



GENERAL INFORMATION

Indian Health Service (IHS) and tribal providers should exhaust all authorized processing procedures before filing a claim dispute with the AHCCCS Office of Legal Assistance (OLA). It is recommended that providers do the following:

- If you have not received a Remittance Advice identifying the status of the claim, call the AHCCCS Claims Customer Service Unit at (602) 417-7670 or 1-800-794-6862 to determine whether the claim has been received and processed.
 - ✓ You may also check on the status of a claim by visiting the AHCCCS Web site at www.azahcccs.gov.
 - Once at the Home Page, click on Links for Plans & Providers.
 - A link on the Quick Links for Health Plans & Providers page allows you to create an account so that you can check the status of your claims.
 - ✓ Allow 14 days following claim submission before inquiring about a claim.
 - ✓ However, you should inquire well before 12 months from the date of service because of the clean claim time frame and the time frame for filing a claim dispute.
- If a claim is pending in the AHCCCS claims processing system, a claim dispute will not be investigated until the claim is paid or denied.
 - ✓ A delay in processing a claim by the AHCCCS Administration *may* be cause for OLA to entertain a claim dispute on a pending claim provided all grievance deadlines are met.
- If you have exhausted all authorized processing procedures and still have a denied, recouped, or underpaid claim, you have the right to file a claim dispute with the AHCCCS Office of Legal Assistance.

TIME LIMITS FOR FILING

You must institute any claim dispute challenging the claim denial or adjudication within 12 months from the ending date of service or, for a hospital inpatient claim, within 12 months from the date of discharge. The date of receipt by the AHCCCS Office of Legal Assistance is considered the date the claim dispute is filed.

For a retro-eligibility claim, you must institute any claim dispute within 12 months from the date of eligibility posting.

If the AHCCCS Claims Department takes action on a timely submitted claim fewer than 60 days before the expiration of the 12-month deadline or after the 12-month deadline has passed, you will be allowed 60 days from the date of the adverse action to file a claim dispute with OLA. The date of the adverse action is the status date for the claim as printed on the Remittance Advice.



TIME LIMITS FOR FILING (CONT.)

Example:

03/06/2004	Date of service
05/15/2004	Claim denied by AHCCCS
12/16/2004	Date of resubmission of denied claim
03/01/2005	Claim is denied again by AHCCCS (Status date of 3/01/2004)
03/06/2005	12-month grievance/clean claim deadline
04/29/2005	Special 60-day claim dispute deadline

Because the denial of the claim was less than 60 days from the 12-month deadline, the provider is given 60 days from the date of the adverse action (03/01/2004) to file a claim dispute.

CLAIM DISPUTE PROCESS

You must submit your claim dispute in writing. You may mail your claim dispute to:

AHCCCS Office of Legal Assistance
Mail Drop 6200
P.O. Box 25520
Phoenix, AZ 85002

You also may hand deliver your claim dispute to:

AHCCCS Office of Legal Assistance
701 E. Jefferson Street, Suite 200
Phoenix, AZ 85034

You also may submit a claim dispute via fax at (602) 253-9115.

Your claim dispute must state in detail the factual and legal basis of the grievance and the relief requested (e.g., payment, specific claim denial, quick pay discount). Claim disputes lacking specificity may be denied. You should include any documents which support the facts of the case.

Upon receipt of a claim dispute, the Office of Legal Assistance will send a letter of acknowledgment to you. Retain this letter for reference.



CLAIM DISPUTE PROCESS (CONT.)

The claim dispute may be adjudicated informally, and you will receive a Notice of Decision letter approving the claim, upholding the denial, or partially upholding the denial. Retain this letter for reference. Some cases may be referred directly for an evidentiary hearing.

If a Notice of Decision is issued, you will be advised that you may request a hearing. Written hearing requests must be received by OLA no later than 30 days from the date of the Notice of Decision.

APPROVING A CLAIM DISPUTE

If OLA determines that the original claim denial was in error, the claim is forwarded from OLA directly to the AHCCCS Claims Unit for reprocessing. Do **not** resubmit the claim to AHCCCS with a copy of the Notice of Decision from OLA.

Approving a claim dispute does not constitute a guarantee of payment nor does it constitute a waiver of all claim filing requirements and conditions because the claim may not be payable for other reasons. 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 has been approved for other reasons.

