



Troy Medicare Policy and Procedure

Title: Re-openings for Organization Determinations		Policy Number: UM - 007	
Primary Department: Utilization Management	LOB: Medicare Advantage and DSNP	Author: J Murphy	
Effective Date: 11/1/2022	Original Date: 11/1/2022	Review Date(s): 4/26/2023; 12/7/2023, 11/7/2024, 11/11/2025	Archive Date:
Interactive Related Department(s)			
<input type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> Medical Management <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing	<input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Pharmacy <input type="checkbox"/> Member Services <input type="checkbox"/> Quality Management <input type="checkbox"/> Utilization Management	<input type="checkbox"/> Care Management <input type="checkbox"/> Enrollment <input type="checkbox"/> Plan Administration <input type="checkbox"/> Claims <input type="checkbox"/> Other	

Disclaimer: Disclaimer: Troy Medicare Utilization Management applies CMS criteria and guidelines, National and Local Coverage Determinations (NCD/LCD), Clinix Internal Review Guidelines, Troy Utilization Review Policies, and MCG (Milliman Criteria Guidelines) Criteria. This suite of guidelines covers the spectrum of inpatient, outpatient, and rehabilitation, and care for medical, surgical, and behavioral health issues. In addition, Troy partners with vendors who provide clinical expertise for specific services.

POLICY PURPOSE

The purpose of this policy is to establish Troy Medicare’s process for the reopening of an organization determination.

Troy Health, Inc. is committed to complying with all regulations and requirements for Medicare Advantage Plans, and applicable federal and state laws, including health care fraud and identity theft laws.

SCOPE

This policy applies to Utilization Management and is applied when new evidence is received after an organization determination is made, although the original decision was correct at the time it was made.

REFERENCES

- 42 CFR §422.616
- 42 CFR §§423.1978 – 423.1986
- CMS Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals

RESPONSIBLE PARTIES

- Chief Clinical Officer
- Chief Medical Officer

DEFINITIONS

- **Reopening** – a remedial action taken to change a binding determination or decision even though the determination or decision was correct based on the evidence of record.

POLICY

The process for a reopening is for a remedial action taken to change a binding organization determination based on new evidence to a more favorable decision for the member. Troy Medicare's decision to reopen an organization determination is binding and not subject to appeal. Any party to the organization determination may request a reopening. If documentation is received after the pre service organization determination is finalized, and when a determination or decision is reopened and revised (including revision of the rationale for a decision that is not revised) Troy will deliver written notification to the parties of the determination or decision.

If the enrollee, enrollee's authorized representative, provider, or prescriber has submitted evidence after the initial determination or level 1 appeal request has been denied, Troy will ascertain whether the enrollee, enrollee's authorized representative, provider or prescriber is seeking an appeal or a reopening.

Reopenings may occur based on "new and material evidence", clerical error and/or when evidence that was considered in making the determination or decision clearly shows on its face that an obvious error was made at the time of the determination or decision that may result in a conclusion different from that reached in the initial determination and may only be granted or processed by the Vice President of Health Services.

PROCEDURE

1. Reopening and Revising Organization Determinations

- a. A reopening is a remedial action taken to change a binding determination or decision even though the determination or decision was correct based on the evidence of record. This includes fixing clerical errors:
 - i. The reopening can be made by Troy Medicare, the Independent Review Entity, Administrative Law Judge, Medicare Appeals Council, or requested by the provider or an enrollee or enrollee's authorized representative.
 - ii. The reopening cannot be made when the issue is under appeal until all appeal rights at that particular appeal level are exhausted. A party cannot have an appeal and reopening occurring simultaneously with respect to the same coverage determination.
 - iii. Troy's decision on whether to reopen is final and not subject to appeal.

- b. The following are the requirements for a reopening:
 - i. The request must be in writing
 - ii. The request for reopening must be clearly stated
 - iii. The request must include the specific reason for requesting the reopening (a statement of dissatisfaction is not grounds for a reopening, and should not be submitted)
- c. If Troy Medicare receives a request for reopening and disagrees that the issue is a clerical error, Troy will dismiss the reopening request and notify the enrollee or other party that the determination or decision will not be reopened. Troy will notify the requestor in writing of the decision not to reopen. Troy will also advise the party of any appeal rights, provided the timeframe to request an appeal of the original denial has not expired.
- d. In the event that any determination or decision is reopened and revised, Troy will deliver written notification of its revised determination to the involved parties at their last known address. Written notification must state the rationale and basis for the reopening and revision, the specific reason for the revision or change in rationale and provide any information on appeal rights. The written notification must also be written in a manner that is understandable to the enrollee.
- e. After reopening, a revised determination or decision is binding unless it is appealed or otherwise subsequently reopened. The timeframe to request an appeal of the revised determination or decision begins on the date of the revised determination or decision.
- f. The filing of a request for a reopening with the Independent Review Entity (IRE,) Administrative Law Judge (ALJ), or Medicare Administrative Contractor (MAC) does not relieve Troy of any obligation to make payment for, authorize, or provide services as specified in this policy.

2. Timeframes and Requirements for Reopening by Troy or External Parties

- a. Reopenings may occur based on “new and material evidence”, clerical error and/or when evidence that was considered in making the determination or decision clearly shows on its face that an obvious error was made at the time of the determination or decision.
- b. The request should be made within the timeframes permitted for reopening.
- c. Reopenings may be initiated by Troy according to the following time frame:
 - i. Within 1 year from the date of the initial determination or level 1 appeal for any reason.
 - ii. At any time if there exists reliable evidence (i.e., relevant, credible, and material) that the organization's determination was procured by fraud or similar fault.
 - iii. At any time if the organization determination or reconsideration is unfavorable, in whole or in part, to the party (but only for the purpose of clerical error on which that determination was based).

1. Clerical error includes human and mechanical errors on the part of the party or Troy, such as:
 - Mathematical or computational mistakes
 - Inaccurate data entry
 - Denials of claims as duplicates

iv. Determinations must be made by Troy Medicare within the timeframes permitted

Note: A change of legal interpretation or policy by CMS in a regulation, CMS ruling, or CMS general instruction, whether made in response to judicial precedent or otherwise, is not a basis for reopening a determination or hearing decision.

ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

•

APPROVALS

<p><u>Jennifer Murphy</u> <small>Jennifer Murphy (Dec 1, 2025 13:46:15 EST)</small></p> <hr/> <p>Chief Clinical Officer</p> <p style="text-align: center;">12/01/2025</p> <hr/> <p>Date</p>	<p><u>Sally Scott</u> <small>Sally Scott (Nov 23, 2025 22:38:09 EST)</small></p> <hr/> <p>UM Committee</p> <p style="text-align: center;">11/23/2025</p> <hr/> <p>Date</p>
---	--

Revision History

Revision Date	Revised by Whom	Revisions Made
10.3.2022	J Terrell	Initial policy
4.26.2023	J Murphy	Review by Policy Committee
12.7.2023	J Murphy	Annual review by Utilization Management Committee
11.7.2024	J Murphy	Updated references and procedure. Annual review by Utilization Management Committee
11.11.2025	J Murphy	Revised purpose, Annual review by Utilization Management Committee