



MEDICARE ENROLLMENT & APPEALS GROUP

DATE: July 6, 2026

TO: All Medicare Advantage Organizations, Prescription Drug Plans, Cost Plans, Medicare-Medicaid Plans (MMPs), and PACE Organizations

FROM: Jennifer Smith
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SUBJECT: **Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance**

This memo announces an update to the Parts C & D Enrollee Grievance, Organization/Coverage Determination, and Appeals Guidance. This guidance is issued for Medicare Advantage Organizations, Prescription Drug Plans, Cost Plans, Medicare-Medicaid Plans (MMPs), PACE Organizations, enrollees and other parties interested in the MA program. The updated guidance is effective immediately.

The manual update adds guidance related to the recent changes made to the Medicare Advantage organization determination and appeal processes by CMS-4208-F, which included an update to the definition of an organization determination, clarification on when adverse determinations are not subject to additional review, and new limitations on when plans may reverse previously approved inpatient hospital prior authorization decisions. This update also includes newly designed charts that provide visual representations of the organization determination and appeals processes (Appendices 1 through 3). The substantive updates are identified by red, italicized font.

If there are any differences between statute or regulations and the manual, the statute or regulations control over the manual (and any other guidance). Thus, interested parties should also consult the applicable statutes, regulations, and final rules.

The full guidance may be found at: <https://www.cms.gov/medicare/appeals-grievances/managed-care>.

Questions regarding these updates or content related to the Parts C & D Enrollee Grievance, Organization/Coverage Determination, and Appeals Guidance may be submitted to <https://appeals.lmi.org>.

