

# 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