

1 **6003-K _CLAIM DISPUTES**

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7 402 and R9-34- 405, ACOM 203

8 PURPOSE

9 This policy outlines the Division's responsibilities when ~~Fee for Service~~
10 Providers file a claim dispute for billed services rendered to the Division's
11 Tribal Health Plan (THP) members.

12 DEFINITIONS~~Definitions~~

13 1. "Administrative Decision" means the same as defined in
14 A.R.S. § 12-901(2).

15 1.2. "Administrative Services Subcontractors" or ("AdSS)" means an
16 organization or entity that has a capitated contract with the
17 Division of Developmental Disabilities (Division) to provide
18 goods and services to its members either directly or through
19 subcontracts with Provider~~providers~~, in conformance with

20 contractual requirements, Arizona statutes, Arizona rules,
21 federal law, and federal regulations.

22 3. "Arizona Health Care Cost Containment System" or "AHCCCS"
23 means Arizona's Medicaid Program, approved by the Centers for
24 Medicare and Medicaid Services (CMS) as a Section 1115
25 Waiver Demonstration Program and described in A.R.S. Title 36,
26 Chapter 29 "AHCCCS Administration" means the Arizona Health
27 Care Cost Containment System (AHCCCS) Administration as
28 defined in A.R.S. § 36-2901(1).

29 4. "Business Day" means 8:00 a.m. to 5:00 p.m., Monday through
30 Friday, excluding holidays listed in A.R.S. § 1-301.

31 2.5. "Calendar Day" means every day of the week including
32 weekends and holidays.

33 3.6. "Clean Claim" means the same as in A.R.S. § 20-3101(2).

34 4.7. "Claim Dispute" means a dispute, filed by a Provider provider
35 or DDD service Provider provider Contractor, whichever is
36 applicable, involving a payment of a claim, denial of a claim,
37 imposition of a sanction or reinsurance.

38 8. "Contractor"— means the following:

39 a. A contractor or program contractor as defined in A.R.S. §
40 36- 2901(1);

41 b. The Comprehensive Health Plan (CHP) in the Department
42 of Economic Security; and

43 c. The Children's Rehabilitation Services and Behavioral
44 Health Services in the Arizona Department of Health

45 Services. ~~"Day"— means calendar day unless otherwise~~
46 ~~specified.~~

47 5.9. "Director"— means the Director of the AHCCCS Administration or
48 the AHCCCS Administration designee.

49 6.10. "Director's Decision"— means the final administrative decision
50 under A.R.S. § 41-1092(5).

51 ~~7. "FFS Member"— means a Fee For Service Member eligible for AHCCCS~~
52 ~~coverage under Arizona Revised Statutes Title 36, Chapter 29, who is~~
53 ~~enrolled with AHCCCS on an FFS basis, and who is not enrolled with an~~
54 ~~AHCCCS contractor.~~

55 8.11. "Filed" means the date the Division AHCCCS receives a request
56 established by a date stamp on the request or other record of
57 receipt.

58 9.12. "Provider" means any individual or entity contracted with the
59 Division that is engaged in the delivery of services, or ordering
60 or referring for those services, and is legally authorized to do so
61 by the State."

62 13. "State Fair Hearing"— means an administrative hearing under
63 Arizona Revised Statutes, Title 41, Chapter 6, Article 10.

64 ~~10.~~ POLICY

65 Applicability

66 ~~This policy is applicable to:~~

67 ~~Fee for Service Providers who are filing claims and claim disputes to the~~

68 ~~Division for services rendered to the Division's THP members.~~

69 ~~Providers who are affiliated with an AdSS which processes claims and~~

70 ~~claim disputes from its providers for services rendered to its enrolled~~

71 ~~members.~~

72 **A. NOTICE OF DECISION**

73 1. The Division shall provide a Notice of Decision that complies with
74 relevant regulatory and contractual requirements which includes,
75 the following:

76 a. The date of the decision,

77 b. The factual and legal basis for the decision,

78 c. The Provider~~provider's~~ right to request a fair hearing, and

79 d. The instructions for requesting a fair hearing

80 e. Any other documentation that may be relevant and can
81 contribute to the administrative decision.

