

Utilization Management MAPD>P.O. Box 660694><Dallas, TX 75266-0694>

Notice of Dismissal of Coverage Request

Enrollee ID Number:		
(Insert non-contract provider name, if applicable):		
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' 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 <blue advantage="" at:<="" cross="" medicare="" plan="" th=""></blue>		
Days and Hours of Operation <8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekend and holidays>.		

TTY Users: <711>

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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 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 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 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 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 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 reason* (e.g., you believe plans)>), you may request that we review our dismissal. Your appeal must be received by us at *insert reason* (e.g., you believe plans)>), you believe *insert reason* (e.g., you believe *insert reason* (
- 2. You can ask us to set aside (vacate) 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 <Utilization Management MAPD, P.O. Box 660694, Dallas, TX 75266-0694> 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.

<HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. Oklahoma PPO plans for employer and union groups only. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.>