AHCCCS
Arizona Health Care Cost Containment System
OFFICE OF INDIVIDUAL AND FAMILY AFFAIRS

How to File an Appeal of a Health Care Coverage Decision

What is an Appeal?

An appeal is a request from an applicant, member, provider, health plan, or other approved entity to reconsider or change an adverse decision, also known as an action.

An action includes any denial, reduction, suspension, or termination of a service or benefit, or a failure to act in a timely manner.

Examples

- Denial of request for surgery,
- Denial of a request for a wheelchair,
- Denial of basic health care services,
- Denial or discontinuance of AHCCCS eligibility,
- Denial of residential behavioral health treatment, and
- Denial of a specific behavioral health service because it was determined to no longer be medically necessary,

How to File an Appeal:

You can file an appeal in writing or by phone. Enrolled AHCCCS members must contact their health plan's Grievance and Appeals Department or call their health plan's customer service line.* Detailed instructions for filing grievances and appeals may also be found in the member handbook provided by each health plan.

When filing the appeal, ask the health plan what the expected time frame is to resolve an appeal. Expedited appeal processes are available when the member or doctor feels that the member's health will be in serious jeopardy (serious harm to life or health or ability to attain, maintain or regain maximum function) by waiting 30 days for a decision from the health plan. If the appeal is expedited, the health plan should resolve the appeal within three working days, absent an extension.

Continuing Services During an Appeal

Members currently receiving services or benefits may be able to continue to receive them during the appeal process. If services were reduced, suspended or terminated, a request to continue receiving services during the appeal may be made. Let the health plan's Grievance and Appeals Department know of your request to continue to receive services during the appeal process.

If the appeal is eventually denied, the member may have to pay for the services received during the appeal process.

For further information, contact your health plan or call the AHCCCS Office of General Counsel at

- Within Maricopa County: 602-417-4232
- Outside of Maricopa County: 1-800-654-8713 ext. 74232

Request a Hearing (After an Unfavorable Appeal)

If the member disagrees with the health plan's decision after the appeal, a State Fair Hearing can be requested. (A state fair hearing occurs where the appeal is presented before an administrative law judge.)

*AHCCCS members with a Serious Mental Illness designation have an option of a Formal Appeal Process that follows a special set of rules. Talk with your health plan when filing the appeal to see if this process applies to you or your family member.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.

For a list of health plan contacts, visit
www.azahcccs.gov/healthplans