**Notice of Dismissal of Coverage Request**

**Date:**

**Enrollee’s Name: Enrollee ID Number:**

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

Plan Name: Phone: Fax:

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

We can’t process your request 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. 42 CFR §§ 422.568(g), 422.631(e) and 423.568(i) and for additional guidance, see the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for when it may be appropriate to dismiss a coverage request.)*

**Do You Have Questions?**

**If you have questions** about this notice, please contact (*Insert plan name*) at:

Toll Free Phone: Days & hours of operation:

TTY Users Phone: Days & hours of operation:

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

1. If you think we have incorrectly dismissed your coverage request (for example, you believe <*insert reason* (e.g., you are a proper party)>), you may request that we review our dismissal. Your appeal must be received by us at <*insert address/fax/**phone for filing appeal requests >* within **60 calendar days** of the date of this dismissal notice. Include a copy of this ***Notice of Dismissal of Coverage Request***along with any supporting information with your appeal and explain why you believe the dismissal was incorrect.
2. You may request that we vacate (set aside) the dismissal action. If we determine there is 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 will vacate our dismissal and review your coverage request. Your request to vacate this dismissal must be received by our office at <*insert address/fax/phone>* within **6 months** of the date of this notice. Include a copy of this *Notice of Dismissal of Coverage Request* along with any supporting information with your request.