DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

MEDICARE ENROLLMENT & APPEALS GROUP

DATE: October 30, 2013

TO: Medicare Advantage Organizations, Medicare Health Care Prepayment Plans, and Medicare Cost Plans

FROM: Arrah Tabe-Bedward
Director, Medicare Enrollment & Appeals Group

SUBJECT: Part C Reconsideration Dismissal Procedures – **Model Dismissal Notice**

As announced in our September 10, 2013, HPMS memorandum, CMS is revising the current process requiring Medicare Advantage (MA) organizations and other Medicare health plans (collectively referred to as "plans") to automatically forward all reconsideration requests that plans believe should be dismissed to the Part C independent review entity (IRE).

Effective January 1, 2014, plans will be responsible for dismissing reconsideration requests when appropriate. Also, plans are responsible for providing timely notification of dismissals informing enrollees and other parties about their right to request IRE review of the plan's dismissal. Please refer to the September 10, 2013, HPMS memorandum entitled "Change in Part C Reconsideration Dismissal Procedures" for further details.

To facilitate proper notice of a plan's decision to dismiss a reconsideration request, CMS has developed a model **Notice of Dismissal of Appeal Request**. A copy of the **Notice of Dismissal of Appeal Request** is attached to this memorandum and is also available at: http://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices.html

Plans must populate all identifying elements, including the date, the enrollee's name and ID number, the plan's name and contract identification number and fax number (see text box at the top of the Notice). In cases where a non-contract provider's reconsideration request is dismissed, the plan must also include the non-contract provider's name. (See specific instructions provided in brackets for the remaining free text fields.)

Please send questions regarding this memorandum to Part_C_Appeals@cms.hhs.gov.

Notice of Dismissal of Appeal Request

Date: _____

Enrollee's Name: _____ Enrollee ID Number: _____

(Insert Non-contract Provider Name, if applicable:) _____

Health Plan Name/Medicare Contract Number: _____

Health Plan Contact Fax Number: _____

- We dismissed the appeal request you filed on _____
  (Insert date request received by the plan.)
- We can't process your appeal request because:
  (Instructions: Use the space below to explain the specific reason for dismissal and what is missing from the request (e.g., lack of an appointment of representation (AOR) form, lack of waiver of liability (WOL) for a request filed by a non-contract provider). See Chapter 13 of the Medicare Managed Care Manual for guidance on when it may be appropriate to dismiss a reconsideration request.)

Do You Have Questions?

If you have questions about this notice, please contact _____at the following:
(Insert Health Plan Name)

Toll Free Phone: _____ Days & hours of operation: _____

TTY Users Phone: _____ Days & hours of operation: _____

If you disagree with our decision to dismiss your appeal request, you have the right to ask an independent reviewer contracted with Medicare to review our decision. You must mail or fax your written request within 60 calendar days of receipt of this ***Notice of Dismissal of Appeal Request*** to:

MAXIMUS Federal Services, Inc.
Medicare Managed Care & PACE Reconsideration Project
3750 Monroe Avenue, Suite 702
Pittsford, NY 14534-1302

Phone: 585-348-3300
Fax: 585-425-5292

Include a copy of this ***Notice of Dismissal of Appeal Request*** along with any supporting information with your request for review. The independent reviewer will send you a notice of its decision. If the independent reviewer agrees that your appeal should not have been dismissed, your appeal request will be returned to _____ for processing.
(Insert Health Plan Name)