No. UM-019	**Medicare Dismissal or Withdrawal of an Initial Organization Determination Request**	
Effective Date: 01/01/2023 Committee Approval: 1/11/23	**POLICY AND PROCEDURE**	
CMS: Parts C & D Enrollee Grievance, Organization/Coverage Determination and Appeals Guidance (Section 40.14, 40.15, 40.6, 40.7)		

Medicare Dismissal or Withdrawal of an Initial Organization Determination Request

Purpose:

To comply with the Centers for Medicare and Medicaid Services (CMS) requirements to establish a process for the dismissal and withdrawal of initial organization determination requests for Medicare Advantage (MA) members.

Canopy Health through its delegated medical groups/IPAs has established processes for the dismissal and withdrawal of initial organization determination requests. The dismissal and withdrawal processes include the scenarios when dismissals and withdrawals may be allowed, the description of the step-by-step process taken by the medical groups/IPAs when a request for a dismissal or withdrawal is received, and the timeframes surrounding the dismissal or withdrawal of an initial organization determination request.

A. **Request to Withdraw an Initial Organization Determination Request**

1. A request for an initial organization determination may be withdrawn, verbally or in writing, at any time before the decision is issued by the party who requested the initial determination.

B. **Dismissing an Initial Organization Determination Request**

1. A request for an initial organization determination must be dismissed under the following circumstances:
    i. The individual or entity making the request is not permitted to request an organization determination
    ii. The plan determines the requesting party failed to make a valid request

iii. An enrollee or the enrollee's representative files a request, but the enrollee dies while the request is pending, and both of the following apply:
    1. The enrollee's surviving spouse or estate has no remaining financial interest in the case AND
    2. No other individual or entity with a financial interest in the case wishes to pursue the request. Financial interest in the case is defined as having financial liability for the item(s) or service(s) underlying the coverage request.

iv. The individual or entity who requested the review submits a timely verbal or written request for withdrawal of their request for an initial determination.

2. Notification Requirements
    i. If an initial determination request is dismissed, the medical group/IPA must mail or otherwise transmit a written notice of the dismissal to the parties at their last known address by the conclusion of the applicable adjudication timeframe (see policy "UM-012 Medicare Consistency and Timeliness for UM Decisions" for the CMS timeliness standards).
    ii. The dismissal notice must state all of the following:
        1. The reason for the dismissal
        2. The right to request that the plan vacate the dismissal action and
        3. The right to request review of the dismissal.

3. Dismissal Binding Unless Modified, Reversed or Vacated
    a. The dismissal of an initial determination request is binding unless good cause to vacate the dismissal is established within 6 months of the date of the notice of the dismissal.
        1. If a party submits a request to vacate a dismissal of an initial determination request and the request contains sufficient evidence or other documentation that supports a finding of good cause for vacating, the medical group/IPA makes a favorable good cause determination to vacate its prior dismissal action and performs an initial determination consistent with the CMS timeliness standards. Where a finding for good cause is made, the medical group/IPA documents the reason for that finding in the case file.
        2. If a party submits a request to vacate a dismissal of an initial determination request and the request does not contain sufficient evidence or other documentation that supports a finding of good cause for vacating, the dismissal remains in effect. The medical group/IPA

sends a written communication (not a dismissal notice) that explains, in clear language, why the information submitted does not establish good cause to vacate the dismissal action.

b. The dismissal of an initial determination request is binding unless it is modified or reversed by the upstream health plan upon appeal.
    i. Consistent with the timeframe for requesting a timely appeal of an initial determination, a request for review of a dismissal must be filed within 60 calendar days from the date of the dismissal notice.
    ii. Canopy Health is not delegated by the upstream health plans for enrollee appeals, including an appeal of the dismissal of an initial determination request.
        1. If during the upstream health plan's review of an appeal of the dismissal of an initial determination request, the medical group/IPA determines that its dismissal was in error, the medical group/IPA reverses the dismissal and processes the request for coverage in accordance with applicable adjudication timeframes and notice requirements (see policy "UM-012 Medicare Consistency and Timeliness for UM Decisions" for the CMS timeliness standards). The timeframe for the initial determination begins on the date/time of the decision to reverse the dismissal.
        2. If the upstream health plan UPHOLDS the dismissal, there is no further right to appeal the dismissal to a higher-level adjudicator.

Revision History:

Version Date	Edited By	Reason for Change
01/01/2023	L. Sasaki	Creation Date