



# QUARTERLY REPORT

Regarding the AB 72 Independent Dispute Resolution Process

## AB 72 Independent Dispute Resolution Process Quarterly Report

This report provides a summary of the number, type, and outcome of AB 72 Independent Dispute Resolution Process (IDRP) applications related to the payment of claims by health plans to non-contracting health professionals who provided services at contracting facilities. This process was implemented September 1, 2017. No IDRP applications were submitted in 2017.

IDRP Applications Received by Service Provided								
Timeframe	2018	2019	2020	2021	2022	2023 Q1	Total	Percent
Ambulance	2	1	13	0	3	0	<b>19</b>	11%
Anesthesiology	28	22	6	42	12	10	<b>120</b>	71%
Pathology	5	0	0	0	0	0	<b>5</b>	3%
All Others	4	9	4	3	6	0	<b>26</b>	15%
<b>Total:</b>	<b>39</b>	<b>32</b>	<b>23</b>	<b>45</b>	<b>21</b>	<b>10</b>	<b>170</b>	
IDRP Outcomes Closed by Year								
Timeframe	2018	2019	2020	2021	2022	2023 Q1	Total	Percent
Determination Letter Issued	0	22	1	18	14	0	<b>55</b>	36%
Default Determination Letter Issued	0	1	0	2	5	0	<b>8</b>	5%
Paid Upon Receipt of Response	0	0	0	2	1	0	<b>3</b>	2%

<i>Favorable to Provider</i>	0	2	1	22	18	0	<b>43</b>	65%
<i>Favorable to Payor</i>	0	21	0	0	2	0	<b>23</b>	35%
Incomplete Application	2	2	1	0	0	0	<b>5</b>	3%
Ineligible/Other	13	2	3	4	10	0	<b>32</b>	21%
Initiating Party Non-Responsive	0	0	2	0	1	0	<b>3</b>	2%
No Payment Received	0	2	0	0	1	1	<b>4</b>	3%
Non-Jurisdictional	5	1	5	6	2	0	<b>19</b>	13%
Withdrawn	17	3	0	1	0	0	<b>21</b>	14%
Duplicate	0	0	0	2	0	0	<b>2</b>	1%
<b>Total:</b>	<b>37</b>	<b>33</b>	<b>12</b>	<b>35</b>	<b>34</b>	<b>1</b>	<b>152</b>	

Outcomes highlighted in green represent the close reasons for claims where a favorable outcome could be granted to the provider.  
Footnote: IDRPs may be resolved outside of the year received.

### IDRP Outcomes Legend

- Determination Letter:** A determination letter is issued when an IDRPs completes the process, and the Review Organization issues a determination.
- Default Determination Letter Issued:** A Default Determination is issued when the Payor fails to pay its share of the IDRPs filing fee.
- Duplicate:** An IDRPs is closed as a Duplicate when the provider resubmits the same claim that is currently in review or previously received a determination by the Review Organization.
- Favorable to Payor:** The Review Organization determined that **no** additional payment should be made to the provider.
- Favorable to Provider:** The Review Organization determined that additional payment should be made to the provider.

**Incomplete Application:** An IDRPs is closed as an Incomplete Application when the Provider fails to submit all necessary documents. These applications are not sent to the Review Organization.

**Ineligible:** Any IDRPs application that is deemed ineligible by the Department is closed without being sent to the Review Organization.

**Initiating Party Non-Responsive:** The provider failed to respond to the DMHC's Department's request(s) for additional information or documentation, so the application was closed without sending to the Review Organization.

**No Payment Received:** Payment for the IDRPs application was not received from the Provider so the Review Organization did not complete a review.

**Non-Jurisdictional:** The IDRPs was not within the DMHC's jurisdiction, so the application was not sent to the Review Organization.

**Paid Upon Receipt of the Response:** Payor made an additional payment at Request for Opposing Party Response II and the provider agreed to accept payment. These applications are not sent to the Review Organization.

**Withdrawn:** The IDRPs application was withdrawn by the Provider prior to a determination being made by the Review Organization.