

Part C Case File Submission - Output to SQID

Portal Confirmation Number : **Q19-00001173**

Case Priority : **Expedited**

Enrollee Data

Medicare Number (MBI) : **MBIseNDv8jB**

HIC# : **1HICm0zyzw2zoQx**

First Name : **1Enrollee First Name10302019 0954**

Last Name : **1Enrollee Last Name10302019 0954**

Middle Initial : **N/A**

Address 1 : **1Enrollee Address 1**

Address 2 :

City : **1EnrolleeCity**

State : **KY**

Zip : **29204-7187**

Phone : **048-569-9908**

Enrollee deceased? : **N/A**

Date of Death : **N/A**

Request Received Date : **Wed Oct 30, 2019 at time 12:55 PM ET**

Plan Name : **Test lk Legal Entity Name**

CMS Contract # : **QA123456**

Medicare Plan Type : **HCPP**

Appeal Category & Appeal Type/Item Service

Issue Category/Item Service Category : **General Coverage/Med. Nec.**

Other : **N/A**

QIC Appeal Number : **N/A**

Is this case an Auto-Forward? : **Yes**

Plan's Dismissal Reason : **N/A**

Other Plan's Dismissal Reason : **N/A**

Did the case involve a Medical Necessity Review? : **Yes**

Definition of Denied Services or Claims

Appeal Type : ***Inpatient Hospital**

Item/Service in dispute : **Acute Inpatient**

Other Item/Service Details : **N/A**

Is/Was the Enrollee in Hospice? : **No**

Hospice Election Date : **N/A**

Does the Enrollee require the final Determination Notice in a language other than English? : **No**

Language : **N/A**

Does the Enrollee require communication be made in any alternate format? : **No**

Required Format : **N/A**

Font Size : **N/A**

Other : **N/A**

Provider Identification Data

Services received/requested outside of the MHPs' geographic service area? : **N/A**

Services received/requested outside of MHPS's network of providers? : **N/A**

Services received/requested outside of Enrollee's medical group? : **N/A**

Dates of Service in Question : **N/A**

Parties

Plan Information

Address 1 : **123 long street**

Address 2 :

City : **Milpitas**

State : **CA**

Zip : **12312-3123**

Plan Contact

Plan Contact Person Name : **Ginu John**

First Name : **Ginu**

Last Name : **John**

Email : **johngeethu+qicportal@gmail.com**

Phone : **408-644-4905**

RI Fax Number : **242-432-4234**

Decision Letter Fax Number : **234-234-2342**

Plan Alternate Contact

First Name : **N/A**

Last Name : **N/A**

Phone Number : **N/A**

Appeal Request Information

Requestor Type : **Representative**

First Name : **1Appeal Requestor First Name**

Last Name : **1Appeal Requestor Last Name**

Middle Initial : **N/A**

Phone : **410-224-3025**

Company Name : **N/A**

Address1 : **1Appeal Requestor Address 1**

Address2 :

City : **1Appeal Requestor City**

State : **NC**

Zip : **84129-5791**

AOR Checked? : **No**

WOL Checked? : **N/A**

MHP Organization Determination

Date of initial authorization request or claim submission : **Mon Jul 22, 2019**

Date of Plan's initial Denial : **Thu Aug 01, 2019**

Was an Expedited request made? : **No**

Was the Expedited request granted? : **No**

Did the plan take an extension? : **Yes**

MHP Reconsideration

Date of reconsideration request : **Sun Aug 11, 2019**

Date of plan's reconsideration denial : **Wed Aug 21, 2019**

Was an Expedited request made? : **No**

Was the Expedited request granted? : **No**

Did the plan take an extension? : **Yes**

Amount in Controversy : **N/A**

Does the Enrollee require the final Determination Notice in a language other than English? : **No**

Other : **N/A**

Provider Identification Data

Field label - Enrollee's ICD-9/10 diagnosis code(s) applicable to the issues in this case :

Field label - HCPCS/CPT codes representing the items/services in dispute (Please do not substitute revenue codes for outpatient services) :