

Helping Government Serve the People



MAXIMUS Federal Services  
Industry Forum Point of Contact Information  
MAXIMUS

Business Process Management for Government

## Secure and Timely Methods to Exchange Privileged Health Information for the DIR DWC Workers' Compensation Reform Projects

Richard Weiss, MD, MPH, MMM, PMP  
Project Director  
MAXIMUS Federal Services, Inc.

2


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Business Process Management for Government

## MAXIMUS, Inc.

A Leading Provider of Government Health and Human Services Worldwide

- Founded in 1975 and headquartered in Reston, Virginia
- Approximately 8,800 employees in 240 offices across the United States, Canada, the United Kingdom, Australia and Saudi Arabia
- History of serving more than 4,000 U.S. government clients:
  - All 50 states, the District of Columbia, several territories
  - Every major city and county
- MAXIMUS Federal Services serving multiple agencies and departments, including HHS, SSA, VA, DOJ and OPM
- Independent, publicly traded company (NYSE:MMS), with annual revenue of \$1.05 billion, healthy balance sheet, no long-term debt, and no conflict of interest



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3

## MAXIMUS FEDERAL SERVICES, Inc.

### Largest Independent Medical Review Organization

- Qualified Independent Contractor (QIC) for Medicare
- Professional and timely reviews conducted by panel of 700+ physicians and medical professionals
- ISO 9001:2000 certification and continuous quality improvement
- URAC accredited
- Clinical and external peer review services for federal and state agencies


<b>Medicare Part A</b>	<ul style="list-style-type: none"> <li>• Coverage &amp; Benefits</li> <li>• Hospital Services</li> <li>• Long-Term Care</li> </ul>	<ul style="list-style-type: none"> <li>• Home Health</li> <li>• Diagnostic Tests</li> </ul>
<b>Medicare Part B</b>	<ul style="list-style-type: none"> <li>• Provider Services (Doctor Visits)</li> <li>• Diagnostic Tests</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance Transport</li> <li>• New Technologies</li> </ul>
<b>Medicare Part C (Medicare Advantage)</b>	<ul style="list-style-type: none"> <li>• Coverage &amp; Benefits</li> <li>• Hospital &amp; Provider Services</li> <li>• Diagnostic Tests</li> <li>• Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Level of Care</li> <li>• Length of Stay</li> <li>• Out-of-Plan &amp; Specialty Care</li> <li>• New Technologies</li> </ul>
<b>Medicare Part D</b>	<ul style="list-style-type: none"> <li>• Late Enrollment Penalties (LEP)</li> <li>• Non-formulary Exceptions</li> <li>• Prescription Quantity Limits</li> </ul>	
<b>State Appeals (48+ Agencies)</b>	All health care services, plus: <ul style="list-style-type: none"> <li>• Provider Appeals</li> <li>• Pre-existing Conditions</li> <li>• Correct Coding &amp; Reimbursement</li> <li>• California Workers' Compensation</li> <li>• New Jersey Adjudication Services</li> </ul>	

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4

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### MAXIMUS Federal – Other Services

- Health Care Provider Appeals/Claims Repricing
  - Correct Coding
  - Reasonable and Customary Reimbursement
- Peer Review and Tort Claim Services
- Workers' Compensation and Disability Review
- Technology Review and Assessment
- Facility Assessments
  - DoD Mental Health Facility Certifications
  - Veterans Affairs Credentialing and Privileging Audits
- Quality Studies

5

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Federal Services



### Our California Appeal Work

- Independent Medical Review (CDI, DMHC, DIR, CalPERS, PCIP)
- Provider Appeals (DMHC)
  - Medical Necessity/Experimental
  - Correct Coding
  - Special Studies
    - Prime Health Care Post-stabilization Case Review
- Reasonable and Customary Arbitrations (DIR, DMHC)
- Consulting Services (DMHC, CalPERS)
  - Medical Policy Reviews/Technology Assessments/White Papers
    - Weight loss surgery
    - Lyme disease
    - Oncotype DX Assay