82 **A. REQUIREMENTS FOR FILING A CLAIM DISPUTE ~~PROCESS~~**

83 1. The Division shall accept a claim dispute from a
84 Provider~~provider~~ that specifies in detail:

85 a. The factual and legal basis for the claim dispute;

86 b. The relief requested is related to a claim for
87 payment of authorized-covered services; or

88 c. For the denial of a claim for reimbursement of

- 89 services that may contest the validity of any
90 adverse action, decision, policy implementation, or
91 rule resulting in the full or partial denial of the
92 claim.
- 93 2. The Division shall accept Claim Disputes from a
94 Provider~~provider~~ that are filed with the Division, the
95 prepaid capitated Provider~~provider~~, or program
96 contractor, within:
- 97 a. 12 months from the:
- 98 i. Ending date(s) of service;
99 ii. Date of the Member's eligibility posting;
100 iii. Date of discharge from a hospital.
- 101 b. 60 days after the date of the denial of a timely claim
102 submission, whichever is later.
- 103 3. The Division shall File all claim disputes upon receipt.
- 104 ~~The A Division shall representative will provide a written notice~~
105 ~~advising the service provider of a denial of a claim payment and the~~
106 ~~reason for denial. The written notice shall include written notice may~~

107 ~~outline: be included in~~

108 ~~a~~ A remittance advice; ~~or~~ ~~o~~ Other form of written
109 communication that states includes the service provider's right
110 to file a claim's dispute with the Division.

111 If the Division gives the service provider a notice that the
112 service provider disagrees with, the service provider may file a
113 claim dispute. The Division shall will accept a claim dispute only
114 when the dispute is submitted in writing to the Division and the
115 dispute involves Medicaid services:

116 ~~—~~ a payment of a claim; ~~or~~ a

117 ~~—~~ A denial of a claim; ~~or~~ a

118 ~~—~~ a An imposition of a sanction; ~~or~~ o

119 ~~1.~~ r Reinsurance.

120 The Division shall ensure ~~T~~the service provider must adhere s to both
121 of the following the requirements when filing a claim dispute with the
122 Division: The Claim Dispute shall be submitted to the Division Submit
123 the claim dispute to the Division in writing; and The Division shall only

124 ~~accept Claim Disputes that are Submitted the claim dispute within~~
125 ~~the time period that will occur last out of the following, in accordance~~
126 ~~with A.R.S. § 36-2903.01(B)(4):~~

127 ~~i. Within the 12 consecutive months immediately~~
128 ~~following the date(s) of service;~~

129 ~~ii. Within the 12 consecutive months immediately~~
130 ~~following the date that the member's eligibility is~~
131 ~~posted; or~~

132 ~~Within the 60 calendar days immediately following the date of denial~~
133 ~~for a timely claim submission.~~

134 ~~The Division shall will Filedate stamp all claim disputes upon the~~
135 ~~Division's receipt.~~

136 4. The Division ~~shall will~~ send the ~~service Providerprovider~~ a
137 written notice acknowledging receipt of the ~~€Claim dDispute~~
138 within ~~the five bBusiness dDays~~ immediately following the
139 Division's date of receipt.

140 5. ~~The Division shall inform the service Providerprovider that they~~

141 have 10 Business days from the acknowledgment notice to
142 submit any additional information to the Division for
143 consideration regarding the Claim Dispute.

144 ~~The Division shall accept If the service provider wishes to submit any~~
145 ~~additional information for consideration from the service provider to the~~
146 ~~Division for consideration, the service provider must submit the additional~~
147 ~~information within the 10 Calendar Days immediately following the~~
148 ~~Division's date of receipt.~~

149 ~~The Division shall will advise the service provider of about the 10 day~~
150 ~~deadline for the service provider to submit any additional information.~~

151 6. The Division Division Business Operation staff may contact the
152 service Provider provider to obtain additional information when
153 the Division requires additional information to make an
154 Administrative Decision.

