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## **Chapter 10**

### **PROVIDER CLAIMS DISPUTES AND MEMBER APPEAL**

The federal government, the State of Arizona, and the AHCCCS Administration have established laws, rules, policies and procedures that determine how CMDP processes and adjudicates appeals. The rules associated with appeals include 42 CFR 438 Subpart F, Arizona Revised Statutes (A.R.S.) Section 36 and Arizona Administrative Code (A.A.C) Title 9, Chapter 34.

#### **Grievances**

A grievance is a member's expression of dissatisfaction with any aspect of his/her care, other than the appeal of an *action*. (Action is defined in the Member Appeals section on page 10-3 of this chapter.) Grievances include, but are not limited to, the quality of care or services provided, rudeness of a provider or CMDP staff, or failure to respect member's rights.

#### How to File a Grievance

- A member may file a grievance at any time either orally or in writing to CMDP.
- A disposition will be completed and provided no later than ninety (90) days after receipt of the grievance.

#### **Provider Claim Disputes**

All claim disputes submitted to CMDP are investigated using applicable statutory, regulatory, contractual and policy provisions.

Prior to submitting a claim dispute, CMDP encourages all providers to check with the Claims Unit or Provider Services for assistance in resolving any concerns. When inquiring about the claims status, please note the following information:

- If a Provider Remittance Advice identifying the status of the claim has not been received, contact the CMDP Claims Unit at (602) 351-2245 or (800) 201-1795 to determine whether the claim has been received and processed.
- Please allow thirty (30) days following claim submission before making an inquiry, and do not exceed twelve (12) months from the date of service.
- If a claim is pending in the CMDP claims processing system, a claim dispute will not be investigated until the claim is paid or denied, or is over 3 months from the receive date.

How to File a Claims Dispute

Submit a claim dispute in writing to CMDP via mail or fax to:

**Arizona Dept. of Economic Security**  
**CMDP Site Code 942C**  
**Attn: Grievance Coordinator**  
**P.O. Box 29202**  
**Phoenix, Arizona 85038-9202**  
**Fax (602) 264-3801**

- All claim disputes challenging claim payments or adjudication must be submitted within twelve (12) months from the date of service or within sixty (60) days after the date of the payment, denial or recoupment of a timely claim submission, whichever is later.
- State, in detail, the factual and legal basis for the dispute and the relief requested (i.e., additional payment, reversal of claim denial). Be sure to provide any and all relevant supporting documentation, including a clean claim.

Upon Receipt of Your Claim Dispute

- CMDP sends a letter of acknowledgement to the provider within 5 business days of receipt. Provider should retain this letter for reference.
- A *Notice of Decision* is communicated within thirty (30) days after the date the dispute was received, unless an extension of time has been agreed upon.
- If it is determined that the original claim denial was CMDP's error, the claim is forwarded to the CMDP Claims Unit for processing. It is not necessary for the provider to re-submit the claim.
- Upholding of a claim dispute does not constitute a guarantee of payment nor does it constitute a waiver of all claim filing requirements and conditions. Claims are subject to all routine claims processing edits and audits. If the submitted claim contains errors, omissions, or does not have the required documentation, the claim may be denied or an edit may fail, even though the claim dispute was upheld for other reasons.
- A provider may appeal a CMDP decision by submitting a request for hearing to CMDP no later than thirty (30) days after the date of receipt of the *Notice of Decision*. All information concerning the issue will be sent to the AHCCCS Office of Administrative Legal Services (OALS) for a hearing.
- A request for hearing regarding a non-AHCCCS enrolled member must be submitted by the provider no later than fifteen (15) days after receipt of the *Notice of Decision*.

- Submit any request for hearing to the address below:

**Arizona Dept. of Economic Security**  
**CMDP, Site Code 942C**  
**Attn: Grievance Coordinator**  
**P.O. Box 29202**  
**Phoenix, Arizona 85038-9202**

### **Member Appeals**

Members may file an appeal of any CMDP action to deny, reduce, suspend or terminate a service. A provider may file an appeal on behalf of a member but only with the written consent of the member's authorized representative (the custodial agency representative or juvenile justice representative).

If the provider attests that taking the time for a standard resolution could seriously jeopardize the member's life, health, or ability to attain, maintain or retain maximum function, an expedited appeal may be filed. These appeals are resolved as expeditiously as the member's health condition requires, but not later than three (3) business days following the receipt.

An *action* is defined as:

- Denial or limited authorization of a requested service, including the type or level of services;
- Reduction, suspension, or termination of a previously authorized service;
- Denial, in whole or in part, of payment of a service;
- Failure to provide services in a timely manner;
- Failure to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; or,
- For a member residing in a rural area, denial of the member's right to obtain services outside the network.

A *Notice of Action* is CMDP's response to the member or authorized representative regarding a requested service.

#### How to File a Member Appeal

- Appeals can be filed either orally or in writing within 60 days of the Notice of Action. If you have any questions or require assistance, please contact the CMDP Grievance Manager.
- CMDP issues a *Notice of Appeal Resolution* within thirty (30) days for a standard appeal or no later than three (3) business days for an expedited appeal, unless the requestor and CMDP have agreed upon an extension of up to fourteen (14) days.

- The decision timeframe is calculated from the date the appeal is received by the CMDP Grievance Manager.
- The member or authorized representative may request continuation of services while the appeal is pending. The services will continue if:
  - The appeal is filed timely;
  - The appeal involves the termination, suspension or reduction of previously authorized services;
  - Services were authorized by CMDP;
  - Original period covered by original authorization has not expired;
  - The member requests and CMDP approves that services continue;
- A request for continuation of services must be filed within 10 days from the date CMDP mails the *Notice of Action*.
- A member or provider may request a State Fair Hearing if the member/provider disagrees with the CMDP member appeal decision.
- A provider cannot file a member appeal without written consent from the legal guardian (CPS case manager).
- The request must be in writing to CMDP no later than 30 days after receiving the *Notice of Appeal Resolution*.
- A request for hearing regarding a non-AHCCCS enrolled member must be submitted in writing by the provider within fifteen (15) days of receipt of the *Notice of Appeal Resolution*.
- AHCCCS Administration notifies CMDP and the requestor of the time, place and nature of the hearing.