Medicare Advantage (MA) Appeals Process

When filing a Medicare appeal, the first step is to determine if your patient has Standard Medicare or a Medicare Advantage Plan. If your patient has Medicare Advantage, you will need to determine how quickly a decision is needed:

- Expedited (fast) request—72 hours, or as expeditiously as the enrollee's health condition requires, but no later than 72 hours after receiving the enrollee's request
- Standard service request—30 days
- Payment (claim appeal) request—60 days

All Medicare plans allow for 5 levels of appeal. The processes vary, so it's important to follow the instructions for the specific plan type the patient has.

If your transplant center is completing the appeal on behalf of your patient, make sure you always include an "appointment of representative" form signed by the patient.

Medicare has an appeal guide for patients. It can be very helpful if you don't understand any part of the process. Access the guide online: https://www.medicare.gov/Pubs/pdf/11525.pdf.

1st level of appeal: Reconsideration

You must file this appeal within 60 days of the date of the organization's adverse determination. Your first step is to determine if you are filing a standard or urgent appeal. You may only file an urgent appeal if you believe waiting for a standard service decision may seriously jeopardize the patient's life, health, or ability to regain maximum function.

Way to submit	Steps	Reference
Fill out a redetermination request form	• Determine if you are filing an urgent or standard appeal • Fill out and send the reconsideration form to the address specified on the denial notification from the patient's plan or find the address on the plan finder using the link to the right. • Also send a full appeal letter (standard or urgent) to provide important clinical details • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) and submit with your appeal case	Search **"redetermination form"** at: www.cms.gov to download (Form CMS-20027) www.medicare.gov/find-a-plan Find **"Sample Level 1 Medicare Advantage Standard Appeal Letter"** and **"Sample Level 1 Medicare Advantage URGENT Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form (Form CMS-1696)

Helpful tips

Submit your appeal to the plan in the quickest way that they offer (phone or fax).

The time to complete standard and fast service requests may be extended by up to 14 days if the plan needs more information. Make sure you provide all necessary clinical information with the initial request.

Detailed information on this step of the process can be found by searching **"level 1 appeal"** online at: www.medicare.gov

Did you get an approval of your appeal?
☐ Yes; you're done!
☐ No; your appeal is **automatically** moved to Level 2 of the appeals process

2nd level of appeal: Review by an Independent Review Entity (IRE)

If the plan denies your request for the Level 1 Reconsideration, the plan will automatically submit the Level 2 appeal. You do have the right to send additional clinical information to the IRE who will be reviewing the appeal. Currently the IRE for Medicare Managed Care plans is Maximus. You can find out information and how to contact them here: www.medicareappeal.com

Way to submit	Steps	Reference
Send your appeal to the IRE (address found on the denial notice)	• Determine if you are filing an urgent or standard appeal. • Send a full appeal letter (standard or urgent) to provide important clinical details • You must send this information within 10 days of the date that you get the notice that your case file has been sent to the IRE. • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) and submit with your appeal case. • If your initial appeal was urgent, indicate that this request is also urgent. Include why you believe waiting for a standard service decision may seriously jeopardize the patient's life, health, or ability to regain maximum function.	Find **"Sample Level 2 Medicare Advantage Standard Appeal Letter"** and **"Sample Level 2 Medicare Advantage URGENT Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form

Helpful tips

Some IRE's call themselves a "Part C QIC" – this is the same thing as an IRE.

If you disagree with the IRE's decision in Level 2, you have 60 days from the date of their decision to request an Administrative Law Judge (ALJ) hearing.

Detailed information on this step of the process can be found by searching **"Level 2 appeal"** at: www.medicare.gov.

Did you get an approval of your appeal?
☐ Yes; you're done!
☐ No; move to Level 3 of the appeals process

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3rd level of appeal: Hearing before an Administrative Law Judge (ALJ)

You have 60 days from the date of the IRE's decision to request an Administrative Law Judge (ALJ) hearing. If the Level 2 IRE review ends in denial, you can file a request for an ALJ hearing. The hearing is held by phone, video-teleconference or in person. You can also ask the ALJ to make a decision without a hearing (not recommended). They may issue a decision without a hearing if evidence in the hearing record supports a decision that's in your favor.