6






## Workers Compensation Experience

- As part of key 2012 California workers' compensation reform received two contracts from the California Department of Industrial Relations
  - Contracts address independent medical review of denied health care services and independent bill review of disputed health care payments
  - Expected volume of 75,000 cases
- Have provided independent medical review for Texas Workers' Compensation Cases since 2002.
- Consulted with various California stakeholder on workers compensation reform initiatives
- Consulted with Commonwealth of Massachusetts Department of Industrial Accidents on workers' compensation reform initiatives that included:
  - Creation of clinical practice guidelines for common conditions;
  - Development and design of comprehensive medical service trend and tracking system; and
  - Development of utilization review guidelines.

7

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## IMR Maximus Contact Information

Delivery Service Mail	➔	625 Coolidge Drive Suite 150 Folsom, CA 95630-3197
PO Box Address	➔	DWC - IMR c/o Maximus Federal Services, Inc. PO Box 138009 Sacramento, CA 95813-8009
Telephone Numbers	➔	<b>Toll free:</b> 1-855-865-8873 <b>Fax:</b> (916) 605-4270 Email Mail-In group pending
Point of Contact	➔	Richard Weiss, MD, MPH, MMM, PMP Project Director 625 Coolidge Drive, Suite 150 Folsom, CA 95630 <b>Office:</b> (916) 673-4401 <b>Fax:</b> (916) 605-4270 <b>Email:</b> <a href="mailto:RichardCWeiss@maximus.com">RichardCWeiss@maximus.com</a>

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8

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## IBR Maximus Contact Information

Delivery Service Mail	→	625 Coolidge Drive Suite 150 Folsom, CA 95630-3197
PO Box Address	→	DWC - IBR c/o Maximus Federal Services, Inc. PO Box 138006 Sacramento, CA 95813-8009
Telephone Numbers	→	<b>Toll free:</b> 1-855-865-8873 <b>Fax:</b> (916) 605-4270 Email Mail-In group pending
Point of Contact	→	Richard Weiss, MD, MPH, MMM, PMP Project Director 625 Coolidge Drive, Suite 150 Folsom, CA 95630 <b>Office:</b> (916) 673-4401 <b>Fax:</b> (916) 605-4270 <b>Email:</b> <a href="mailto:RichardCWeiss@maximus.com">RichardCWeiss@maximus.com</a>

9

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## MAXIMUS Point of Contact for IMR Invoicing/Finance/Accounts Receivable

John Cristillo  
3750 Monroe Avenue  
Pittsford, New York 14534

Office: 585-348-3127  
Fax: 585-348-3437  
email: [johncristillo@maximus.com](mailto:johncristillo@maximus.com)

10

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## Methods to Communicate

- Telephone (can't send documents)
- Fax
- **Email\***
- Encrypted Email\*
- Email Secure File Transfer Protocol Vendor
- Portable e-files such as CDs, DVDs, and thumb drives\*
- Mail
- Delivery Service
- Carrier Pigeon\*

\* Does not meet security and privacy requirements

Therefore, Fax, Mail and Delivery Service are the easiest, with fax being the fastest.

11

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## Invoicing Claims Administrators for IMRs

### Methods:

- US Standard Mail
- Email
- MAXIMUS Federal would like to engage the appropriate persons at the Claims Administrators regarding invoicing and payment for IMR decisions.

### Information Needed

- MAXIMUS needs to know who to contact about IMR invoices.

