MAXIMUS Federal Services

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 IRE Part C RECONSIDERATION DETERMINATION

Federal regulations require your organization to effectuate the attached IRE Part C Reconsideration Determination within a specific time period. These time periods are:

| *Appeal Priority* | *Effectuation Due (from receipt of Decision)* |
|---|---|
| Expedited | Authorize or Provide service within 72 hours* |
| Standard Service (Pre-service) | Authorize service within 72 hours **or** Provide service within 14 calendar days* |
| Standard Claim (Retrospective) | Pay for service within 30 calendar days (Check number required for proof of payment) |

* Or as expeditiously as the enrollee's health condition requires

An IRE Part C Reconsideration Determination is final and binding. The determination may only be revised through a Reopening Determination. A Request for Reopening does not extend your organization's compliance date. You are relieved of the compliance responsibility only if you receive a favorable Reopening Determination notice from MAXIMUS Federal Services prior to the compliance due date.

Your organization has no appeal right to an Administrative Law Judge.

**Please provide a written notice of compliance to MAXIMUS Federal Services within fourteen (14) calendar days from the date of the effectuation of payment, authorization or provision of services and/or supplies.**

**In order to ensure proper handling, please use the attached form to notify MAXIMUS Federal Services of compliance.**

MAXIMUS Federal Services

**MEDICARE MANAGED CARE & PACE RECONSIDERATION PROJECT**

**PART C**

**STATEMENT OF COMPLIANCE FORM**

| | | |
|---|---|---|
| Enrollee Name<br>(First initial, last name) | | |
| Health Plan Contact | | |
| MAXIMUS Federal Services Case # | | |
| Health Plan Name | | |
| Health Plan Contract #<br>(H# or R#) | | |
| Authorization # and Date<br>Required for pre-service and expedited cases | # | Date |
| Check # or EFT# and Date<br>Required for retrospective cases | # | Date |

**Important information:**

- MAXIMUS Federal Services cannot waive compliance with a Reconsideration Determination.
- 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 the CMS Regional Office Account Manager for review.

## Please mail or fax this form to:

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