


No. UM-014	Effectuating Medicare Advantage Reconsidered Determinations or Decisions	
Effective Date: 01/01/2020	POLICY AND PROCEDURE	
Previous Versions: see revision history on last page		
CMS: Medicare Managed Care Manual Chapter 13, Section 140 Effectuating Reconsidered Determinations or Decisions		

Effectuating Reconsidered Medicare Advantage Determinations or Decisions

In cases where the Medicare Health Plan completely reversed the initial adverse organization determination, the Medical Group/IPA must authorize or provide the service under dispute as expeditiously as the enrollee health condition requires.

The turn-around time established for expedited appeals is within two hours of the overturn notice, while the time for a standard appeal is within 24 hours of the overturn notice with no exceptions or delays due to weekends or holidays.

The Medical Group/IPA must include a copy or print screen of the approved authorization for services or a copy of the letter in the member’s referral record.

Revision History:

Version Date	Edited By	Reason for Change
01/01/2020	R. Scott	Creation Date