155 6.7. The Division shall consider and review will consider and apply
156 review any, relevant Arizona Revised Statutes, Arizona
157 Administrative Codes, AHCCCS policies, and Division policies
158 when drafting the administrative decision. The Division staff will

159 ~~be consulted, as necessary.~~

160 ~~The Division shall will investigate every claim dispute using~~
161 ~~applicable authorities and facts obtained from all parties.~~

162 ~~The Division shall render a written Notice of Decision to the~~
163 ~~service Providerprovider when the Division completes the fact-~~
164 ~~finding portion of the investigation.~~

165 ~~8. The Division shall inform the service Providerprovider that they~~
166 ~~may request a fair hearing by submitting a written request to~~
167 ~~the Office of Administrative Review (OAR) within the 30~~
168 ~~Calendar Days following the Division's dated receipt of the Notice~~
169 ~~of Decision.~~

170 ~~**B. EXTENSIONS**~~

171 ~~1. The Division shall be in agreement with Both the Division and~~
172 ~~the service Providerprovider regarding must mutually agree to~~
173 ~~any deadline extension(s). If both parties mutually agree to~~
174 ~~extend the decision deadline either to allow additional time for~~
175 ~~the Division to make a decision or the service provider to submit~~
176 ~~supporting documentation, t~~

177 ~~1.2.~~ The Division will~~shall~~ issue a letter to the ~~service~~

178 ~~Provider~~provider ~~when both parties mutually agree to extend the~~
179 ~~decision deadline either to allow additional time for the Division~~
180 ~~to make a decision or the Provider~~provider to submit supporting
181 documentation.

182 ~~When the Division completes the fact finding, t~~The Division shall ~~will~~ render
183 ~~a written Notice of Decision to the service provider when the Division~~
184 ~~completes the fact finding portion of the investigation.~~

185 ~~The Division shall~~will send the Notice of Decision within the ~~30~~ calendar days
186 ~~immediately following the Division's date of receipt unless the parties~~
187 ~~mutually agree to a deadline extension.~~

188 ~~The Notice of Decision must both comply with relevant regulatory and~~
189 ~~contractual requirements, as well as include all of the following:~~

190 ~~A. The date of the decision,~~

191 ~~B. The factual and legal basis for the decision,~~

192 ~~C. The service provider's right to request a fair hearing, and~~

193 ~~D. The instructions for requesting a fair hearing.~~

194 **B. NOTICE OF DECISION**

195 1. The Division shall send a Notice of Decision to the
196 Provider~~provider~~ within 30 Calendar Days from the Division's
197 date of receipt unless the parties mutually agree to a deadline
198 extension.

199 ~~B-2.~~ The Division shall issue a letter to the Provider~~provider~~ when
200 both parties mutually agree to extend the decision deadline
201 either to allow additional time for the Division to make a decision
202 or to allow the Provider~~provider~~ to submit supporting
203 documentation.

204 **C. NOTICE OF DECISION**

205 1. The Division shall send a Notice of Decision to the
206 Provider~~provider~~ within 30 Calendar Days from the Division's
207 date of receipt unless the parties mutually agree to a deadline
208 extension.

209 2. The Division shall provide a Notice of Decision that complies with
210 relevant regulatory and contractual requirements which include:

- 211 a. The date of the decision;
- 212 b. The factual and legal basis for the decision;
- 213 c. The Providerprovider's right to request a fair hearing;
- 214 d. The instructions for requesting a fair hearing; and
- 215 e. Any other documentation that may be relevant and can
- 216 contribute to the Administrative Decision.

