



## Troy Medicare Policy and Procedure

<b>Title:</b> Re-openings for Organization Determinations		<b>Policy Number:</b> UM - 007	
<b>Primary Department:</b> Utilization Management		<b>LOB:</b> Medicare Advantage and DSNP	
<b>Author:</b> J Murphy			
<b>Effective Date:</b> 11/1/2022	<b>Original Date:</b> 11/1/2022	<b>Review Date(s):</b> 4/26/2023; 12/7/2023	<b>Archive Date:</b>
<b>Interactive Related Department(s)</b>			
<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: Troy Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Troy Policies, and MCG for determining medical necessity. Troy Health Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

### 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.

### 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

### RESPONSIBLE PARTIES

- Vice President of Health Services
- 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, provider, or prescriber has submitted evidence after the initial determination or level 1 appeal request has been denied, Troy will ascertain whether the enrollee, 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 an enrollee.
  - 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 may be verbally or 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. If the request was received in writing, the adjudicator must 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. A revised determination or decision is binding unless it is appealed. 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 IRE, ALJ, or 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

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## APPROVALS

*Jen Murphy*

Vice President, Medical Management

12 / 27 / 2023

Date

*S. Scott*

Utilization Management Committee

12 / 22 / 2023

Date

### 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