

ENROLLEE STANDARD APPEALS PROCESS FOR SPECIAL NEEDS PLANS

SNP Organization/Initial Determinations

14-calendar-day time limit with a possible 14-calendar-day extension

Initial request for a service that is covered under both programs is denied. SNP sends enrollee a notice explaining the denial and describing the integrated appeals process.



60 days to file

SNP Reconsideration

First Appeal Level

Pre-Service: 30-day time limit

Plan sends all fully or partially unfavorable decisions forward

MEDICARE



MEDICAID



Automatic IRE review

Pre Service: 30-day time limit
Payment: 60-day time limit

Automatic State Fair Hearing

90-day time limit subtracting the time the plan took reconsidering the determination

Second Appeal Level



(From this point in the process, revert back to the non-integrated appeals processes because the statute requires enrollees to request an Administrative Law Judge hearing)

MEDICARE



60 days to file

Administrative Law Judge Hearing

No statutory time limit for making a decision
Amount in controversy must equal or exceed \$110

Third Appeal Level



60 days to file

Medicare Appeals Council

MAC may decline review
No statutory time limit for making a decision

Fourth Appeal Level



60 days to file

Federal District Court

Amount in controversy must equal or exceed \$1,130

Fifth Appeal Level

MEDICAID



Possible Automatic Forwarding

State Medicaid Agency Review

IF APPLICABLE
No regulatory time limit for making a decision



60 days to file

Federal District Court

Amount in controversy must equal or exceed \$1,130