

<b>Medicaid Managed Care/Family Health Plus Service Denials and Appeals Timeframe Comparisons</b>				
	<b>MMC/FHP Model Contract Appendix F All Service Requests</b>	<b>Federal Regulations for Medicaid Managed Care (42 CFR 438) All Service Requests</b>	<b>NYS Law PHL Article 44 Referral &amp; Benefit Determinations</b>	<b>NYS Law PHL and NYSIL Article 49 UR Determinations</b>
<b><u>Determinations</u></b>				
Preauthorizations				
• Expedited	3 business days*	3 business days*	N/A	N/A
• Standard	3 business days but not >14 days*	14 days*	N/A	3 business days after all info
Concurrent Review				
• Expedited	1 but not > 3 business days*	3 business days*	N/A	N/A
• Standard	1 business day but not > 14 days*	14 days*	N/A	1 business day after all info**
Retrospective	(UR standard applies)	N/A	N/A	30 days after all info
Reconsideration	(UR standard applies)	N/A	N/A	1 business day
<b><u>Reductions, Terminations, Suspensions</u></b>	Notice at least 10 days in advance with exceptions (FH/aid continuing applies)	Notice at least 10 days in advance with exceptions (FH/aid continuing applies)	N/A	N/A
<b><u>Payment Denials</u></b>	Notice on date of Action	Notice on date of Action	N/A	N/A
<b><u>Action Appeals</u></b>				
• Filing	Not < 60 business days (but not > 90 days)	State set time not < 20 or > 90 days	N/A	45 days
• Acknowledgmt	15 days	No time specified	15 business days	15 days
Resolution				
• Expedited	2 but not > 3 business days*	3 business days*	48 hours after all info	2 business days after all info
• Standard	30 days*	State set time not > 45 days*	30 days after all info	60 days after all info
Notice				
• Expedited	At resolution	At resolution	At resolution	At resolution
• Standard	2 business days	At resolution	At resolution	2 business days
<b><u>2<sup>nd</sup> Internal Appeal</u></b>				
• Filing	N/A	N/A	60 business days	Plan option
• Acknowledgmt	N/A	N/A	15 business days	Plan option
Resolution				
• Expedited	N/A	N/A	2 business days after all info	Plan option
• Standard	N/A	N/A	30 business days after all info	Plan option
Notice				
• Expedited	N/A	N/A	At resolution	Plan option
• Standard	N/A	N/A	At resolution	Plan option

\* Federal regulation allows for 14 day extensions of review time in the initial determination and appeal resolution process to obtain more info if in enrollee's best interest or if extension is requested by provider or enrollee.

\*\* For home health care services following inpatient hospital admission, within 72 hours after all info when the day subsequent to request is weekend or Holiday.