

APPENDIX R

**Medicare Part D Appeal
Process**

Medicare Prescription Drug (Part D)

Coverage Determination*/Appeals Process

25 - 00001

Contrato Número

Coverage
Determination

STANDARD PROCESS

72-hour time limit**
14-day time limit (payment)

EXPEDITED PROCESS

24-hour time limit**

60 days to file

PDP /MA-PD

Standard Redetermination
7-day time limit (benefits)
14-day time limit (payment)

PDP/MA-PD

Expedited Redetermination
72-hour time limit

First
Appeal
Level

60 days to file***

Part D IRE

Standard Reconsideration
7-day time limit (benefits)
14-day time limit (payments)

Part D IRE
Expedited Reconsideration
72-hour time limit

Second
Appeal
Level

60 days to file

Office of Medicare Hearings and Appeals

ALJ Hearing
Standard Decision
AIC ≥ \$180****
90-day time limit

Office of Medicare Hearings and Appeals

ALJ Hearing
Expedited Decision
AIC ≥ \$180****
10-day time limit

Third
Appeal
Level

60 days to file

Medicare Appeals Council

Standard Decision
90-day time limit

Medicare Appeals Council

Expedited Decision
10-day time limit

Fourth
Appeal
Level

60 days to file

Federal District Court AIC ≥
\$1,840****

Judicial
Review

AIC = Amount in Controversy
IRE = Independent Review Entity

ALJ = Administrative Law Judge
MA-PD = Medicare Advantage plan that offers Part D benefits

PDP = Prescription Drug Plan

*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.

*** 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 2024.

25 - 00001

Contrato Número

The Medicare Part D Exception Process