12

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### Company Contact for Invoices and Payment for IMR Cases

	Points of Contact for Standard Cases	
Company Name		
Accounts Payable Contact Name		
Street Address Mail		
City, State, Zip		
Contact's Office Phone #		
Mobile Phone (if wish to)		
Fax		
Email		
Preferred Mode for Delivering Invoices		

13 MAXIMUS™

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### Company Contact for IBR Cases

	Point of Contact Information	Preferred Communication Pathway
Company Name		
UAN (Number/Name)		
Each UAN does its own?		
Preferred Contact Name		
Street Address		
City, State, Zip		
Contact's Office Phone		
Mobile Phone (if wish to)		
Fax		
Interest in Secure FTP?		
IBR Group Email (if no PII or PHI information only)		

14 MAXIMUS™

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## Company Contact for IMR Cases

	Preferred Mode of Contact for Standard Cases	Preferred Mode of Contact for Expedited Cases
Company Name		
UAN Number/Name		
Each UAN Does Its Own?		
Preferred Contact Name		
Street Address		
City, State, Zip		
Contact's Office Phone		
Mobile Phone (if wish to)		
Fax		
IMR Group Email Address (if no PII or PHI)		
Interested in Secure FTP?		

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15

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## IMR Pathway

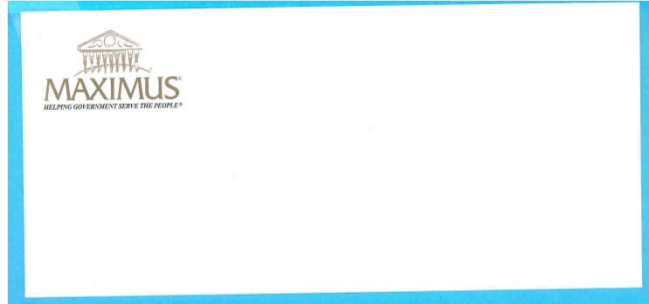
- Request for IMR received by MAXIMUS Federal Services
  - Online applications from Workers to begin in July 2013
- DWC may contact Interested Parties if need to determine eligibility for IMR
- DWC sends notices not eligible for IMR
- If Eligible, DWC informs MAXIMUS Federal Services is eligible and deemed ready for assignment
- MAXIMUS Federal Services sends a **Notice of Assignment and Request For Information** to the Interested Parties
- If Information Not Returned Timely or MAXIMUS Federal Services finds one or more pages that are illegible or appear to be missing, MAXIMUS Federal Services sends a **Failure to Provide Documents** notice or a **Late, Illegible** notice to Claims Administrator, who then has two days to respond, if wishes
- **Final Determination Notice** is provided to all Parties
- If MAXIMUS Federal Services receives notice that case as been withdrawn or authorized, then MAXIMUS Federal Services sends out **Notices of Termination of IMR** to the Interested Parties.

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16



## Maximus Envelope



## Document Recognition

- Various Claims Administrators have requested to receive copies of the Letters and Notices MAXIMUS Federal Services will be sending out in the routine performance of Independent Medical Reviews and Independent Billing Reviews.
- The next many pages will show the first page, or part of the first page, of most of the letters and notices MAXIMUS Federal will send.
- A complete set of the templates, if you wish to use to create Instructional Job Aids for Document Recognition, is available electronically.
- When you send your Points of Contact Information, modeled from the previous slides, please let me know that you wish a complete set of the templates.

# IMR Notice of Assignment and Request For Information

**MAXIMUS FEDERAL SERVICES, INC.**  
Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
Fax: (916) 605-4270



**Notice of Assignment and Request for Information. Dated:** April 26, 2013

<CA COMPANY NAME>  
<CA ADDRESS>  
<CA CITY, STATE, ZIP>

**Employee:** <EE FST NAME> <EE MID NAME> <EE LST NAME>  
**Claim Number:** <CA CLAIM #>  
**Date of UR decision:** <DT UR DECISION>  
**Date of Injury:** <DT INJURY>  
**Name of Treating Physician:** <CA CLAIM #>  
**MAXIMUS Case Number:** <IMR CASE #>

Dear <CA COMPANY NAME>:

MAXIMUS Federal Services has been assigned to conduct an independent medical review for the above case. Under contract with the California Department of Industrial Relations and in accordance with California Labor Code Section 4610.5 and Title 8, California Code of Regulations, Section 9792.10.4, the application has been accepted and assigned for an independent medical review. This independent medical review will be conducted on a regular (non-expedited) basis.

