

6003-H PROVIDER INQUIRY AND GRIEVANCE RESOLUTION

REVIEW DATES: 11/24/2025, 3/6/2023

EFFECTIVE DATE: January 10, 2024

REFERENCES: Division Operations Policy 6003-G

PURPOSE

This policy outlines the Division's responsibilities when an Inquiry is received, or a Grievance is filed with the Division's Customer Service Center (CSC) by a Qualified Vendor or provider.

DEFINITIONS

1. "Business Days" means 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays listed in A.R.S. § 1-301.
2. "Complainant" means the person(s) expressing the dissatisfaction or requesting to file a grievance.
3. "Functional Area" means a business unit or department within the Division.
4. "Grievance" means a verbal or written expression of dissatisfaction with any matter, other than an Adverse Benefit Determination or provider Inquiries that are older than 30 days.
5. "Inquiry" means a question received by the Customer Service

Center.

6. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

POLICY

A. INTAKE TRIAGE

1. The Customer Service Center (CSC) shall receive Inquiries and Grievances by:
 - a. Phone - 1-844-770-9500 option 1, or
 - b. Email - DDDcustomerservice-providers@azdes.gov, or
 - c. Mail - DES/DDD Customer Service Center
1789 W. Jefferson St.
Mail Drop 2HB3
Phoenix, AZ 85007
 - d. Referral from Division staff
2. The CSC shall evaluate each phone call, email, or letter received to determine if the correspondence is a Quality of Care Concern (QOC), an Inquiry, or a Grievance.
3. The CSC, when a QOC is identified, shall:
 - a. Notify the appropriate Functional Area immediately, but no

later than the close of the next Business Day, when an imminent health, safety, or clinically urgent risk exists.

- b. Inform the individual who contacted the CSC that the concern will be elevated as a QOC and that the QOC triage process will be followed as outlined in Division Medical Policy 960.
4. The CSC shall not disclose any confidential information in accordance with 45 CFR Part 164 Health Insurance Portability and Accountability Act (HIPAA) and in accordance with A.R.S. § 36-2917.

B. INQUIRY RESOLUTION

1. The CSC shall log and assign an Inquiry number when the Inquiry requires additional follow-up.
2. The CSC shall respond to the Inquiry or inform the individual who contacted the CSC that they will be contacted within three Business Days when the Inquiry is related to the Division, its contracted entities, or authorized services.

3. The CSC shall maintain a tracking log to record the receipt, relevant information, and resolution of Inquiries.
4. The CSC shall resolve the Inquiry and provide the individual who contacted the CSC with a response.
5. The CSC shall elevate any Inquiry not resolved within 30 days to a Grievance and document it in the Division's Resolution System.

C. GRIEVANCE RESOLUTION

1. The CSC shall provide the Complainant with a verbal or written receipt of the Grievance at the time the Grievance is made.
2. The CSC shall document the receipt of the Grievance and the substance of the Grievance in the Division's Resolution System.
3. The CSC shall provide updates to the Complainant on the progress of the Grievance.
4. The CSC shall engage additional Functional Areas when necessary to resolve the Grievance.
5. The CSC shall contact the Complainant to inform them of the resolution.
6. The CSC shall resolve a Provider Grievance within 30 days.
7. The CSC shall mail the Grievance disposition closure letter to the

Complainant within 10 Business Days of resolution.

8. The CSC shall provide a Grievance disposition closure letter that includes a summary of the Grievance submitted and the resolution.
9. The CSC shall not provide the resolution in the Grievance disposition closure letter when the Grievance is closed due to a QOC escalation.
10. The CSC shall ensure documentation of the Grievance, investigation steps, and actions taken for resolution are documented in the Division's Resolution System.

D. SYSTEMIC ACTION

The CSC, when Inquiry and Grievance trends are identified, shall take systemic action by elevating the trends to the CSC Managers and the Division's Leadership Team.

E. SUPPLEMENTAL INFORMATION

1. For Member Inquiries and Grievances, refer to Division Operations Policy 6003-G.
2. For Claim Disputes and Appeals, refer to Provider Chapter 11.

Angie Venne
CARES Bureau Chief

Feb 18, 2026