
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.

Joan Kirby, ESQ, BA, LPN

Professional Experience

Administrative Law Judge/Project Manager

2011 – Present

Delaware Department of Health and Human Services Administrative/Fair Hearings MAXIMUS Federal Services

- Developed the start-up business model and contributed to contract negotiations leading to the successful bid for the Delaware Department of Health and Human Services Administrative Fair Hearings Project
- Defined project scope, goals and developed plan to meet contract deliverables in an efficient and timely manner
- Ensures compliance with federal and state Medicaid regulations and policies
- Attends ongoing finance and forecast meetings in managing project budget
- Assembled, trained and currently manages staff of attorney-hearing officers and paralegals in providing legal counsel in Medicaid, Department of Public Health and Child Support Enforcement policies and regulations for Delaware
- Conducts administrative Fair Hearings for the state of Delaware on Medicaid appeals concerning CHIP benefits, denials, cancellations or changes in benefits, public health regulation violations, child support violations and renders a written decision regarding the outcome
- Drafts comprehensive project reports encompassing project evaluation, assessments and performance to date
- Primary point of contact between the Delaware Department of Health and Human Services and MAXIMUS

Attorney-Nurse Reviewer (Remote)

2016 – Present

MAXIMUS Federal Services, MAXIMUS States East Projects

- Review cases, identify medical issues and forward for specialty match medical review;
- Issue final medical review decisions

Subject Matter Expert

2015 – 2016

Eligibility Appeals Operation Support (EAOS) Project (Affordable Care Act) MAXIMUS Federal Services, Jenkins Township, Pennsylvania

- Provide guidance and counsel to appeals staff concerning the Affordable Care Act eligibility
- Develop and implement internal procedures, policy communications, work flows, quality control documents, training materials and job aids
- Work closely with CMS to identify and alleviate inconsistencies and other issues within the eligibility process and the Federally-Facilitated Marketplace Appeals Center
- Analyzes appeals' data independently using federal and/or state laws and/or regulations, along with technical direction, guidance, tools, and standard operating procedures provided by the client

Post – Adjudication, Director

2005 – 2015

Qualified Independent Contractor Medicare Projects

MAXIMUS Federal Services, Moosic, Pennsylvania

- Ensured compliance with federal Medicare regulations and policy
- Evaluated and adjudicated second level appeals, also known as “Reconsiderations”, on behalf of the Center for Medicare and Medicaid Services for denied Medicare claims for Medicare beneficiaries, providers and practitioners
- Managed department of 20 full time employees including attorneys, appeal specialists/paralegals and clerks
- Responded to client, provider and beneficiary inquiries following case adjudication
- Participated by telephone in Administrative Law Judge hearings to defend Medicare reconsideration appeal decisions
- Reviewed and responded to all privacy matters including potential HIPAA violations, fraud and abuse claims
- Assessed case reopening requests and proceeded with all case adjudication duties including: Medicare coverage review, legal research on Medicare policies and related federal regulations, preparing requests for additional information from providers, beneficiaries and/or affiliated contractors, preparing requests for medical review by panel physicians and rendering final reconsideration decisions
- Participated in improving ongoing appeal decision quality by reviewing cases, identifying potential errors in the adjudication process and providing training to the adjudication staff
- **Served as Quality Assurance Manager** from 2005 – 2006, where responsibilities included drafting ISO compliant documents such as work instructions, quality procedures and work flows in preparation of obtaining ISO certification for the Quality Independent Contractor East Project as well as conducting Quality Assurance meetings and assisting with internal quality audits for all aspects of appeal process



Associate Attorney, Commercial Litigation

McKissock & Hoffman, P.C., West Chester, Pennsylvania

- Provided counsel in the areas of insurance defense, professional liability & legal malpractice, medical malpractice and general litigation
- Interviewed and prepared expert witnesses; identified defense strategies; investigated issues; drafted pleadings, voir dire, points of charge, discovery requests & responses, statements of facts, motions, settlement agreements and releases
- Performed legal research, attended and conducted depositions & settlement negotiations; as well as participated in arbitration proceedings

**Authorized Medicare Hearing Officer, Medicare-Medicaid Appeals Center
for Health Dispute Resolution, Conshohocken, Pennsylvania**

- Issued written appeal decisions regarding Medicare claims for services including skilled nursing facilities, physical/occupational/speech therapy, hyperbaric oxygen therapy, ambulance services, drug administration, clinical trials, chiropractic services, laboratory & diagnostic imaging services and cardiac rehabilitation services

Associate Attorney, Commercial Litigation

Christie, Pabarue, Mortensen and Young, P.C., Philadelphia, Pennsylvania

- Provided counsel in the areas of ERISA Disability, Products Liability, toxic torts litigation, Employment & Labor Litigation, insurance coverage, environmental litigation and professional liability (medical)

Education

- J.D., Villanova University School of Law 2002
- B.A., English, Summa Cum Laude, Pennsylvania State University 1997
- Nursing Diploma, Central Chester County Vo-Tech, Coatesville, Pennsylvania

Certifications

- Licensed Attorney, Pennsylvania
- Licensed Practical Nurse, Pennsylvania
- Phi Beta Kappa

Professional Organizations

- Member, Pennsylvania Bar Association
- Volunteer, Leukemia Society, Eastern Pennsylvania Chapter
- Past Volunteer Tutor, English as a Second Language
- American Health Lawyers Association