The application for Independent Medical Review was compared to the Utilization Review Denial dated <DT UR DECISION>. The following Treatment and/or Services were requested for review and were denied or modified:

Disputed Treatment/Service: <DISPUTE TX>  
Disputed Treatment/Service: <DISPUTE TX>  
Disputed Treatment/Service: <DISPUTE TX>

19



# Failure to Provide Documents

**MAXIMUS FEDERAL SERVICES, INC.**  
Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
Fax: (916) 605-4270



**Failure to Provide Required Documents for IMR Dated:** April 26, 2013

<C Ad COMPANY NAME>  
<C Ad ADDRESS>  
<C Ad CITY, STATE, ZIP>

**Employee:** <EE FST NAME> <EE MID NAME> <EE LST NAME>  
**Claim Number:** <CA CLAIM #>  
**Date of UR decision:** <DT UR DECISION>  
**Date of Injury:** <DT INJURY>  
**Name of Treating Physician:** <CA CLAIM #>  
**MAXIMUS Case Number:** <IMR CASE #>

Dear <C Ad COMPANY NAME>:

<CA COMPANY> was advised in a Notice of Assignment dated <IMR ASSIGN SENT> that MAXIMUS Federal Services, Inc. was assigned to conduct an independent medical review for the above case. The Notice of Assignment advised that pursuant to the California Labor Code Section 4610.5(j) and Title 8, California Code of Regulations, Section 9792.10.5 the Claims Administrator must provide, and MAXIMUS Federal Services, Inc., must receive, all the following documents within 15 days of the date designated on the original notice if provided by mail or within 12 days of the date designated on the notice if provided electronically.

20



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## Incomplete or Illegible Documents IMR

MAXIMUS FEDERAL SERVICES, INC.  
 Independent Medical Review  
 P.O. Box 138009  
 Sacramento, CA 95813-8009  
 Fax: (916) 605-4270

MAXIMUS  
 Federal Services

Documents Received Were Illegible or Incomplete      Dated: April 26, 2013

<C Ad COMPANY NAME>  
 <C Ad ADDRESS>  
 <C Ad CITY, STATE, ZIP>

Employee:                                    <EE FST NAME> <EE MID NAME> <EE LST NAME>  
 Claim Number:                            <CA CLAIM #>  
 Date of UR decision:                     <DT UR DECISION>  
 Date of Injury:                            <DT INJURY>  
 Name of Treating Physician:           <CA CLAIM #>  
 MAXIMUS Case Number:                <IMR CASE #>

Dear <C Ad COMPANY NAME>:

Your immediate attention is requested.

On <MM/DD/YYYY> MAXIMUS Federal Services received documents from <CA Company Name> as requested, to perform an independent medical review for the case number listed above.

The following documents received were incomplete or illegible:  
 <Insert description of document name, date, type, pages and problem>

21

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## IMR Final Determination

MAXIMUS FEDERAL SERVICES, INC.  
 Independent Medical Review  
 P.O. Box 138009  
 Sacramento, CA 95813-8009

MAXIMUS  
 Federal Services

Notice of Independent Medical Review Determination.  
 Case Number XXX

Dated: <TODAYS DATE>

<EE FIRST NAME> <EE MID NAME> <EE LAST NAME>  
 <EE ADDRESS>  
 <EE CITY>, <EE STATE>, <EE ZIP>

<CA COMPANY>  
 <CA ADDRESS>  
 <CA CITY>, <CA STATE>, <CA ZIP>

<PRVDR FIRST NAME> <PRVDR LAST NAME> <PRVDR TITLE>  
 <PRVDR ADDRESS>  
 <PRVDR CITY>, <PRVDR STATE>, <PRVDR ZIP>

Employee:                                    <EE FIRST NAME> <EE MID NAME> <EE LAST NAME>  
 Claim Number:                            <CA CLAIM #>  
 Date of UR decision:                     <UR DEC DATE>  
 Date of Injury:                            <DT INJURY>  
 MAXIMUS Case Number:                <IMR CASE #>

MAXIMUS Federal Services, Inc. has determined the <DISPUTE TX1> requested is <MED NECESSITY>.

