday, October 10, 2022 4:51 PM

Attachments: APL 22-020 HC Notice of Rate Changes for Independent Medical Reviews (10.10.22).pdf

Dear Health Plan Representative,

Please see the attached All Plan Letter (APL) 22-020 – HC Notice of Rate Changes for Independent Medical Reviews regarding the rate increase for reimbursement of Independent Medical Reviews.



Gavin Newsom, Governor
State of California
Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
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ALL PLAN LETTER

DATE: October 10, 2022
TO: All Licensed Health Care Service Plans Subject to the IMR Process
FROM: Rachel Long, Deputy Director, Help Center
SUBJECT: APL 22-020 – Notice of Rate Changes for Independent Medical Reviews

The Department of Managed Health Care (Department) issues this All-Plan Letter (APL) to inform all licensed health care services plans subject to the independent medical review (IMR) set forth in Health and Safety Code section 1370.4 and 1374.30 et seq., and Title 28 of the California Code of Regulations section 1300.74.30 about a rate increase by MAXIMUS Federal Services, Inc. (Maximus) to complete IMRs for the Department.

Effective January 1, 2023, Maximus will implement a 25% rate increase to complete IMRs assigned by the Department. Attached is a copy of the revised Maximus Rate Review Schedule.

If you have questions regarding this APL, please contact the Independent Medical Review Branch Chief, Veronica Harris at Veronica.Harris@DMHC.CA.GOV.

Maximus Rate Review Schedule:

	<u>STANDARD REVIEW</u>	<u>EXPEDITED REVIEW</u>
	<u>Flat Fee</u>	<u>Flat Fee</u>
<u>Experimental/Investigational</u>		
Three Reviewers	\$2,370	\$3,375
Re-Review	\$2,025	\$2,025
<u>Medical Necessity</u>		
One Reviewer	\$660	\$845
Re-review: One Reviewer	\$375	\$375
Each additional Reviewer	\$375	\$470
Re-review by additional Reviewer	\$375	\$375
Non-physician Reviewer	\$590	\$590
Re-review: Non-Physician	\$340	\$340
<u>Withdrawn/Canceled Reviews</u>		
Before receipt of records	\$110	\$110
After receipt of records	\$260	\$260
Case sent to Reviewer	Full Review Price	Full Review Price