217 **D. OVERTURNED OR REVERSED CLAIM DISPUTES**

- 218 1. The Division shall reprocess and pay both overturned and
- 219 reversed claim disputes within the 15 Business Days following
- 220 the date of the decision as stated in ACOM 203.
- 221 2. The Division shall pay interest on late payments as outlined in
- 222 Division Operations Policy 203.

223 **E. STATE FAIR HEARINGS FOR CLAIM DISPUTES**~~State Fair Hearings for~~

224 ~~Claim Disputes~~

225 ~~The Division shall inform the~~ If at the service provider disagrees with

226 the Division's Notice of Decision on the service provider's claim

227 dispute, then the service provider may file a request for a fair hearing

228 with the Department of Economic Security (DES) Appellate Services

229 ~~Administration/Arizona Long Term Care System (ALTCS). The service~~
230 ~~provider must make the fair hearing request in writing to the Office of~~
231 ~~Administrative Review (OAR) within the 30 calendar days immediately~~
232 ~~following the Division's dated receipt of the Notice of Decision.~~

233 1. The Division shall accept requests for a Fair Hearing in
234 writing by:

235 a. Email - ddofficeofcompliance@azdes.gov

236 b. Mail - 1789 W Jefferson St.

237 Mail Drop 2HE5

238 Phoenix, AZ 85007

239 ~~The service provider must send the fair hearing request to:~~

240 ~~DES/DDD Office of Administrative Review (OAR)~~

241 ~~4000 N. Central Ave, 3rd Floor Suite 301~~

242 ~~Phoenix, Arizona 85012~~

243 2. The Division shall provide a copy of the request for a Fair

244 Hearing to DES Appellate Services Administration and the

245 Attorney's General's Office within the five business days
246 immediately following the Division's dated receipt of the request
247 for a Fair Hearing.

248 3. The Division shall authorize payment and pay for the services as
249 expeditious as possible when the Division receives an adverse
250 decision and decides a review will not be petitioned.

251 **F. PETITION FOR A REHEARING OR A REVIEW**

252 1. The Division may seek judicial review of the AHCCCS decision
253 through the court system when the Division receives an adverse
254 Administrative Decision.

255 2. The Division shall seek legal advice from the Attorney General's
256 Office to determine if a petition for review should be filed.

257 3. The Division may file a petition for a rehearing or a review with
258 the AHCCCS Office of Administrative Legal Services (OALS).

259 4. The Division shall submit the petitions for a rehearing or a
260 review in writing to OALS:

261 AHCCCS Office of Administrative Legal Services

262 801 East Jefferson Street

263 Phoenix, AZ 85034

264 5. The Division shall submit the petition to OALS and completely
265 explain the grounds for a rehearing or a review, within the 30
266 Calendar Days following the date of the AHCCCS Director's
267 Decision.

268 ~~Once the fair hearing request is made, OAR staff will prepare a duplicate file~~
269 ~~and submit the duplicate file with the hearing request to both the DES~~
270 ~~Appellate Services.~~

271 ~~Administration/ALTCS and the Attorney General's Office. The OAR staff will~~
272 ~~prepare the duplicate file to include all of the following:~~

- 273 ~~A. Copies of the claim dispute,~~
274 ~~B. Investigative materials, and~~
275 ~~C. The Notice of Decision.~~

276 ~~OAR staff will submit the documents to the DES Appellate Services~~
277 ~~Administration/ALTCS within the five business days immediately following~~
278 ~~the Division's dated receipt of the request for hearing.~~

279 ~~A DES Appellate Services Administration/ALTCS representative will~~
280 ~~schedule the fair hearing. The service provider will receive written~~
281 ~~notification of the fair hearing's scheduled date and time. The DES~~
282 ~~Appellate Services Administration/ALTCS representative will notify both~~
283 ~~the Attorney General's Office and the OAR about the scheduled hearing.~~

284 ~~At the fair hearing, the service provider, a DES/Division of Developmental~~
285 ~~Disabilities (DDD) representative, and an Assistant Attorney General will~~
286 ~~meet with a DES Appellate Services Administration/ALTCS Hearing~~
287 ~~Officer. The rules of evidence will not apply to the fair hearing.~~