Way to submit	Steps	Reference
Fill out a "Request for Medicare Hearing by an Administrative Law Judge" form	• Determine if you are filing an urgent or standard appeal • Complete the "Request for a Hearing" form (CMS-20034 A/B) and include all supporting documentation. • Complete a full appeal letter (standard or urgent) to provide important clinical details • Send the appeal letter with your request form to the OMHA office that will handle your ALJ hearing. You will find the address and other instructions on the IRE's Level 2 decision notice. • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) and submit with your appeal case.	Search **"ALJ form"** at: www.cms.gov to download (Form CMS-20034 A/B U3) Find **"Sample Level 3 Medicare Advantage Standard Appeal Letter"** and **"Sample Level 3 Medicare Advantage URGENT Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form (Form CMS-1696)

Helpful tips
You **must** send your request/form to the appropriate Office of Medicare Hearings and Appeals (OMHA) Central Operations. You will find the correct address in the IRE's Level 2 decision notice.
You have 60 days after you get the ALJ's decision to submit the fourth level of appeal – requesting a review by the Medicare Appeals Council (Appeals Council).
In most cases, the ALJ will send you a written decision within 90 days of getting your request. If the ALJ doesn't issue a timely decision, you may ask the ALJ to move your case to the next level of appeal.
To find out more about the hearing process, call **1-800-MEDICARE** or visit: www.hhs.gov/omha.
Detailed information on this step of the process can be found by searching **"Level 3 appeal"** at: www.medicare.gov.
Did you get an approval of your appeal? ☐ Yes; you're done! ☐ No; move to Level 4 of the appeals process

4th level of appeal: Medicare Appeals Committee

The denial notice you received from your Level 3 appeal will have information on how to file the Level 4 appeal.

Ways to submit	Steps	Reference
Option 1: Fill out an Administrative Law Judge Decision Dismissal form	• Complete the request for review of Administrative Law Judge Medicare decision/dismissal form (DAB-101). • Submit the form and any supportive documentation for your case to the address found on Administrative Law Judge letter. • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) and submit with your appeal case.	Search **"ALJ decision dismissal form"** at: www.hhs.gov to download the form Search **"appointment of representative"** at: www.cms.gov to download the form
Option 2: Submit a written request to the Appeals Council	• Include a statement identifying the parts of the ALJ's decision that you disagree with and an explanation of why you disagree. • Include the date of the ALJ decision. • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) and submit with your appeal case. • Submit the statement to the address found on the Administrative Law Judge letter.	Find **"Sample Level 4 Medicare Advantage Standard Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals Search **"appointment of representative"** at: www.cms.gov to download the form

Helpful tips
You must send your request to the address listed in the ALJ's hearing decision letter.
In most cases, the Appeals Council will send you a written decision within 90 days of getting your request.
If the Appeals Council doesn't issue a timely decision, you can ask the Appeals Council to move your case to the next level of appeal.
If you disagree with the Appeals Council's decision in Level 4, you have 60 days after you get their decision to request a judicial review by a federal district court.
For more information about the Appeals Council review process, call **1-800-MEDICARE** or search **'Medicare operations division'** at: www.hhs.gov.
Detailed information on this step of the process can be found by searching **"Level 4 appeal"** at: www.medicare.gov.
Did you get an approval of your appeal? ☐ Yes; you're done! ☐ No; move to Level 5, the final step of the appeals process

5th and FINAL level of appeal: Judicial Review by Federal Court		
You have 90 days after you get notice of denial of the Level 4 appeal to submit the Level 5 appeal to Judicial Review.		
Way to submit	**Steps**	**Reference**
File a Level 5 complaint	• Follow the directions in the MAC's decision letter you got in Level 4. • If you are filing on behalf of your patient, complete the appointment of representative form (CMS-1696) and submit with your appeal case. • You can also send a full appeal letter (standard) to provide important clinical details.	Search **"ALJ decision dismissal form"** at: www.cms.gov to download the form (Form DAB-101) Search **"appointment of representative"** at: www.cms.gov to download the form Find **"Sample Level 5 Medicare Advantage Standard Appeal Letter"** at: Network.BeTheMatchClinical.org/Appeals
Helpful tips		
The Medicare Appeals Council's (MAC) decision will contain information about the procedures for requesting judicial review.		
Detailed information on this step of the process can be found by searching **"Level 5 appeal"** at: www.medicare.gov.		