MAXIMUS Federal Services, Inc. has determined the <DISPUTE TX2> requested is <MED NECESSITY>.

MAXIMUS Federal Services, Inc. has determined the <DISPUTE TX3> requested is <MED NECESSITY>.

22

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## Points in the IBR Process When Interested Parties May Be Contacted

- Preliminary Eligibility Determination by DWC (if necessary)
  - Notice of Request for Documents or Ineligible from DWC
- Offer to Accept Disaggregation (to Provider)
- Opportunity to Dispute Eligibility (to Claims Administrator)
- Opportunity to Dispute Eligibility and Consolidation (to Claims Administrator)
- Notice of Assignment and No Request for Additional Documents
- Notice of Assignment and Request for Additional Documents
- Final Determination Issued
- IBR Terminated because
  - Provider withdrew the application
  - Claims Administrator has paid the amount in dispute
  - Settlement between the parties
  - Other change in circumstance has eliminated the need for IBR

## Heading for all Notices

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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## Offer to Accept Disaggregation and for Payment

**Offer to Accept Disaggregation and Request for Payment**  
**Dated**

<PROVIDER NAME (FIRST NAME LAST NAME)>  
 < PROVIDER ADDRESS>  
 < PROVIDER CITY, STATE, ZIP CODE>

Ref:       **Claim Number(s):**                               <CLAIM NUMBER>  
              **Date IBR Request Received:** <DATE REQUEST RECEIVED>

Dear <PROVIDER NAME (FIRST NAME LAST NAME)>:

A request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on <DATE REQUEST RECEIVED>. A payment of \$335.00 was submitted by < PROVIDER NAME (FIRST NAME LAST NAME)> with the request. Pursuant to Title 8, California Code of Regulations, Section 9792.5.12, the IBR received indicated <"INSERT PROVIDER'S RATIONALE AS TO WHY THEIR CLAIMS SHOULD BE CONSOLIDATED">.

In order for your request to be eligible for IBR you must meet the criteria listed below:

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25

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## Notice of Opportunity to Dispute Eligibility

**Notice of Opportunity to Dispute Eligibility**  
**Dated:**

<CLAIMS ADMINISTRATOR NAME>  
 <CLAIMS ADMINISTRATOR ADDRESS>  
 <CLAIMS ADMINISTRATOR CITY, STATE, ZIP CODE>

Ref: **Claim Number:**                                       <CLAIM NUMBER>  
      **Date IBR Request Received:**                   <DATE REQUEST RECEIVED>  
      **MAXIMUS IBR Case:**                               <IBR CASE#>

Dear <CLAIMS ADMINISTRATOR NAME>:

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on <DATE REQUEST RECEIVED>. The disputed amount of <IBR DISPUTED AMOUNT> concerns services provided by <IBR DISPUTED AMOUNT> on <DATE OF CLINICAL SERVICE>. The Administrative Director, Division of Workers' Compensation, has assigned MAXIMUS Federal Services to review requests for IBR and, if eligible, to impartially and independently perform the reviews.

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26

## Notice of Opportunity to Dispute Eligibility (cont)

Based on our preliminary review of the request and the information submitted with the application, this dispute appears eligible for IBR. In accordance with the regulations implementing the IBR process, <CLAIMS ADMINISTRATOR NAME> may dispute eligibility by submitting a statement with supporting documentation to MAXIMUS Federal Services.

Your statement and supporting documents must be submitted and received by MAXIMUS Federal Services **within 15 days of the date designated on the notice if notice was provided by mail or within 12 days of the date designated on the provided notice if the notice was provided electronically.** You may submit the information by (1) Facsimile to (916) 605-4280; (2) U.S. Postal Service mail; or (3) Delivery Service.

