

**From:** DMHC Licensing eFiling  
**Subject:** APL 19-010 (HC) - INTRODUCTION OF A NEW INDEPENDENT REVIEW ORGANIZATION  
**Date:** Wednesday, April 3, 2019 12:03:42 PM  
**Attachments:** APL 19-010 (HC) - INTRODUCTION OF A NEW INDEPENDENT REVIEW ORGANIZATION. Pdf

Dear Health Plan Representative,

Please see attached All Plan Letter regarding the Department of Managed Health Care's (Department) decision to utilize a second Independent Medical Review Organization.

Thank you.



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

**DATE:** April 3, 2019

**TO:** All Licensed Health Plans

**FROM:** Elizabeth Landsberg, Deputy Director  
Help Center

**SUBJECT:** APL 19-010 (HC) - INTRODUCTION OF A NEW INDEPENDENT  
REVIEW ORGANIZATION

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This All Plan Letter (APL) is to inform licensed health plans of the Department of Managed Health Care's (Department) decision to utilize a second Independent Medical Review Organization, Island Peer Review Organization, Inc. (IPRO), to perform Independent Medical Reviews (IMRs), in accordance with California Code of Regulations, Section 1300.74.30.

The Department will continue contracting with MAXIMUS as well as contracting with IPRO to conduct IMRs. Beginning April 15, 2019, IPRO and MAXIMUS will each receive a portion of the IMRs qualified by the Department, randomly assigned. The Department's IMR process will remain otherwise unchanged. All health plans are required to comply with California Code of Regulations Section 1300.74.30(j) and (k) regarding providing the review organization with all information, including medical records or other information requested by the review organization that was considered in relation to the disputed health care service, the enrollee's grievance and the plan's determination, within the mandated timeframes.

IPRO's Rate Review Schedule differs from the Department's current review organization. Attached is a copy of IPRO's Rate Review Schedule.

If you have questions regarding this APL, please contact Anthonie Maldonado, Assistant Branch Chief, Independent Medical Review and Complaint Branch, Help Center, at [Anthonie.Maldonado@DMHC.CA.GOV](mailto:Anthonie.Maldonado@DMHC.CA.GOV).

## IPRO Rate Review Schedule:

	<b><u>STANDARD REVIEW</u></b>	<b><u>EXPEDITED REVIEW</u></b>
	<b><u>Flat Fee</u></b>	<b><u>Flat Fee</u></b>
<b><u>Experimental/Investigational</u></b>		
Three (3) Reviewers	\$1,700	\$2,250
Re-Review	\$1,200	\$1,650
<b><u>Medical Necessity</u></b>		
One (1) Reviewer	\$550	\$700
Re-review: One Reviewer	\$350	\$500
Each additional Reviewer	\$300	\$385
Re-review by additional Reviewer	\$300	\$350
Non-physician Reviewer	\$385	\$450
Re-review: Non-Physician	\$250	\$325
<b><u>Withdrawn/Canceled Reviews</u></b>		
Before receipt of records	\$150	\$150
After receipt of records	\$215	\$215
Case sent to Reviewer	\$250	\$250