



MAXIMUS Federal Services, Inc. (MAXIMUS) is the national leader in the provision of government agency independent review services. Since 1989, MAXIMUS has conducted more than 7.5 million independent reviews for more than 60 state and federal government agencies, including arbitration reviews for the New Jersey Department of Banking and Insurance, the Florida The Agency For Health Care Administration, the Health and Human Service Office of the Inspector General, and the Centers for Medicare & Medicaid National Correct Coding Initiative Medicare and Medicaid. We work only on behalf of government agencies and maintain no direct relationship with Third Party Administrators, Self-Insured Employers, provider groups or other commercial entities. We have the most complete and robust organizational conflict of interest measures in the industry. This commitment to avoiding conflicts allows us to insulate risk for our government clients and fully protect the integrity of the arbitration review process for all parties. It also enables MAXIMUS to provide the most defensible review determinations that will hold up under public and legal scrutiny and result in increased stakeholder satisfaction in utilizing TX Out-of-Network Claim Dispute Resolution.

Carol Johnson RN

Professional Experience

- MAXIMUS Federal Services, July 1, 2013 - present
 - Clinical Adjudicator for Medicare Part A- duties included performing Medicare Appeal reviews for Part A appeals.
 - Clinical Consultant for California Worker's Compensation IMR - role includes review of case files for details, and/or requesting additional information, to compose a clinical summary for independent medical review, expedited cases, court ordered cases, provide rationales for decisions using ODG and MTUS Guidelines and training new employees.
 - CA Medi-Cal Medical Exemption Request and Fair Hearing Projects Manager-Role includes managing the nurse team who review and make decisions on requests for beneficiaries who want to be exempt from enrolling in the California Medi-Cal Managed Care Program. The nurses also review and prepare Statements of Positions (SOPs) for MER Fair Hearings. The nurses provide Pre-hearing claimant contact as well as hearing attendance via telephone.
 - MT, DE, AZ Workers Compensation Utilization Review and IMR Manager-Provide Adjudicative, Administrative and Utilization Review for the specific state Worker's Compensation Projects according to the individual state guidelines.
- Celerian Group Services (formerly Cigna), November 2012 – June 2013
 - Medical Reviewer III-duties included providing medical review for Medicare cases according to CMS guidelines. Participated in the Prior Authorization Project for power mobility devices and durable medical equipment prepay and post pay review.
- Suncrest Home Health, February 2011 – November 2012
 - Case Manager for Home Health-Involved in every aspect of home care including wound care certification, insurance certification, ICD 9 coding and Utilization Review. Teaching on all aspects of disease process, phlebotomy, IV therapy, medications, Telehealth and provided physician and patient/family education.



Education

- Middle Tennessee State University RN-AD Nursing 1983-1986
- Middle Tennessee State University currently enrolled to finish BS degree

Certifications

- MSA-Medicare Set-Aside Certification 2017-current