CHAPTER 11 – ALTCS GRIEVANCES, CLAIM DISPUTES, AND APPEALS

REVISION DATE: 11/10/16, 4/16/14
EFFECTIVE DATE: March 29, 2013

Grievances

A grievance is an expression of dissatisfaction. Grievances may pertain to the quality of care or services provided or dissatisfaction with providers, direct care workers, or Division of Developmental Disabilities (Division) staff. A grievance is not a dispute involving the payment of a claim, denial of a claim, imposition of a sanction, or reinsurance.

To file a grievance, contact:

Division of Developmental Disabilities Customer Service Center
1-866-229-5553 (toll free)

Provider Claim Disputes

If you wish to file a claim dispute to maintain your rights, follow the instructions provided below. All providers of services to Division members may file a claim dispute based on a claim denial, dissatisfaction with a claim payment, or recoupment action by the Division. You may challenge the claim denial or adjudication by filing a formal claim dispute with the Office of Administrative Review.

Pursuant to Arizona Health Care Cost Containment System (AHCCCS) guidelines, all claim disputes challenging claim payments, denials, or recoupments must be filed in writing no later than 12 months from the date of service, 12 months after the date of eligibility posting, or within 60 calendar days after the payment, denial or recoupment of a timely claim submission, whichever is later.

The claim dispute must state the factual and legal basis for the relief requested, along with all supporting documentation such as claims, remits, billing detail reports, explanation of benefits, time sheets, medical review sheets, medical records, and correspondence, etc. Incomplete submissions or those which do not meet the criteria for a claim dispute will be denied.

Mail or fax written claim disputes to:

OFFICE OF ADMINISTRATIVE REVIEW
9TH FLOOR SUITE 916
3443 N CENTRAL AVE
PHOENIX ARIZONA 85012

Fax: 602-277-0026

If you have questions, call 602-771-8163 or 1-855-888-3106.

The Division will send the claimant a Notice of Decision within 30 calendar days from the date the claim dispute is received. The Notice of Decision due date may be extended upon mutual agreement between the Division and the provider.

State Fair Hearings (Regarding Notice of Decision)

If you disagree with the Division's Notice of Decision, you may submit a written request for a State Fair Hearing within 30 calendar days of receipt of the Notice of Decision.

In your request for State Fair Hearing, reference the following information:

- Re: Request for State Fair Hearing
- DDD Claim Dispute Number
- Member Name and AHCCCS ID.

Mail or fax written requests for State Fair Hearing to:

OFFICE OF ADMINISTRATIVE REVIEW
9TH FLOOR SUITE 916
3443 N CENTRAL AVE
PHOENIX ARIZONA 85012

Fax: 602-277-0026

If you have questions, call 602-771-8163 or 1-855-888-3106.

Appeals

Providers may assist members in filing an appeal on their behalf with the member's written permission. The Division does not restrict or prohibit a provider from advocating on behalf of a member. The appeal may be filed verbally or in writing and must be received by the Division within 60 calendar days from the date of the Notice of Action letter.

If the member (or the provider on behalf of the member) believes that the member's health or ability to function will be harmed unless a decision is made in the next three days, the member (or the provider on behalf of the member) can ask for an expedited appeal. Expedited appeals are resolved within three business days.

If the Division does not agree that an expedited appeal is needed, the Division notifies the provider in writing (when the provider requested the expedited appeal on the member's behalf) and the member within two days; the Division also tries to contact the requesting party via telephone. The Division will then decide the appeal within 30 days.

Reasons for filing an appeal include:

- Denial or limited authorization of a requested service, including the type or level of service
- Reduction, suspension, or termination of a previous authorization
- Denial, in whole or in part, of payment of a service
- Failure to provide service in a timely manner as defined by the State
- Failure to act within the timeframes provided in 42 CFP 438.408(b) required for standard and expedited resolution of appeals and standard disposition or grievances

- Failure of the health plan to act timely
- Denial of a rural enrollee's request to obtain services outside the Contractor's network under 42 CFR 438.52(b)(2)(ii), when the Contractor is the only Contractor in the rural area.

To file a written appeal, mail or fax the written appeal to:

OFFICE OF ADMINISTRATIVE REVIEW
9TH FLOOR SUITE 916
3443 N CENTRAL AVE
PHOENIX ARIZONA 85012

Fax: 602-277-0026

To file a telephonic appeal, or if you have questions, call 602-771-8163 or 1-855-888-3106.

State Fair Hearings (Regarding Notice of Appeal Resolution)

If you disagree with the Notice of Appeal Resolution, you may submit a written request for a State Fair Hearing within 30 calendar days of receipt of the Notice of Appeal Resolution.

In your request for State Fair Hearing, reference:

- Re: Request for State Fair Hearing
- DDD Appeal Number
- Member Name and AHCCCS ID.

Mail or fax written requests for State Fair Hearing to:

OFFICE OF ADMINISTRATIVE REVIEW
9TH FLOOR SUITE 916
3443 N CENTRAL AVE
PHOENIX ARIZONA 85012

Fax: 602-277-0026

If you have questions, call 602-771-8163 or 1-855-888-3106.