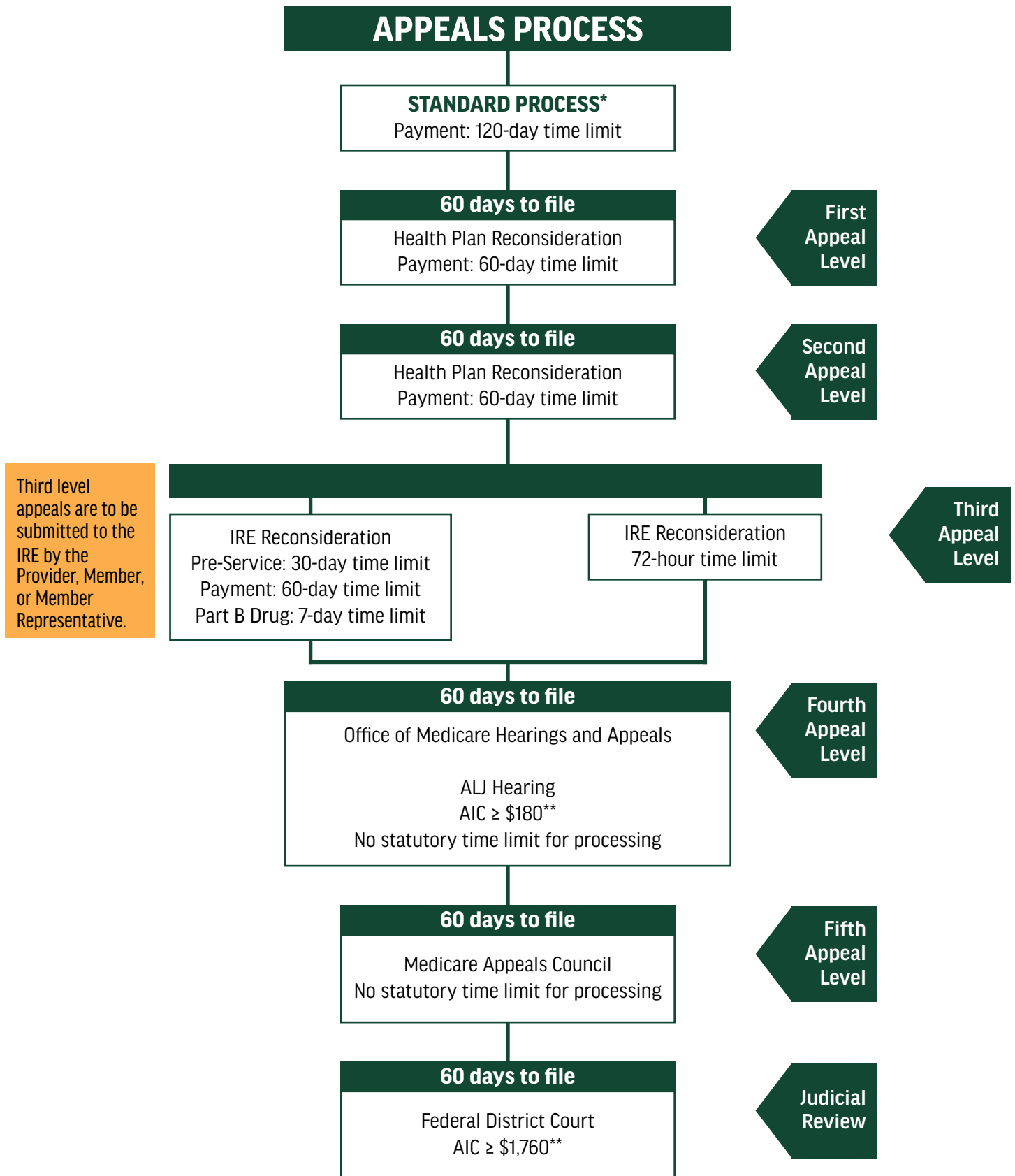


# Medicare Managed Care (Part C-Medicare Advantage)



**IMPORTANT:** For denials for medical necessity, adverse determination, and benefit limitations, Provider needs to follow Standard Process in order to resolve.

\* 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 (CY) 2021.

**AIC** = Amount in Controversy    **ALJ** = Administrative Law Judge    **IRE** = Independent Review Entity