For U.S Postal Service Use  
MAXIMUS Federal Services  
Independent Bill Reviews  
P.O. Box 138006  
Sacramento, CA 95813-8006

For Delivery Service Use  
MAXIMUS Federal Services  
Independent Bill Reviews  
625 Coolidge Drive, Suite 150  
Folsom, CA 95630-3198

## Notice of Opportunity to Dispute Eligibility and Consolidation

Pursuant to Title 8, California Code of Regulations, Section 9792.5.12, <PROVIDER NAME (FIRST NAME LAST NAME)> requested that several billing disputes be consolidated in a single determination in order to resolve common issues of law and fact or the delivery of similar or related services. MAXIMUS has deemed the request for IBR eligible for consolidation.

Based on our preliminary review of the request and the information submitted with the application, this dispute appears eligible for IBR. In accordance with the regulations implementing the IBR process, <CLAIMS ADMINISTRATOR NAME> may dispute eligibility by submitting a statement with supporting documentation to MAXIMUS Federal Services.

Your statement and supporting documents must be submitted and received by MAXIMUS Federal Services **within 15 days of the date designated on the notice if notice was provided by mail or within 12 days of the date designated on the provided notice if the notice was provided electronically.** You may submit the information by (1) Facsimile to (916) 605-4280; (2) U.S. Postal Service mail; or (3) Delivery Service.

### First Page Notice of Assignment and Request for Specific Documents (IBR)

<CLAIMS ADMINISTRATOR NAME>  
<CLAIMS ADMINISTRATOR ADDRESS>  
<CLAIMS ADMINISTRATOR CITY, STATE, ZIP CODE>

Ref: **Claim Number:** <CLAIM NUMBER>  
**Requesting Provider:** < PROVIDER LAST NAME, FIRST NAME, TITLE>  
**Date of Disputed Services:** <DATE OF CLINICAL SERVICE>  
**MAXIMUS IBR Case:** <IBR CASE #>

Dear <CLAIMS ADMINISTRATOR NAME>:

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on <DATE RECEIVED>. The Administrative Director, Division of Workers' Compensation, has assigned MAXIMUS Federal Services to review requests for IBR and, if eligible, to impartially and independently perform the reviews.

Additional information is necessary to make a determination in the Independent Bill Review (IBR). Pursuant to California Labor Code section 4603.6, further documentation is needed in order to provide an accurate analysis and determination. Please provide the following additional documents:

- Medical Records Specify documents:
- Contracted/Negotiated Rate Specify documents:
- Other Specify documents:

Your statement and supporting documents must be submitted and received by MAXIMUS Federal Services **within 35 days of the date designated on the notice if notice was provided by mail or within 32 days of the date designated on the provided**

### Notice of Assignment and Notice No Further Documents Requested (IBR)

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on <DATE RECEIVED>. The Administrative Director, Division of Workers' Compensation, has assigned MAXIMUS Federal Services to review requests for IBR and, if eligible, to impartially and independently perform the reviews.

The case will be reviewed by <CHIEF CODING SPECIALIST> who will review the materials submitted by the parties. A written determination of any additional amounts to be paid will be provided to the parties within 60 days.

The parties may not file any additional documents with MAXIMUS Federal Services at this time.

## Final Determination Reversal of Plan Letter (IBR)

### Independent Bill Review Final Determination

Dated: <DATE>

<PROVIDER NAME (FIRST NAME LAST NAME/TITLE)>  
<PROVIDER ADDRESS>  
<PROVIDER CITY, STATE, ZIP CODE>

Re: Claim Number: <CLAIM NUMBER>  
Claims Administrator name: <CLAIMS ADMINISTRATOR NAME>  
Date of Disputed Services: <DATE OF CLINICAL SERVICE>  
MAXIMUS IBR Case: <IBR CASE #>

Dear <PROVIDER NAME (FIRST NAME LAST NAME/TITLE)>

### Determination

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on <DATE IBR RECEIVED>. The Administrative Director of the California Division of Workers' Compensation assigned MAXIMUS Federal Services, Inc. to perform the Independent Bill Review, pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Plan determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing.**

