MEDICARE APPEALS AND YOUR RIGHTS

There are **five levels of Medicare appeals**:

- The **first level appeal** is called a request for reconsideration and is done by the **health plan**.
- If your health plan does not change its decision, then the health plan must send your case file to **MAXIMUS Federal Services** for a **second level appeal**, called an **External Review**.
- If MAXIMUS Federal Services agrees with the health plan, you may try the **third level appeal**, called an **Administrative Law Judge Hearing (ALJ Hearing)**.
- If you are unhappy with the ALJ Hearing decision, you may ask the **Medicare Appeals Council (MAC) (DAB)** to review your case. This is called a DAB review; it is the **fourth level appeal**.
- In calendar year 2016, if the amount involved is $1,500 or more, you have the right to continue your appeal by asking a Federal Court Judge to review your case.

Each of these levels has steps that you and your health plan must follow. In each of these five levels of appeal:

- **You have the right** to have someone help you with your appeal. You can pick anyone you want, such as a friend, family member, doctor, or lawyer.

The First Level Appeal: Health Plan Reconsideration

If you requested services or payment from the plan and the plan decided to deny all or part of what you requested, you can ask the plan to reconsider their decision. This is called an appeal or request for reconsideration.

The Second Level Appeal: External Review

If your health plan does not change its decision after your request for reconsideration, the plan automatically sends your case file to MAXIMUS Federal Services for an External Review.

The external review by MAXIMUS Federal Services includes:

- MAXIMUS Federal Services sends you and your representative (if you have one) a letter telling you that they have your case file.
- MAXIMUS Federal Services carefully reviews
  - Medicare rules
  - Your agreement with the health plan,
  - All the information in your case file, and
  - Any additional information that you provide
- MAXIMUS Federal Services makes a decision in
  - 72 hours, or up to 17 days in certain cases, for an expedited (fast) review
  - 30 to 44 days for health care you are waiting for
  - 30 to 60 days for payment of a denied bill.
- MAXIMUS Federal Services sends you a letter with the decision.
  - If MAXIMUS Federal Services disagrees with the plan (overturns the plan's denial), then MAXIMUS Federal Services will send a letter to you and a letter to your health plan telling your health plan to pay for or provide for your health care.
  - If MAXIMUS Federal Services agrees with your health plan (upholds the plan's denial), your letter will tell you what you can do. If you want to appeal this decision, you can ask for the third level appeal, an ALJ Hearing.

Your Rights in an External Review with MAXIMUS Federal:

MAXIMUS Federal Services
Medicare Managed Care & PACE Reconsideration Project
3750 Monroe Avenue
Suite 702
Pittsford, NY 14534-1302

- You have the right to send us information about your case. We must get this information 10 days after the date you receive MAXIMUS Federal Services' letter telling you we have your case file. You can have someone such as a family member, friend, or doctor help you write this information. Please include your name and appeal number on your information. Send your information to:
- You have the right to ask for MAXIMUS Federal Services letters in a language you understand.
- You have the right to a copy of everything in your file.
- You have the right to receive a written appeal decision from MAXIMUS Federal Services.

The Third Level Appeal: ALJ Hearing

If MAXIMUS Federal Services agrees with your health plan but not with you, you can ask for a hearing with an Administrative Law Judge (ALJ). If you ask for a hearing, an ALJ from the Office of Medicare Hearings and Appeals will decide your case. You can learn more about the ALJ hearing process by visiting www.hhs.gov/omha.

In 2016, you can ask for an ALJ hearing only if what you were asking the health plan for (services or equipment) is worth more than $150.

Write to MAXIMUS Federal Services and ask for an ALJ Hearing. You have to write and ask for an ALJ Hearing within 60 days of the date of the decision.

- The Office of Medicare Hearings and Appeals will schedule your hearing, and will tell you the time and place of the hearing.
- You participate in the hearing and give information about your case. Your health plan may also have someone at the hearing to give information. You can include anyone to speak for you or help you. This person does not have to be a lawyer. You can pick anyone, such as a family member, friend, or doctor.
- The ALJ makes a decision based on your case file and the information given at the hearing.
- The ALJ sends the written decision to you, your health plan, and to MAXIMUS Federal Services.
- If the ALJ agrees with you, then MAXIMUS Federal Services will send a letter to your health plan telling them to pay or provide for your health care.

The Fourth Level Appeal: Medicare Appeals Council (MAC) Review

If you are unhappy with the decision made by the ALJ, you may be able to ask for Medicare Appeals Council (MAC) review of your case. This board is part of the federal department that runs the Medicare program.

The Fifth Level Appeal: Federal Court

If you are unhappy with the decision made by the Medicare Appeals Council (MAC), you may be able to take your case to a federal court. For calendar year 2016, the dollar value of your medical care must be at least $1,500 to go to a federal court.

More about your rights and who can help you

To get more information about your appeal rights:

- Visit the Medicare Appeal web site (www.medicare.gov)
- Talk to your health plan about how to file appeals and your rights.

To get help with your appeal:

- Call your local Bar Association or legal aid program. If you do not have much money, these offices may be able to help you with your appeal.
- Talk to a private lawyer who may charge you a fee.

- Call 1-800-MEDICARE to request the telephone number of your State Health Insurance Assistance Program.

For information about the availability of auxiliary aids and services, please visit: http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html.

CMS.gov MAXIMUS | Federal Services