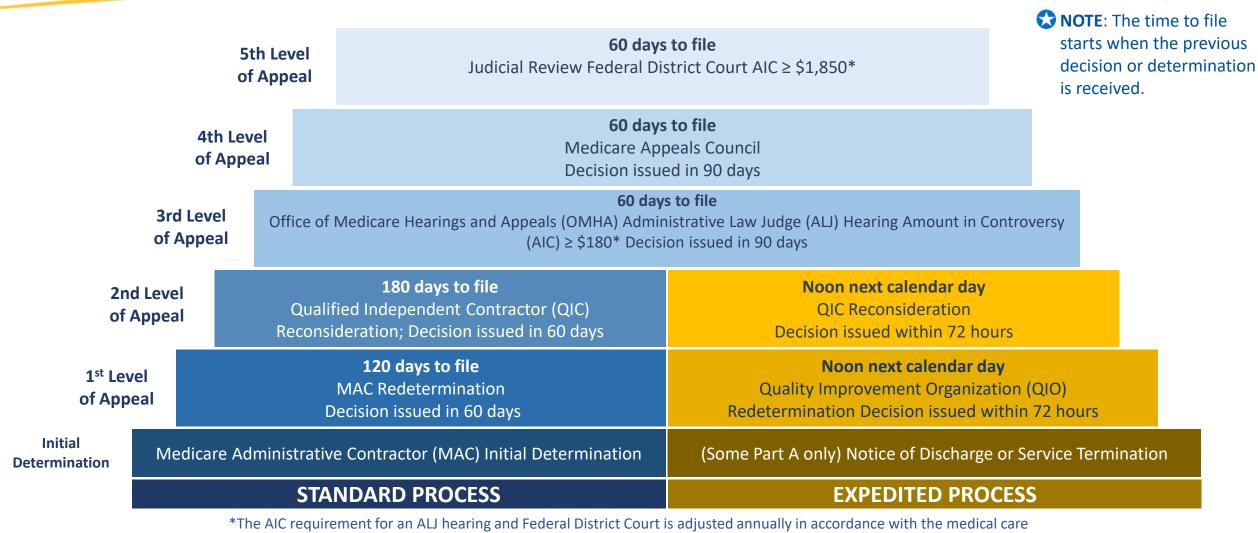
Original Medicare Appeals Process: Part A & Part B (Fee-for-Service) Process



component of the consumer price index. The chart reflects the amounts for calendar year 2023.

Medicare Advantage (Part C) Appeals Process

5th Level of Appeal		60 days to file Federal District Court AIC ≥ \$1,850**		C	NOTE : The time to file starts when the previous decision or determination is received.
4th Level60 daysof AppealMedicare AppealNo statutory time I			peals Council		
3rd Level of Appeal		60 days Office of Medicare Hearin ALJ Hearing; <i>A</i> No statutory time li	ngs and Appeals (OMHA) AIC ≥ \$180**		
Autom 2nd Level of Appeal	Independen Pre-Se Paym	g to IRE if plan reconsideration upholds denial t Review Entity (IRE) Reconsideration rvice: Decision issued in 30 days ent: Decision issued in 60 days Drug: Decision issued in 7 days	Automatic forwarding to IRE if plan reconsideration IRE Reconsideration Decision issued within 72 hours	on upholo	ds denial
1st Level of Appeal60 days to filePre-Service: Decision issued in 30 days; Payment: Decision issued in 60 days; Part B Drug: Decision issued in 7 days			60 days to file Health Plan Reconsideratio Decision issued within 72 ho		
		14 days; Payment: Decision issued in 60 days cision issued within 72 hours	Pre-Service: Decision issued with Part B Drug: Decision issued with		
	STAND	ARD PROCESS*	EXPEDITED PROC	ESS	

*Plans must process 95% of all clean claims from out of network providers within 30 days. All other claims must be processed within 60 days.

**The AIC requirement for an ALJ hearing and Federal District Court is adjusted annually in accordance with the medical care component of the consumer price index. The chart reflects the amounts for calendar year 2023.

Part D (Drug) Appeals Process

5th Level of Appeal			60 days to file Judicial Review Federal District Court AIC ≥ \$1,850****			
	4th Le of App	-	60 days to file Medicare Appeals Council Decision issued in 90 days	60 days to file Medicare Appeals Council Decision issued in 10 days		
	3rd Level of Appeal	Adminis	60 days to file of Medicare Hearings and Appeals (OMHA) strative Law Judge (ALJ) Hearing Amount in sy (AIC) ≥ \$180****; Decision issued in 90 days	60 days to file OMHA ALJ Hearing; Expedited Decis AIC ≥ \$180**** Decision issued in 10 days	sion	
60 days to file***2nd Level of AppealPart D Independent Review Entity (IRE)Standard Reconsideration Decision issued in 7 days (benefits) Decision issued in 14 days (payments)			D Independent Review Entity (IRE) sideration Decision issued in 7 days (benefits)	60 days to file*** Part D IRE Expedited Reconside Decision issued within 72 ho		
1 st Level of Appeal	coverage (N	60 days to file edicare drug plan(PDP)/Medicare Advantage Plan with drug erage (MA-PD) Standard Redetermination; Decision issued in 7 days (benefits); Decision issued in 14 days (payment)		60 days to file PDP/MA-PD Expedited Redete Decision issued within 72		
Coverage Determination*	72-hour tin	ne limit**;	Decision issued in 14 days (payment)	Decision issued within 24 hours**		
STANDARD PROCESS			NDARD PROCESS	EXPEDITED PROCESS		
*A request for a coverage determination includes a request for a tiering exception or a formulary exception. A request for a coverage determination may be filed by the enrollee, by the enrollee's appointed representative, or by the enrollee's physician or other prescriber. **The adjudication timeframes generally begin when the request is received by the plan sponsor. However, if the request involves an exception request, the adjudication timeframe begins when the plan sponsor receives the physician's supporting statement.			e determination may be filed by the enrollee, by y the enrollee's physician or other prescriber. in when the request is received by the plan exception request, the adjudication timeframe	*** If, on redetermination, a plan sponsor upholds an at-risk determination made per 42 CFR § 423.153(f), the plan sponsor must auto-forward the case to the Part D IRE. ****The AIC requirement for an ALJ hearing and Federal District Court is adjusted annually in accordance with the medical care component of the consumer price index. The chart reflects the amounts for calendar year 2023.		