## Notice IBR Has Been Terminated and Reason

<PROVIDER NAME (FIRST NAME LAST NAME), TITLE>  
<PROVIDER ADDRESS>  
<PROVIDER CITY, STATE, ZIP CODE>

Ref: Claim Number: <CLAIM NUMBER>  
Requesting Provider: <PROVIDER NAME (FIRST NAME LAST NAME, TITLE)>  
Date of Disputed Services: <DATE OF CLINICAL SERVICE>  
MAXIMUS IBR Case: <IBR CASE #>

Dear <PROVIDER NAME (FIRST NAME LAST NAME), TITLE>:

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on <DATE REQUEST RECEIVED>.

The IBR has been terminated due to the provider having withdrawn the request, <CLAIMS ADMINISTRATOR NAME> has paid the disputed amount, or both parties have reached a settlement. Since there is no longer a need for an IBR, MAXIMUS Federal Services has ceased its review and will not provide any analysis or determination to the parties.

Sincerely,

<IBR MANAGER>

cc:



# One Example of a Secure File Transfer System

# MOVEit®

## MAXIMUS Secure Exchange Portal


# Logging in and Accessing the Home Page



After logging into MOVEit, you will be automatically redirected to the home page.

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## Secure Login Keyboard



The screenshot shows the MAXIMUS login interface. At the top, it says "Signed off successfully." Below that is a "Sign On" section. A yellow virtual keyboard is overlaid on the "Username:" and "Password:" input fields. The keyboard includes letters, numbers, symbols, and a "Click" button. A "Sign On" button is visible below the password field.

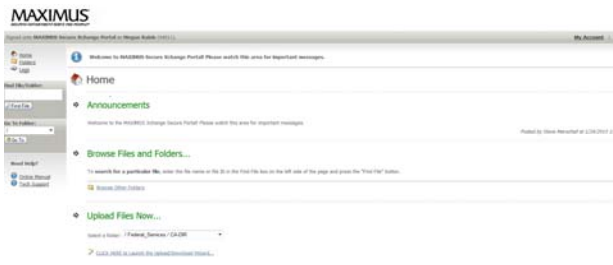
The keyboard will appear on the screen. Use this keyboard to enter your Username and Password

35

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## Home Page



The screenshot shows the MAXIMUS home page. It features a navigation sidebar on the left and a main content area. The main content area is divided into three sections: "Home" with a welcome message, "Announcements" with a list of items, and "Browse Files and Folders..." with a search bar and a "Browse" button. Below that is an "Upload Files Now..." section with a file selection dropdown and a "Click Here to Upload the Selected File(s)" link.

The home page is divided into three sections: **Announcements;**  
**Browse for Files and Folders;** and **Upload Files Now**


**Note: Your permissions on viewing files and where to post files may vary based on the access assigned to you.**

36

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## Folders Page



Files can be uploaded from either at the home page under the **Upload Files Now** option or after clicking your way through the folders, and selecting the folder you wish to upload a file into.

37

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## Moving, Deleting, Copying or Downloading Files

Selected File/Folder Actions:

Perform Action:

Copy/Move Options: To Folder: / Federal\_Services / CA-DIR / From MAX / IBR

Creation Information:  Keep  Replace (Use your name and current time instead)

38

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## Wrap - Up

- Please send your Points of Contact information to us.
- Please indicate whether you want copies of the templates so you can teach document recognition.
- Please indicate if would like to establish Secure FTP services as a preferred method of communication.
- Please contact me if there are questions about our Points of Contact Information.

## Thank You

Richard Weiss, MD, MPH, MMM, PMP  
Project Director  
625 Coolidge Drive, Suite 150  
Folsom, CA 95630  
**Office:** (916) 673-4401  
**Fax:** (916) 605-4270  
**Email:** [RichardCWeiss@maximus.com](mailto:RichardCWeiss@maximus.com)