

Notice of Dismissal of Appeal Request

Date:

Enrollee Name:

Enrollee ID Number:

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; untimely filing of appeal and there isn't good cause for the late filing; a party submits a timely request for withdrawal of the redetermination request. See: 42 CFR § 423.582(e) and (f) and the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for when it may be appropriate to dismiss a redetermination request.)*

What to do next

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

- 1. You can ask us to set aside (vacate) 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 also have the right to ask an independent reviewer contracted with Medicare to review our decision.** If the independent reviewer agrees that your appeal should not have been dismissed, your appeal request will go back to *<Insert plan name>* for processing.

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, fax or electronically:

Online: c2cinc.com/Appellant-Signup

Fax: (833) 710-0580

Mail:

C2C Innovative Solutions, Inc.
Part D Drug Reconsiderations
P.O. Box 44166
Jacksonville, FL 32231- 4166

UPS / FedEx:

C2C Innovative Solutions, Inc.
Part D Drug Reconsiderations
301 W. Bay St., Suite 1110
Jacksonville, FL 32202

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).