

Weekly Insight
January 5, 2026

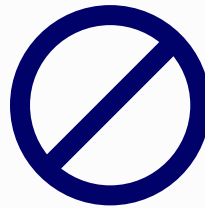
Medicare Advantage Denied Your Care? Your Guide for 2026

This Week's Focus

If your Medicare Advantage plan denied a test, procedure, therapy, or prescription, you are not stuck. Medicare gives you the right to appeal, and your plan must tell you in writing how to do it. Many appeals are stronger when your doctor adds a short note explaining why the care is needed, and there is a common 65-day deadline from the denial notice date.

This edition of SFL Weekly Insights shows the simple next steps and also explains the Jan 1 to Mar 31 Medicare Advantage Open Enrollment Period, which can give you one chance to change plans if the problem is bigger than one denial.

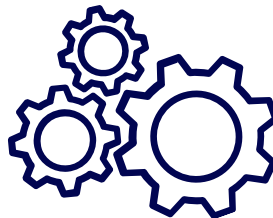
Content Overview



Why Medicare Advantage denies care and delays approvals



What to do first when a denial happens



How appeals work, including fast appeal situations



How to take action TODAY to review your options



Medicare Advantage Denied Your Care?

What To Do Next



First, know what a “denial” usually means

A Medicare Advantage denial often happens because your plan says a service, test, surgery, or drug is not covered under your plan rules, or it needs approval first (called prior authorization). A denial can also happen if your plan says the care is “not medically needed,” “out of network,” or “not on the drug list.” The important part: a denial is not always the final answer. You have appeal rights.

The 5-Step “Denied Care” Plan (simple and fast)

Step 1: Ask one question right away

Call the plan and ask: “What is the exact reason for the denial?” Write down their **exact** reason.

Step 2: Get the paper that explains it

Your plan must send a denial notice that tells you how to appeal. Keep it.

Step 3: Pull 4 facts you will need for an appeal

1. Your plan name (exact plan)
2. The date on the denial notice
3. What was denied (service, item, or drug)
4. Why you disagree (one sentence is fine)

Step 4: File an appeal on time (*do not miss this*)

In a Medicare Advantage plan, you generally have 65 days from the date on the denial notice to file your appeal.

Step 5: If waiting could harm your health, ask for a fast appeal

If waiting could seriously harm your life, health, or ability to function, ask for a fast (expedited) appeal.

If your care is ending too soon (*important*)

If you get a notice that a covered service is ending (hospital, skilled nursing, home health, hospice), you may have the right to a fast appeal. In many cases, you must act by noon the day before the end date on your notice.

New Year reality check for Kansans

If the denial is part of a bigger problem (your doctors are not in-network, costs jumped, rules feel stricter), this can be a sign your plan is not a fit for 2026. If you are already enrolled in Medicare Advantage, you may have a limited early-year window to make one plan change. (We will cover the timing and rules in this edition.)

Micro-action (*write this down*)

My denied care issue is: _____
Denial reason (plan’s words): _____
Date on the notice: _____ Plan name: _____
My one-sentence goal: “I want _____.”



Denied Care in Medicare Advantage: ***Appeal or Switch Plans (2026)***

SFL Solutions
For Life

Start here: What kind of problem is it?

A denial could be resolved with two different ways:

1. Appeal the denial (ask the plan to review the decision).
2. Change your Medicare Advantage plan during MA Open Enrollment if the plan is not a fit.

Path A — If Medicare Advantage denied your care, file an appeal

Key deadline: You (or your representative or doctor) should file the appeal within 65 days of the denial notice date. **Use this 5-minute appeal starter (fill in the blanks):**

- My plan name (exact): _____
- Denial notice date: _____ Deadline (65 days): _____
- What was denied (service, test, drug): _____
- Plan's reason (in their words): _____
- My simple reason (1 sentence): "I need this because _____."

If waiting could harm your health: ask for a fast (expedited) appeal. If care is ending too soon (hospital, SNF, home health, hospice): you may have a right to a fast appeal.

Path B — If your plan is not working, use MA Open Enrollment (Jan 1 to Mar 31)

This window is only for people already in Medicare Advantage. **During Medicare Advantage Open Enrollment Period (OEP - January 1 to March 31) you can make one change:**

- Switch to a different Medicare Advantage plan (with or without drug coverage), OR
- Drop Medicare Advantage and return to Original Medicare, then join a standalone Part D drug plan.

OEP switch prep (write short answers):

- Doctors and hospital I want to keep: _____
- My top 2 prescriptions: _____ and _____
- My pharmacy: _____
- My top problem to fix in 2026:
 - ☐ Doctor access ☐ Costs ☐ Prescriptions ☐ Delays/denials ☐ Referrals ☐ Travel

What SFL does in a FREE Medicare plan review

Solutions For Life provides a free Medicare plan review to help you turn confusion into a clear next step. We verify doctor and hospital access for your county and plan, re-check your prescriptions and pharmacy pricing, and explain your options in plain language. If an appeal or plan change makes sense, we help you understand the steps and timing so your request is submitted cleanly and on time.

Denied care is not the end. A 2026 fix often starts with an appeal, and if the plan still does not fit, MA Open Enrollment (Jan 1 to Mar 31) may give you one chance to switch.



➤ ***Start your FREE review:***

Call **785-452-8039** or visit **www.SolutionsForLifeKS.com/FreePlanReview**



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