

MAXIMUS Federal

Medicare Managed Care Dismissal Case File Data Form

Maximus Case Number: _____

1. Case Priority:

- ☐ Expedited
- ☐ Standard Service (Pre-authorization)
- ☐ Standard Claim (Reimbursement)

3. Plan's Dismissal Reason:

- ☐ Untimely Filing of Appeal
- ☐ Waiver of Liability Missing
- ☐ Not an Authorized Rep
- ☐ Not a Valid Rep of Estate
- ☐ Other _____

2. Date(s) of Service in Question: _____

4a. Enrollee Data

Enrollee Name: _____ HIC: _____

Enrollee Street: _____ Enrollee Phone: _____

Enrollee City: _____ State: _____ Zip: _____

Does the Enrollee require communication be made in any alternate format? ☐ No ☐ Yes (specify type below)

- ☐ Large Print (if other than 18 point font, indicate size below) ☐ Audio CD ☐ Braille ☐ Qualified Reader
- ☐ Other (specify type of format or font) _____

4b. Requestor Data (i.e., person/entity requesting the dismissal review) (check one)

- ☐ Enrollee ☐ Enrollee's Treating Physician ☐ Enrollee's Estate ☐ Non-Contract Provider
- ☐ Representative ☐ Surrogate acting in accordance with State Law

Name of Requestor: _____ Phone: _____

Requestor Street: _____ State: _____ Zip: _____

Requestor City: _____

5. Medicare Health Plan (MHP) Data:

CMS Contract # (Required): _____

Plan Name: _____

Address for Dismissal Review Correspondence:

Street: _____

City: _____

State: _____ Zip: _____

6. MHP Contact Person for this Dismissal Review:

Contact Name: _____

Email: _____

Phone: _____ Fax: _____

Alternate Contact Person or Supervisor:

Name: _____

Phone: _____

Dismissal Case File Narrative

1. Dismissal Case Summary
2. Dismissal Chronology (This should be a brief overview of the timeline of events in this case. Please refer to claim numbers for dates of service as appropriate)
3. MHP Dismissal Rationale
4. Justification (i.e. citations to rules upon which plan dismissed)
5. Please indicate if the following documents are included in the file
 - a. Correspondence of attempts to get representative documentation/WOL (if applicable)? ☐ Yes ☐ No
 - b. Notice of Dismissal ☐ Yes ☐ No
 - c. Appeal Letter (or phone records if expedited request was made) ☐ Yes ☐ No
 - d. Documentation regarding the plan's assessment of good cause (if applicable) ☐ Yes ☐ No