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Important Change for Medicaid Advantage Plus Member Appeals

What is changing between now and December 31, 2025?

There are no changes to the Level 2 Appeal process until the end of 2025. If we deny your Level 1 Appeal (also known as a Plan Level Appeal), your case will **automatically be sent for a Level 2 Appeal** with the Hearing Office.

What is changing on January 1, 2026?

The way you request a Level 2 Appeal will change. Beginning in January 2026, if you lose the Level 1 Plan appeal, your next appeal steps will depend on whether the service is covered by Medicare or Medicaid. We will send you a written notice called a "*Appeal Decision Letter",* which will tell you that you lost your Level 1 Appeal.

If the service is covered by Medicaid –

A Level 2 Appeal for services covered by Medicaid is also known as a Fair Hearing. Starting on January 1, 2026, if you lose your Level 1 Appeal, and the benefit is covered by Medicaid, you or your authorized representative must ask the State for a Level 2 (Fair Hearing) Appeal. You will have 120 days to ask for a Level 2 Fair Hearing Appeal.

- **How have Level 2 Appeals changed?**
  Prior to January 1, 2026 when your Level 1 Plan Appeal was denied, a Level 2 Appeal was automatically requested for you. You did not have to request a Level 2 Appeal yourself.

If we are reducing, suspending or stopping the Medicaid services you are getting right now and you want your services to stay the same while you wait for a Level 2 Fair Hearing Appeal decision, you must ask for the Level 2 Fair Hearing Appeal within 10 calendar days from the Level 1 Appeal decision or by the date the appeal decision takes effect, whichever is later. Your services will stay the same until the Level 2 Fair Hearing Appeal decision. If you lose your Level 2 Fair Hearing Appeal, you may have to pay for services you got while waiting for the decision.

If the service is covered by Medicare –

If you lose your Level 1 Appeal, and the benefit is covered by Medicare, we will automatically send your case to Level 2 of the Medicare appeal process to be reviewed by an Independent Review Entity (IRE), as soon as your Level 1 appeal is complete.

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If the service is covered by Medicare and Medicaid--

If you lose your Level 1 Appeal, and the benefit is covered by both Medicare and Medicaid, we will automatically send your case to the IRE and you can also ask for a Level 2 Fair Hearing Appeal.

Do I still get External Appeal rights for Medicaid covered benefits?

Yes, if we said the service is not medically necessary, experimental or investigational, not different from care you can get in our network or available from a participating provider who has the correct training and experience to meet your needs, then you can still ask the State for an External Appeal. You will have four months to ask for an External Appeal. If you ask for both a Fair Hearing and an External Appeal, the Fair Hearing decision will always be the final answer.

Where can I get more information?

Call Elderplan Member Services at 1-877-891-6447 (TTY:711). See Chapter 9 of your Evidence of Coverage (EOC) for full information about your appeal rights and how to file an appeal.

You can call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Phone: 1-844-614-8800 (**TTY Relay Service**: 711)
Web: www.icannys.org | **Email**: ican@cssny.org

Does this change to Member Appeals change my benefits or enrollment?

This change to Member Appeals does not change my benefits or enrollment.