

MEDICARE MANAGED CARE DISMISSAL CASE FILE DATA FORM

MAXIMUS CASE NUMBER _____

1. CASE PRIORITY:

- Expedited
- Standard Service (Pre-service)
- Standard Claim (payment)

2. DATE(S) OF SERVICE IN QUESTION: _____

3. PLAN'S DISMISSAL REASON

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

4-a. ENROLLEE DATA

Enrollee Name: _____ **HIC:** _____ **Enrollee Phone:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Does the Enrollee require the Dismissal Determination Notice in a language other than English? No Yes _____ (specify language)

Does the Enrollee require communication be made in any alternate format?

- No Yes _____ (specify type of format below)
- Large Print (if other than 18 point font, indicate size below) Audio CD Braille Qualified Reader
- Other _____ (specify type of format or font)

4-b. 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:** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

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 Person Name: _____ **Email:** _____ **Phone:** _____

Fax Number: _____ **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