288 ~~The Hearing Officer will prepare written findings of fact, written~~
289 ~~conclusions of law, and render a decision. The Hearing Officer will~~
290 ~~render the decision based on the following:~~

291 ~~A. Information the Hearing Officer gathers through testimony,~~
292 ~~B. Any presentation of evidence, and~~
293 ~~C. Any other records supplied by OAR.~~

294 ~~A DES Appellate Services Administration/ALTCS representative will~~
295 ~~forward a copy of the decision to all of the following:~~

296 ~~A. The AHCCCS Office of Administrative Legal Services,~~

297 ~~B. The service provider,~~

298 ~~C. DES/DDD, and~~

299 ~~D. The Attorney General's Office.~~

300 ~~If the service provider wants to petition for rehearing or review, then the~~

301 ~~service provider must submit the request to the AHCCCS Office of~~

302 ~~Administrative Legal Services within the 30 calendar days immediately~~

303 ~~following the date of the DES Appellate Services Administration/ALTCS~~

304 ~~Administrative Law Judge's decision. The petition must completely explain~~

305 ~~the grounds for a rehearing or review.~~

306 ~~Petitions for rehearing or review must be sent to:~~

307 ~~AHCCCS Office of Administrative Legal Services~~

308 ~~701 East Jefferson Street~~

309 ~~Phoenix, Arizona 85034~~

310 ~~The AHCCCS Director will issue a final written decision on the matter. If the~~

311 ~~AHCCCS Director overturns the Division's decision, the Division will confer~~

312 ~~with the Attorney General's Office to determine if a request for review will~~
313 ~~be petitioned to the AHCCCS Director. If the Division and the Attorney~~
314 ~~General's Office decide a review will not be petitioned, the OAR will arrange~~
315 ~~with the appropriate Division staff to both authorize payment and pay for~~
316 ~~the services as reasonably expeditious as possible.~~

317 ~~If the Division or the service provider is still dissatisfied with the AHCCCS~~
318 ~~decision, the Division or service provider may seek judicial review of the~~
319 ~~AHCCCS decision through the court system. All administrative remedies~~
320 ~~must be exhausted before the court will consider the case.~~

321 ~~OVERTURNED OR REVERSED CLAIM DISPUTES~~ **Overtuned or Reversed**
322 **Claim Disputes**

323 ~~— The Division shall reprocess and pay both overturned and~~
324 ~~reversed claim disputes within the 15 bBusiness dDays~~
325 ~~immediately following the date of the decision as stated in~~
326 ~~ACOM 203. The Division will make payments.~~

327 ~~1. The Division shall pay interest on late payments as outlined in~~
328 ~~Division Operations Policy 203.~~

329 **F.G. MONITORING AND OVERSIGHT**

- 330 1. The Division shall ensure the Administrative Service
331 Subcontractors (AdSS) develop and maintain claims processes
332 and systems that ensure the accurate collection and processing
333 of claims, analysis, integration, and reporting of data.
334 2. The Division shall require the AdSS to comply with the Claims
335 Disputes process as identified by AHCCCS.

336
337
338 will submit the duplicate file to the DDD Office of Administrative
339 Review (OAR) within the three business days immediately following
340 AdSS's receipt of the request for fair hearing.