If you disagree with the adjudication of the claim, contact the AHCCCS Claims Customer Service Unit. Reference the claim dispute matter number and indicate that the claim was forwarded by OLA.

HEARING PROCESS

All AHCCCS hearings are conducted by the Arizona Office of Administrative Hearings, an independent state agency. An administrative law judge from the Office of Administrative Hearings will conduct the hearing, decide the facts, apply law, and make a recommendation to the AHCCCS Administration.

When a hearing is requested, the AHCCCS Administration will notify you in writing of a hearing date, time, and location.

Requests and motions concerning the case must be submitted in writing to the assigned administrative law judge. All requests and motions also must be copied to any other party and the AHCCCS Administration.



HEARING PROCESS (CONT.)

Requests to reschedule a hearing must be submitted in writing to the administrative law judge. All requests to conduct hearings telephonically must be submitted in writing to the Office of Administrative Hearings.

Subpoenas must be submitted to the Office of Administrative Hearings for the assigned administrative law judge's approval. Subpoena forms and instructions for completing the forms are available from the Office of Administrative Hearings.

The administrative law judge's recommendation will be forwarded to the AHCCCS director, who will issue a director's decision. A petition for a re-hearing must be submitted within 30 days of the director's decision. The director will determine whether to amend the decision or order a re-hearing.

Office of Administrative Hearings
1400 W. Washington Street
Suite 101
Phoenix, AZ 85007
Telephone: (602) 542-9826
Fax: (602) 542-9827

DISPUTES NOT RELATED TO CLAIMS

Disputes unrelated to claims denial (e.g., enforcement of a policy, recoupment actions, or unfavorable decision by AHCCCS) must be filed in writing and received by the Office of Legal Assistance no later than 60 days after the date of the adverse action.

Any documents that support the facts of the case should be included. The dispute should state in detail the factual and legal basis, and the relief requested. Failure to do so may constitute cause for denial of the dispute.

If a Notice of Decision is issued, you may submit a written hearing request as described earlier. Some cases may be referred directly for a hearing.



CLAIM DISPUTE SUBMISSION SUGGESTIONS

In recent years, reimbursement for medical services has become increasingly more complex. The following are a few suggestions to help you through the grievance process:

- If you file a claim dispute concerning nonpayment but payment is made before a Notice of Decision is made, submit a letter to withdraw the dispute.
 - ✓ Once the claim is paid, if you are dissatisfied with reimbursement, a claim dispute may then be filed within the required time frames.
- Claim disputes for recipients enrolled in a plan on the date of service in dispute must be filed with the plan.
- If you believe that the AHCCCS Verification Unit provided erroneous information, your claim dispute must specify the date and approximate time the call was made to AHCCCS and include the name or operator number of the AHCCCS operator who provided the information.
 - ✓ Failure to provide the date and time of the call and the name of the AHCCCS operator may result in denial of the claim dispute.
- A copy of all evidence to be introduced at a hearing must be submitted to the Office of Legal Assistance, all interested parties, and the AHCCCS Administration no later than five days before the hearing.
- All claim disputes must be filed with specificity.
 - ✓ Your request must state why the claim dispute is being filed and why you believe that the claim was not processed properly.
 - ✓ Failure to do so may constitute cause for denial of the claim dispute.



DISPUTE AVOIDANCE

The AHCCCS Claims Customer Service Unit will assist you with problem resolution and resubmission of fee-for-service claims. This unit can help you avoid the claim dispute process.

The Customer Service Unit will also research claims that the provider believes were incorrectly processed and/or paid and provide clarification and explanation. The unit also can correct certain errors over the telephone. (See [Chapter 17, Correcting Claim Errors](#))

If you receive a Remittance Advice from AHCCCS and believe that a claim was denied inappropriately or paid incorrectly, contact the Customer Service Unit as soon as possible. Be prepared to provide the Customer Service Unit with the following:

- Your provider ID number
- Recipient's AHCCCS ID number
- Date(s) of service in question
- Claim Reference Number (CRN)
- Denial reason

The Customer Service Unit will evaluate the claim data, the system processing of the claim, and all related provider and reference information and determine if the denial or payment was appropriate.

A Customer Service representative will notify you of the action taken and the outcome for the claim in question.

NOTE: This process does not take the place of the claim dispute procedure outlined in this chapter nor does it extend the grievance filing deadlines.