

CHAPTER 11 ALTCS INQUIRIES, GRIEVANCES, CLAIM DISPUTES, AND APPEALS

REVISION DATE: 3/29/2023, 6/15/2022, 8/28/2019, 6/23/2017,
11/10/2016, 4/16/2014

EFFECTIVE DATE: March 29, 2013

PURPOSE

The purpose of this policy is to provide guidelines for provider inquiries, grievances, claim disputes, State Fair Hearings (regarding Notice of Decision), appeals, and State Fair Hearings (regarding Notice of Appeal Resolution). This policy also provides information for providers on member inquiries, grievances, and appeals.

DEFINITIONS

1. "Member Grievance" is an expression of dissatisfaction:
 - a. From a member, responsible party, advocate, etc., with any aspect of a member's care other than an adverse benefit determination.
 - b. That may pertain to the quality of care or services provided or dissatisfaction with providers, direct care

workers, or Division of Developmental Disabilities
(Division) staff.

2. "Member Inquiry" means any question related to member matters.
3. "Provider Grievance" means a provider's expression of dissatisfaction with an unresolved issue that:
 - a. May pertain to the quality of care or services provided or dissatisfaction with providers, direct care workers, or Division of Developmental Disabilities (Division) staff.
 - b. Is not a dispute involving the payment of a claim, denial of a claim, imposition of a sanction, or reinsurance.
4. "Provider Inquiry" means any question related to provider matters or issues that can be resolved within the first call or email or in less than 30 days, and billing issues including claims less than 30 days from the day of billing.

POLICY

A. MEMBER INQUIRIES

1. Member inquiries do not require follow-up as they are addressed on the first communication.

2. If the issue needs additional follow-up for resolution or assistance, it shall be treated as a member grievance.

B. MEMBER GRIEVANCES

1. A member grievance should be resolved within 10 days but no longer than 90 days.
2. To file a grievance, contact: Division of Developmental Disabilities Customer Service Center 1-844-770-9500 (toll free) or DDDCustomerServiceCenter@azdes.gov.
3. The Division shall establish procedures to provide a model for handling and tracking of member and provider inquiries, to outline the monitoring of phone call and inquiry standards, and to define the roles and responsibilities.

C. PROVIDER INQUIRIES

1. Provider Inquiries are acknowledged within three days of receipt and resolved in less than 30 days.
2. If resolution is not provided within 30 days, then it shall be elevated as a Provider Grievance.

D. PROVIDER GRIEVANCES

1. Provider Grievance shall be resolved within 30 days.

2. To file a grievance, providers shall contact: Division of Developmental Disabilities Customer Service Center at 1-844-770-9500 (toll free) or DDDCustomerServiceCenter@azdes.gov.

E. PROVIDER CLAIM DISPUTES

1. If providers wish to file a claim dispute to maintain their rights, they shall follow the instructions provided below.
2. 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. The providers may challenge the claim denial or adjudication by filing a formal claim dispute with the Office of Administrative Review.
3. Pursuant to Arizona Health Care Cost Containment System (AHCCCS) Contractor Operations Manual (ACOM) Policy 203, all claim disputes challenging claim payments, denials, or recoupments shall 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.

4. The claim dispute shall state the factual and legal basis for the relief requested, and shall include all supporting documentation such as claims, remittances, billing detail reports, explanation of benefits, time sheets, medical review sheets, medical records, and correspondence, etc.
5. Incomplete submissions or those that do not meet the criteria for a claim dispute shall be denied.
6. Providers shall mail, email, or fax written claim disputes to:

OFFICE OF ADMINISTRATIVE REVIEW

4000 North Central Avenue

3rd Floor, Suite 301 - Mail Drop 2HE5

PHOENIX ARIZONA 85012

Email: dddofficeofcompliance@azdes.gov

Fax: 602-277-0026
7. If providers have questions, they shall call 602-771-8163 or 1-844-770-9500.
8. The Division shall 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.

F. STATE FAIR HEARINGS (REGARDING NOTICE OF DECISION)

1. If the providers disagree with the Division's Notice of Decision, they may submit a written request for a State Fair Hearing within 30 calendar days of receipt of the Notice of Decision.
2. In the request for State Fair Hearing, providers shall reference the following information:
 - a. Re: Request for State Fair Hearing
 - b. DDD Claim Dispute Number
 - c. Member Name and AHCCCS ID.
3. Providers shall mail, email, or fax written requests for State Fair Hearing to:

OFFICE OF ADMINISTRATIVE REVIEW

4000 North Central Avenue

3rd Floor, Suite 301 - Mail Drop 2HE5

PHOENIX ARIZONA 85012

Fax: 602-277-0026

Email: dddofficeofcompliance@azdes.gov

4. If providers have questions, they shall call 602-771-8163 or 1-844-770-9500.

G. APPEALS

1. 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 shall be received by the Division within 60 calendar days from the date of the Notice of Action letter.
2. 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) may ask for an expedited appeal.
3. Expedited appeals are resolved within three business days.
4. If the Division does not agree that an expedited appeal is needed, the Division shall notify the provider in writing (when the provider requested the expedited appeal on the member's behalf) and the member within two days. The Division shall also

contact the requesting party via telephone. The Division shall decide the appeal within 30 days.

5. Reasons for filing an appeal include:
 - a. Denial or limited authorization of a requested service, including the type or level of service
 - b. Reduction, suspension, or termination of a previous authorization
 - c. Denial, in whole or in part, of payment of a service
 - d. Failure to provide service in a timely manner as defined by the State
 - e. 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
 - f. Failure of the health plan to act timely
 - g. 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.

6. To file a written appeal, member (or the provider on behalf of the member) shall mail, email, or fax the written appeal to:

OFFICE OF ADMINISTRATIVE REVIEW

4000 North Central Avenue

3rd Floor, Suite 301 - Mail Drop 2HE5

PHOENIX ARIZONA 85012

Fax: 602-277-0026

Email: dddofficeofcompliance@azdes.gov

7. To file a telephonic appeal, or if there are any questions, member (or the provider on behalf of the member) shall call 602-771-8163 or 1-844-770-9500.

H. STATE FAIR HEARINGS (REGARDING NOTICE OF APPEAL RESOLUTION)

1. If the member disagrees with the Notice of Appeal Resolution, the member (or the provider on behalf of the member) may submit a written request for a State Fair Hearing no later than 120 calendar days of receipt of the Notice of Appeal Resolution.
2. In the request for State Fair Hearing, the member (or the provider on behalf of the member) shall reference:

- a. Re: Request for State Fair Hearing
 - b. DDD Appeal Number
 - c. Member Name and AHCCCS ID.
3. The member (or the provider on behalf of the member) shall mail, email, or fax written requests for State Fair Hearing to:
- OFFICE OF ADMINISTRATIVE REVIEW
4000 North Central Avenue
3rd Floor, Suite 301 - Mail Drop 2HE5
PHOENIX ARIZONA 85012
Fax: 602-277-0026
Email: dddofficeofcompliance@azdes.gov
4. If the members or providers have questions, they shall call 602-771-8163 or 1-844-770-9500.