

Grievance & Appeals

It is very important to MHP that you have a way to share your concerns with us. We have a section in our handbook that tells you about your rights. Below we have pulled the sections that you need to know. It's your right to file a complaint if you are not happy with us or our provider. Let us know how we can make things right. Let us know if we did something wrong. Please call us at **(800) 582-8686** and we can listen to your concerns. We can help you file a complaint if needed.

WHAT IF I HAVE QUESTIONS, PROBLEMS OR COMPLAINTS ABOUT MHP?

Call Customer Care if you have a specific question, problem or complaint with any aspect of your care. Examples are: service issues, transportation issues, or quality of care issues. Interpretation services are available in any language at no cost to you. You may file a grievance (complaint) by calling Customer Care. You can also file a grievance by mailing it to the address below. Your grievance will be reviewed and a response will be provided no later than ninety (90) days from the date that you contact us.

WHAT IF MHP DENIES A REQUESTED SERVICE?

If MHP denies a service, you will get a "Notice of Action" (NOA). It must say:

1. The requested service. (What was asked for)
2. The reason/purpose of that request. (The reason the member needed the service)
3. The action we have taken or intend to take.
4. The reasons for the action.
5. Where member's can find copies of the legal basis. (website link)
6. The member's right to file an appeal. How to do this.
7. When an expedited appeal is available. How to request it.
8. The right to get ongoing health benefits pending resolution. How to request ongoing benefits. When the member may need to pay for these services.
9. A listing of Legal Aid Resources.

WHAT IF I DISAGREE WITH A SERVICE DENIED BY MHP?

If you are dissatisfied with an action or denial of services by MHP you may file an appeal. An appeal must be filed in writing within 60 days from MHP's Notice of Action.

You, as the enrollee, your representative, or a legal representative of a deceased enrollee's estate may file an appeal. A provider, acting on behalf of an enrollee and with the enrollee's written consent, may file an appeal.

The reasons you may file an appeal are:

- Denial or limited authorization of a requested service, including the type or level of service;
- Reduction, suspension, or termination of a previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failure to provide services in a timely manner;
- Failure to act within the timeframe required for standard and expedited resolution of appeals and standard disposition of grievances;
- The denial of a rural enrollee's request to obtain services outside the contractor's network under 42CFR 438.52 (b)(2)(ii), when the contractor is the only contractor in the rural area.

If we cannot take care of your concern with the adequacy of the Notice of Action letter or have not effectively resolved the issue, you can also call AHCCCS: Division of Health Care Management – Medical Management Unit (800) 654-8713, (602) 417-4000. You can also contact them in writing at 801 E Jefferson St. Phoenix, Arizona 85034.

HOW DO YOU FILE AN APPEAL?

Appeals may be requested by telephone or in writing. You may call Customer Care and ask to speak to an Appeals representative to file an appeal or you can mail or fax the Grievance & Appeals Department. MHP will provide you with a written decision within 30 days of filing a standard appeal, unless additional time (up to 14 days) is needed.

You may file an expedited appeal, or it may be filed on your behalf by your provider, with your written consent. It will be approved if MHP determines that the time to process a standard appeal would seriously jeopardize your health, life or ability to attain, maintain or regain maximum function. MHP will provide you and your provider with a decision within 3 business days. If an expedited appeal request is not approved, MHP will notify you within 24 hours and transfer the appeal to the 30 day timeframe for a standard appeal.

If you are currently receiving the services under appeal, you can continue to receive them during the appeal process. You must request them in writing and the request must be received by MHP within 10 days of the receipt of the Notice of Action. However, you may be responsible for payment of those services if MHP upholds the denial.

HOW DO YOU REQUEST A STATE FAIR HEARING?

If you are not satisfied with the appeal decision, you may file a Request for State Fair Hearing (RSFH) with MHP. This request must be made in writing to MHP within 30 days of the date of receipt of the appeal decision. You can mail or fax your request. MHP will send your appeal file to AHCCCS and a hearing date will be scheduled for you to attend. Additionally, there are Legal Services Programs in your area that may be able to help you with the hearing process. General legal information about your rights can also be found on the internet at the following website: www.azlawhelp.org.



Contact information for Grievance & Appeals:

Maricopa Health Plan
Attn: Grievance & Appeals Department
2701 E. Elvira Road
Tucson, AZ 85756
Phone: (800) 582-8686, ask for Grievance & Appeals
Fax: (520) 874-3462 or (866) 465-8340