# 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)

**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** |