



Medicare
Managed Care & PACE
Reconsideration
Project

**Reviewing
Medicare Appeals**

**MAXIMUS Federal
Services**

Medicare Part C QIC
3750 Monroe Ave, Suite 702
Pittsford, NY 14534-1302
Tel: 585-348-3300
Fax: 585-425-5292
www.medicareappeal.com

Who We Are

We are MAXIMUS Federal Services. We are experts on appeals. Medicare hired us to review the file and decide if the health plan made the correct decision. We work for Medicare. We do not work for the health plan.

*Office of the Project
Director
Medicare Managed Care &
PACE Reconsideration
Project*



**NOTICE TO COMPLY WITH
ADMINISTRATIVE LAW JUDGE DETERMINATION**

Federal regulations require your organization to effectuate the attached Administrative Law Judge Determination within the specific time period stated below.

<i>Appeal Priority</i>	<i>Effectuation Due (from receipt of Decision)</i>
Expedited or Standard Service (Pre-service)	Authorize or provide service as expeditiously as the enrollee's health condition requires but no later than 60 calendar days.*
Standard Claim (Retrospective)	Pay for service no later than 60 calendar days.*

* If the MA organization makes a valid request for Medicare Appeals Council (MAC) review, the MA organization may await the outcome of the review before it pays for, authorizes, or provides the service under dispute.

In order to ensure proper reporting, the MA Organization should notify MAXIMUS Federal Services that it has requested a MAC appeal **at the time the MAC review request is made.**

In order to ensure proper handling, please use the attached form to notify MAXIMUS Federal Services that you have either requested MAC review or that you have complied with effectuation.

MEDICARE MANAGED CARE & PACE RECONSIDERATION PROJECT

ADMINISTRATIVE LAW JUDGE DECISION

STATEMENT OF COMPLIANCE FORM

Enrollee Name (First initial, last name)		
Health Plan Contact		
MAXIMUS Federal Services Case #		
ALJ Case #		
Health Plan Name		
Health Plan Contract # (H# or R#)		
Request has been made for MAC review.	Date:	
Authorization # and Date Required for pre-service and expedited cases	#	Date
Check # or EFT# and Date Required for retrospective cases	#	Date

Important information:

- You may send the completed Statement of Compliance Form via fax to: 585-425-5292
- Send completed form no later than 14 days after the effectuation date.
- If you cannot comply with the Reconsideration Determination, you must notify your Account Manager at the CMS Regional Office.
- Compliance notice for Standard Claim (retrospective) cases that do not contain a check number or EFT number will be rejected and referred to CMS Regional Office Account Manager for review.

MAXIMUS Federal Services Admin. Use Only
Log _____ File _____