341 ~~**IMPORTANT TO NOTE: The Division will adhere to the same claim**~~
342 ~~**dispute process described herein for FFS claims on behalf of THP**~~
343 ~~**members.**~~

344 ~~**THE DIVISION HAS DELEGATED ACUTE CARE CLAIM DISPUTES TO**~~
345 ~~**THE ADSS FOR ADJUDICATION FOR ALL THE FOLLOWING SERVICES:**~~

- 346 ~~• Physical Health Care (i.e., hospitalizations,~~

347 ~~prescription medications, DME, dental services, etc.)~~

348 ~~• Behavioral Health Services~~

349 ~~• Seriously Mentally Ill (SMI) Services~~

350 ~~• Nursing Facility (NF) Services~~

351 ~~• Habilitative Physical Therapy for Members 21 Years of~~

352 ~~Age or Older • Emergency Alert System (EAS)~~

353 ~~**Claim Dispute Process**~~

354 ~~The AdSS representative will provide written notice advising the service~~
355 ~~provider of both a denial of claim payment and the reason for denial. The~~
356 ~~AdSS representative may include the notice either in a remittance advice~~
357 ~~or other form of written communication that includes the service~~
358 ~~provider's right to file a claim dispute with the AdSS.~~

359 ~~If the service provider disagrees with a notice given by the AdSS, the service~~
360 ~~provider may file a claim dispute. The AdSS will accept a claim dispute only~~
361 ~~if the dispute involves one of the following:~~

362 ~~A. A payment of a claim,~~

363 ~~B. A denial of a claim,~~

364 ~~C. An imposition of a sanction, or~~

365 ~~D. Reinsurance.~~

366 ~~The service provider must file the claim dispute in writing with the AdSS. In~~
367 ~~accordance with A.R.S. § 36-2903.01(B)(4), the service provider must~~
368 ~~submit the claim dispute within the time period that will occur last out of~~
369 ~~the following:~~

370 ~~A. Within the 12 consecutive months immediately following the date(s) of~~
371 ~~service,~~

372 ~~B. Within the 12 consecutive months immediately following the date~~
373 ~~that the member's eligibility is posted, or~~

374 ~~C. Within the 60 calendar days immediately following the denial date of~~
375 ~~a timely claim submission.~~

376 ~~The AdSS will date all claim disputes upon AdSS's receipt. The AdSS will~~
377 ~~send the service~~

378 ~~provider a written notice acknowledging receipt of the claim dispute~~

379 ~~within the five business days following the date the claim dispute is~~
380 ~~received. The AdSS will advise the service provider that any additional~~
381 ~~information the service provider wishes to submit to the AdSS for~~
382 ~~consideration must be done so in 10 calendar days.~~

383 ~~The AdSS staff may contact the service provider to obtain additional~~
384 ~~information. Relevant Arizona Revised Statutes, Arizona Administrative~~
385 ~~Codes, and AHCCCS and Division policies will be reviewed, and the AdSS~~
386 ~~staff will be consulted as necessary.~~

387 ~~AdSS will investigate all claim disputes using applicable authorities and~~
388 ~~facts obtained from all parties. Both parties must mutually agree on any~~
389 ~~deadline extensions. If there is a mutual agreement to extend the~~
390 ~~decision due date either to allow the AdSS to make a decision or allow the~~
391 ~~service provider additional time to submit supporting documentation, the~~
392 ~~AdSS will issue a letter to the service provider. Once the fact-finding is~~
393 ~~complete, a written Notice of Decision will be rendered to the service~~
394 ~~provider within 30 calendar days of receipt of the services provider's claim~~
395 ~~dispute unless the provider and the AdSS agree to a longer period.~~

396 ~~The Notice of Decision must comply with regulatory and contractual~~

397 ~~requirements. The Notice of Decision must include all of the~~
398 ~~following:~~

399 ~~A. The date of the decision,~~

400 ~~B. The factual basis for the decision,~~

401 ~~C. The legal basis for the decision,~~

402 ~~D. The service provider's right to request a fair hearing, and~~

403 ~~E. The instructions for requesting a fair hearing.~~

404 **State Fair Hearings for Claim Disputes**

405 ~~If a service provider disagrees with the AdSS's Notice of Decision on a~~
406 ~~claim dispute, the service provider may file a request for a fair hearing~~
407 ~~with the Office of Administrative Hearings (OAH). The service provider~~
408 ~~must make the request for fair hearing in writing to the AdSS within the~~
409 ~~30-calendar days immediately following AdSS's receipt of the Notice of~~
410 ~~Decision.~~

