

Notice of Dismissal of Appeal Request

Date:

Enrollee Name:

Enrollee ID Number:

(Insert non-contract provider name, if applicable):

Health Plan Name:

Phone:

Fax:

We dismissed the appeal request you filed on *(insert date)*.

We can't process your appeal because: *(explain the specific reason for dismissal and what is missing from the request -- e.g., person making the request is not a proper party and there isn't an appointment of representation (AOR) form; lack of waiver of liability (WOL) for a request filed by a non-contract provider; untimely filing of appeal and there isn't good cause for the late filing; a party submits a timely request for withdrawal of the reconsideration request. 42 CFR §§ 422.582(f) and (g), 422.633(h) and (i); for additional guidance, see also the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for when it may be appropriate to dismiss a reconsideration request.)*

What to do next

If you disagree with our decision to dismiss your appeal request, you have two options:

1. **You have the right to ask us to vacate (set aside) the dismissal action.** If we determine there's good cause to vacate the dismissal because *<insert reason for finding good cause--e.g., a finding that the person who made the request is a proper party>*, we'll vacate our dismissal and review your coverage request again. We must get your request at *<insert address/fax/phone>* within **6 months** of the date on this notice. Include a copy of this notice and any supporting information with your request.
2. **You have the right to ask an independent reviewer contracted with Medicare to review our decision to dismiss your appeal request.**

If you want an independent reviewer to review our decision, you must send your request within **65 calendar days** of the date of this notice. **Include a copy of this Notice of Dismissal of Appeal Request** along with any supporting information you want the independent reviewer to consider. The independent reviewer will send you a notice of its decision.

Submit your written request by mail or fax to:

United States Postal Service (USPS):

C2C Innovative Solutions, Inc. - QIC Part C
Attn: QIC Part C – New Plan Dismissal Appeal
P.O. Box 1949
Jacksonville, FL 32231-0053

UPS / FedEx Only:

C2C Innovative Solutions, Inc. - QIC Part C
Attn: QIC Part C – New Plan Dismissal Appeal
301 W. Bay St., Suite 1110
Jacksonville, FL 32202

Fax: (904) 539-4080

Phone: 1-866-320-0963

The review is limited to the decision to dismiss the appeal request and does not include a substantive review of coverage or payment. If the independent reviewer agrees that your appeal should not have been dismissed, your appeal request will go back to *<insert plan name>* for review of coverage or payment.

Get help and more information

For questions about this notice, contact (*insert plan name*) at toll-free at (*insert Toll Free Phone*) on (*days & hours of operation*). TTY users can call (TTY phone).