 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Dismissals
	PRODUCT LINE:	DSNP
	POLICY NUMBER:	UM124
	ORIGINAL POLICY EFFECTIVE DATE:	07/20/2024
	LAST REVISED DATE:	N/A
	LAST REVIEWED DATE:	N/A

SCOPE:

Group Health Cooperative of Eau Claire (the Cooperative) has processes in place to manage dismissals at the initial determination level in accordance with CMS regulations to ensure we are issuing dismissals when appropriate.

POLICY:

This policy outlines the processes related to handling dismissals. A request for an initial determination can be withdrawn at any time before the decision is issued. This request must come from the party who requested the initial determination. If a request to withdraw is filed with the plan, the plan will dismiss the initial determination request. The request to withdraw may be either written or verbal.


PROCEDURE:

Dismissal of an Initial Determination Request

The Cooperative may not deem a request invalid or dismiss a request for an initial determination for any reason not explicitly outlined in federal regulations. The Cooperative will dismiss a request for an initial determination only under the following circumstances listed below.

1. The individual or entity making the request is not permitted to request an initial determination under the applicable regulation.
2. The Cooperative determines that the individual or entity making the request failed to make a valid request for an initial determination that substantially complies with 42 CFR §§ 422.568(a) or 423.568(a). A valid request, as contemplated in §§ 422.568(a) and 423.568(a), includes sufficient information to identify the member to allow the plan to adjudicate the request (or, at a minimum, make contact with the member to clarify the request), including a full name or member ID number or at least one means of contact (e.g., address, telephone number, email).
3. The member dies while the request is pending and the member’s spouse or estate has no remaining financial interest in the case and no other individual or entity with a financial interest in the case wishes to pursue the initial determination. Financial interest means having financial liability for the item(s) or service(s) underlying the coverage request.
4. The individual or entity who requested the review submits a timely verbal or written request for withdrawal of their request for an initial determination with the plan.

When the plan’s dismissal is due to a timely withdrawal request, the plan is required to dismiss the initial determination request and issue a dismissal notice in accordance with the notice

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requirements in section 40.15.1 to preserve the rights of other proper parties to the decision who may wish to request review of the dismissal.

Withdrawn requests and dismissals will be reported separately in their distinct categories, per reporting requirements.

Dismissal Notice

If the Cooperative dismisses an initial determination request, the plan 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.

The dismissal notice will state all 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.

A request for review of a dismissal must be filed within 60 calendar days from the date of the plan’s dismissal notice.


Dismissal Binding Unless Modified, Reversed or Vacated

The Cooperative’s dismissal of an initial determination request is binding unless it is modified or reversed by the plan upon appeal, or the dismissal is vacated for good cause. Upon receipt of a request to review a dismissal, the Cooperative will conduct an appeal in accordance with §50 of this guidance, including the applicable adjudication timeframes for redeterminations and reconsiderations.

Requests for Review of a Dismissal of an Initial Determination Request

If a party appeals the Cooperative’s dismissal of an initial determination request and the plan determines that its dismissal was in error, the Cooperative will reverse the dismissal and process the request for coverage in accordance with applicable adjudication timeframes and notice requirements. The timeframe for the initial determination begins on the date/time of the plan’s decision to reverse its dismissal.

If a party appeals the Cooperative’s dismissal of an initial determination request and the plan upholds its dismissal, there is no further right to appeal the dismissal to a higher-level adjudicator. However, in addition to the right to appeal a dismissal, the member has the right to request that the plan vacate the dismissal action.

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Requests to Vacate Dismissal of an Initial Determination Request

The Cooperative may vacate its own dismissal if good cause is established within 6 months of the date of the notice of the dismissal. A plan may find good cause to vacate a dismissal if, for example, the plan determines the dismissal was issued in error because the documentation in the administrative case file shows the reason for dismissing the request was incorrect. For examples of where good cause may exist, please see § 50.3. 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 plan makes a favorable good cause determination. Once the plan makes a favorable good cause determination, it vacates its prior dismissal action and performs an initial determination consistent with applicable timeframes. Where a finding for good cause is made, the Cooperative will document the reason for that finding in the case file.

If the plan does not find good cause to vacate the dismissal, the dismissal remains in effect. The Cooperative will issue a letter (not a dismissal notice) explaining that good cause has not been established and the dismissal cannot be vacated and will explain in clear language why the information submitted with the request to vacate the dismissal does not establish good cause to vacate the dismissal action.

Reference Sources:


Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance
 July 16, 2024

APPROVED: Michelle Bauer M.D. DATE: 07/20/2024

Formal policies and procedures require department manager review, approval, and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval, and signature.

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision

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