From: Cigna Part C Appeals Unit
Fax number: **1-855-350-8671|** Phone number: **1-800-668-3813 (TTY 711)**

To: ATTN: Mark S for LEONARD MUGO
(410) 494-4918

Notice of Dismissal of Appeal Request

Date: 01/19/2024

Enrollee's Name: SERENA SHEPARD **Enrollee ID Number:** 31926374

(Insert non-contract provider name, if applicable): N/A

Health Plan Name: Cigna Phone: **1-800-668-3813 (TTY 711)**

Fax: 1-855-594-4423

We dismissed the appeal request you filed on *01/05/2024.*

We can't process your appeal because:

[We received your appeal request for an authorization reconsideration of Home Health Care services. On 01/18/2024 14:40 you requested that your reconsideration request be withdrawn. For this reason we are dismissing your appeal.]

Do You Have Questions?

If you have questions about this notice, please contact Cigna at:

Toll Free Phone: **1-800-668-3813 (TTY 711)**
Days & hours of operation: October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. TTY users should call 711.

TTY Users Phone: **(TTY 711)**
Days & hours of operation: October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. TTY users should call 711.

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

1. **You have the right to ask us to vacate (set aside) the dismissal action.** If we determine there is good cause to vacate the dismissal because you have provided the required information listed above or you

have additional information to provide, we will vacate the dismissal and review your appeal request. Your request to vacate this dismissal must be received by our office at ***Part C Appeals PO Box 188083 Chattanooga, TN 37422 or Fax: 1-855-594-4423*** within **6 months** of the date of this notice. Include a copy of this *Notice of Dismissal of Appeal Request* along with any supporting information with your request.

2. **You also have the right to ask an independent reviewer contracted with Medicare to review our decision to dismiss your appeal request**. If you want an independent reviewer to review our decision, you must mail or fax your written request within **60 calendar days** of the date of this *Notice of Dismissal of Appeal Request* to:

MAXIMUS Federal Services, Inc.
Medicare Managed Care & PACE Reconsideration Project
3750 Monroe Avenue, Suite 702
Pittsford, NY 14534-1302

Phone: 585-348-3300
Fax: 585-425-5292

Include a copy of this ***Notice of Dismissal of Appeal Request*** along with any supporting information with your request for review. The independent reviewer will send you a notice of its decision. If the independent reviewer agrees that your appeal should not have been dismissed, your appeal request will be returned to Cigna for processing.