

01 LEVEL

**Request for
Reconsideration**

**MUST BE FILED WITHIN
60 DAYS** of the issuance
date of a Notification of
improper Payment



ISSUES NOT RAISED in
Level I appeal cannot be
raised later



NO TIMELINE for Level I
appeals



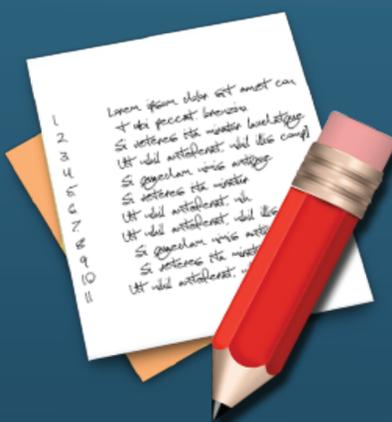
02 LEVEL

**Request for CMS
Hearing
Official Review**

MUST BE FILED within
30 days of issue of Level I
review decision



**MUST INCLUDE DETAILED
NARRATIVE** of why each
reconsideration decision
is incorrect



DECISIONS RENDERED
within 60 days



03 LEVEL

**Request for CMS
Administrator Review**

MUST BE FILED within 30
days of issue of Hearing
Official's decision



**MUST INCLUDE DETAILED
NARRATIVE** of why each
Hearing Official's decision
is incorrect



NO TIMELINE for decision
redendering



**ADMINISTRATORS
DECISION** is final

