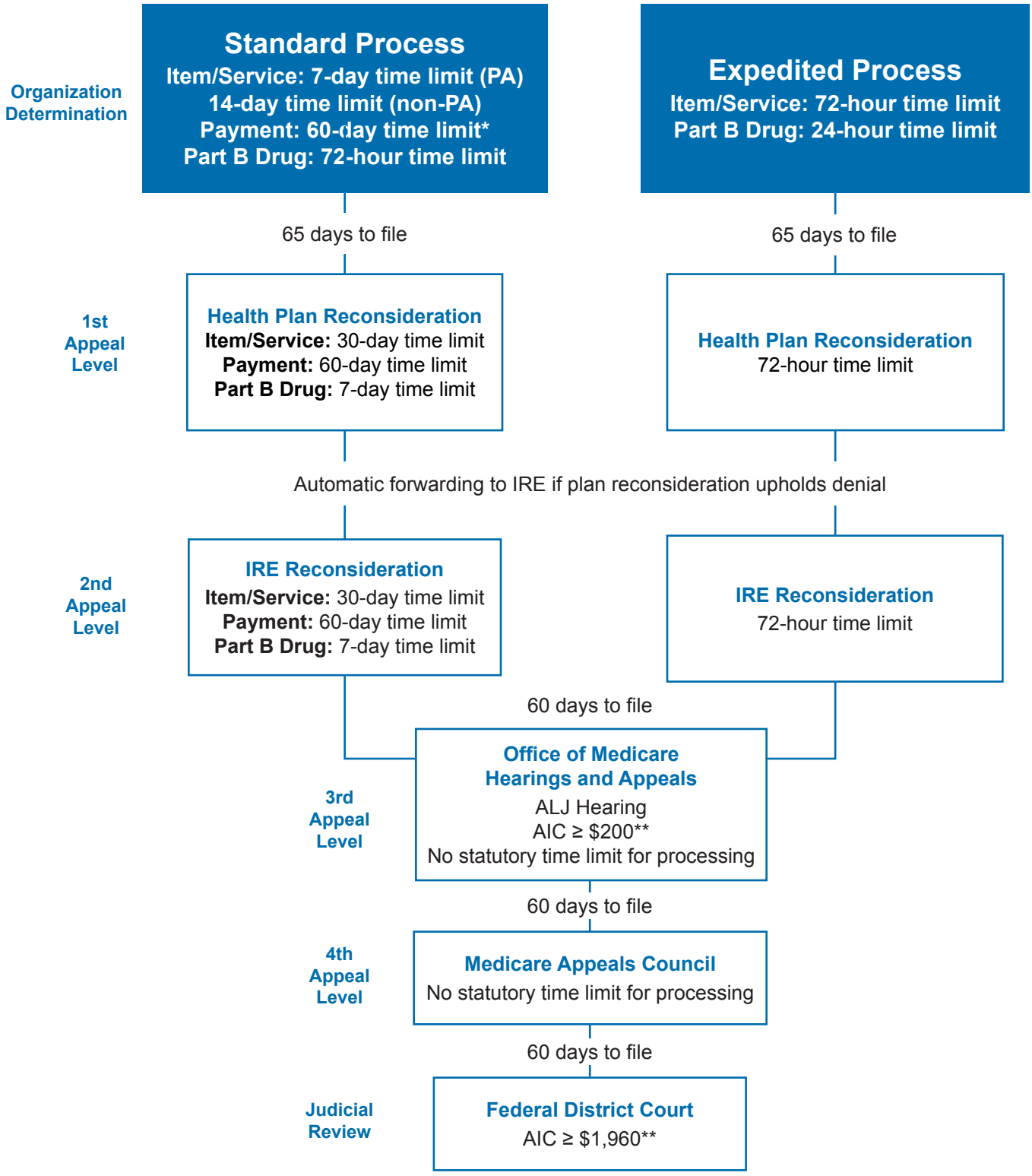
Medicare Managed Care (Part C – Medicare Advantage)

Organization Determination/Appeals Process



AIC: Amount in Controversy

ALJ: Administrative Law Judge

*Plans must process 95% of all clean claims from out of network providers within 30 days. All other claims must be processed within 60 days.

**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 2026.

Note: The 65-day deadlines for Level 1 appeals run from the date of the notice. The 60-day deadlines for ALJ hearings run from the date of receipt of the notice.