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ALL PLAN LETTER

DATE: December 5, 2025

TO: All Licensed Health Plans

FROM: Kristene Mapile, Deputy Director
Help Center, Consumer Complaint Division

SUBJECT: APL 25-018 - Notice of Rate Changes for Independent Medical Reviews

The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to inform licensed health plans under the Department's jurisdiction and subject to independent medical reviews (IMR) set forth in Health and Safety Code section 1370.4 and 1374.29 et seq., and Title 28 of the California Code of Regulations section 1300.74.30 of an upcoming rate increase by MAXIMUS Federal Services, Inc. (Maximus) to complete IMRs for the Department.

Beginning January 1, 2026, Maximus will implement a 10 percent rate increase to complete IMRs assigned by the Department. Attached is a copy of the revised Maximus Rate Review Schedule.

For questions regarding this APL, please contact Veronica Harris, Independent Medical Review Branch Chief at Veronica.Harris@dmhc.ca.gov.

Maximus Rate Review Schedule:

	<u>STANDARD REVIEW</u>	<u>EXPEDITED REVIEW</u>
<u>Experimental/Investigational</u>	<u>Flat Fee</u>	<u>Flat Fee</u>
Three Reviewers	\$2,607	\$3,713
Re-Review	\$2,228	\$2,228
<u>Medical Necessity</u>		
One Reviewer	\$726	\$930
Re-review: One Reviewer	\$413	\$413
Each additional Reviewer	\$413	\$517
Re-review by additional Reviewer	\$413	\$413
Non-physician Reviewer	\$649	\$649
Re-review: Non-Physician	\$374	\$374
<u>Withdrawn/Canceled Reviews</u>		
Before receipt of records	\$121	\$121
After receipt of records	\$286	\$286
Case sent to Reviewer	Full Review Price	Full Review Price