411 ~~In accordance with DDD Operations Manual Policy 445, the AdSS will~~
412 ~~forward the service provider's fair hearing request file to the Division's~~

413 ~~Office of Administrative Review (OAR) to be submitted to the AHCCCS~~
414 ~~Office of Administrative Legal Services (OALS). The AdSS staff will prepare~~
415 ~~a duplicate file along with the hearing request, copies of the claim dispute,~~
416 ~~investigative materials, and the Notice of Decision for submission to the~~
417 ~~DDD Office of Administrative Review (OAR). The AdSS will submit the~~
418 ~~duplicate file to the DDD Office of Administrative Review (OAR) within the~~
419 ~~three business days immediately following AdSS's receipt of the request~~
420 ~~for fair hearing. OAR staff will submit the documents to the AHCCCS Office~~
421 ~~of Administrative Legal Services (OALS) within the two business days~~
422 ~~immediately following OAR's receipt of the file from the AdSS.~~

423 ~~The fair hearing will be scheduled by the AHCCCS Office of~~
424 ~~Administrative Legal Services (OALS). The service provider will~~
425 ~~receive written notification of the date and time. The AHCCCS Office~~
426 ~~of Administrative Legal Services (OALS) will notify both the AdSS and~~
427 ~~the Division of the scheduled hearing.~~

428 Grievance and Appeals

429 ~~At the hearing, the service provider, an AdSS representative, and the~~
430 ~~AdSS General Counsel, if appropriate, will meet with an Office of~~

431 ~~Administrative Hearings (OAH) Hearing Officer. The rules of evidence~~
432 ~~will not apply to the fair hearing.~~

433 ~~The Hearing Officer will prepare written findings of fact, conclusions of~~
434 ~~law, and render a decision. The Hearing Officer will render a decision~~
435 ~~based on the following:~~

436 ~~A. Information gathered through testimony,~~

437 ~~B. Any presentations of evidence, and~~

438 ~~C. Any other records from the AdSS or service provider.~~

439 ~~An Office of Administrative Hearings (OAH) representative will~~
440 ~~forward a copy of the decision to the Arizona Health Care Cost~~
441 ~~Containment Service (AHCCCS) Director.~~

442 ~~The AHCCCS Director will issue a final written decision on the matter. If the~~
443 ~~AHCCCS Director overturns the AdSS decision, the AdSS will determine if~~
444 ~~a request for review will be petitioned to the AHCCCS Director. If the AdSS~~
445 ~~decides that a review will not be petitioned, the AdSS will arrange with the~~
446 ~~appropriate AdSS staff to both authorize and pay for the services as~~
447 ~~expeditiously as reasonably possible.~~

448 ~~Parties may file a petition for rehearing or review with the AHCCCS Office~~
449 ~~of Administrative Legal Services (OALS) by the AdSS or service provider.~~
450 ~~The petition must be submitted within the 30 calendar days immediately~~
451 ~~following the date of the AHCCCS Director's decision. The petition must~~
452 ~~completely explain the grounds for rehearing or review.~~

453 ~~Petitions for rehearing or review must be sent to:~~

454 ~~AHCCCS Office of Administrative Legal Services~~

455 ~~701 East Jefferson Street~~

456 ~~Phoenix, Arizona 85034~~

457 ~~If the AdSS or the service provider is still dissatisfied with the decision,~~
458 ~~the AdSS or service provider may seek judicial review of the AHCCCS~~
459 ~~decision through the court system. All administrative remedies must be~~
460 ~~exhausted before the court will consider the case.~~

461 ~~**Overtuned or Reverse Claim Disputes**~~

462 ~~The AdSS must reprocess and pay overturned or reversed claim disputes~~
463 ~~within the 15 business days immediately following the date of the decision.~~

464 ~~The AdSS will make payments in a manner consistent with the decision.~~

465

Draft Policy for Public Comment