STEP 6: FAIR HEARING

The "Notice of Fair Hearing" from AHCCCS will tell you the date, time and place of the hearing. You must appear at the hearing by telephone or in person. The hearing takes place at the Office of Administrative Hearings (OAH). For more information about fair hearings, see guide "How to Represent Yourself at an Administrative Hearing."

STEP 7: AHCCCS FINAL DECISION

After the hearing, the Administrative Law Judge will send a recommended decision to AHCCCS. The Director of AHCCCS looks at the Judge's decision and makes his own final decision. The Director can agree or disagree with all or part of the Judge's decision. Within 30 days of the Judge's decision, you will receive a final decision from AHCCCS that states whether the health plan will have to provide the service. If AHCCCS says the health plan can still deny the service, the letter will tell you about your right to go to Superior Court for further review.

WHAT IF I AM ALREADY RECEIVING A SERVICE AND THE HEALTH PLAN STOPS MY SERVICE?

If you are receiving a service and your health plan wants to stop the service, they must send you a "Notice of Intended Action." The Notice must be sent at least 10 days before the date your health plan wants to stop the service. The Notice must tell you how you may be able to continue the service. For information on having your service continued while you appeal, contact the Arizona Center for Disability Law.

OVERVIEW OF AHCCCS APPEALS PROCESS

Step	Action	Timeline
Step 1:	ASK FOR THE SERVICE	Health plan has **14 days** to make a decision
STEP 2:	READ THE FIRST DECISION	You have **60 days** to appeal
STEP 3:	SEND IN APPEAL	Health plan has **30 days** to make a decision
STEP 4:	READ THE APPEAL DECISION	You have **30 days** to ask for fair hearing
STEP 5:	ASK FOR A FAIR HEARING	Hearing usually set within **20-40 days**
STEP 6:	FAIR HEARING	Final decision within **30 days** of Judge's decision
STEP 7:	AHCCCS FINAL DECISION (May be appealed to Superior Court)	

Arizona Center for Disability Law

Protection and Advocacy System for Arizona

HOW TO GET THE SERVICES YOU NEED WHEN YOUR AHCCCS HEALTH PLAN TELLS YOU "NO"

(HOW TO APPEAL AN AHCCCS DENIAL OF SERVICES)

Arizona Center for Disability Law

5025 E. Washington
Suite 202
Phoenix, Arizona 85034-2005

(602) 274-6287 (Voice/TTY)
1-800-927-2260 (toll free)
(602) 274-6779 (Fax)

100 North Stone Avenue
Suite 305
Tucson, Arizona 85701

(520) 327-9547 (Voice/TTY)
1-800-922-1447 (toll free)
(520) 884-0992 (Fax)

www.azdisabilitylaw.org
center@azdisabilitylaw.org

AHCCCS (Arizona Health Care Cost Containment System) is Arizona's public health care (Medicaid) program. While on AHCCCS, you receive health care from one of several health managed care plans such as Mercy Care or Cigna. This guide tells you how to ask for the health services you need. It advises what to do if your AHCCCS health plan says "no" to your request or if your health plan stops providing a service. Please read this guide along with the guide "How to Make Your Health Insurance Work for You."

STEP 1: ASK IN WRITING FOR THE SERVICE

The first step is to ask the health plan for the health care service that you need. You or your doctor can request the service. It is better for your doctor to directly request the service. Ask the doctor to put in the request the reason that the service or treatment is needed. (See insert on letters of medical necessity.) Be sure your doctor gives you a copy of the request.

Important Tip to Protect Yourself

When asking for services, appealing a denial, or requesting a fair hearing, it is important to:

- ✓ Put it in writing.
- ✓ Keep a copy for yourself
- ✓ Get proof of when, where and what you sent. For mailing, you should send letters by "certified mail, return receipt" which means that you will get a receipt that says the letter was received by the health plan. You can also fax letters directly to the health plan; make sure to keep your fax confirmation sheet.

STEP 2: READ THE FIRST DECISION

Your health plan must mail you a written answer within 14 days of receiving your request for services. The letter should tell you:

- ✓ Whether the health plan said "yes" or "no" to the service.
- ✓ If the answer is "no", the reason for the denial.
- ✓ Your right to appeal and how long you have to appeal.

If the health plan doesn't mail you an answer within 14 days, you can consider their answer to be "no" and go to step 3.

STEP 3: SEND IN A WRITTEN APPEAL

If your health plan said "no", you can send a written letter to appeal their decision. The appeal letter must be **received** by the health plan within **60 days** of the date of their decision to you. **Check that date and be aware of the deadline.** You may appeal by calling the health plan, but it is better to put your appeal in writing. The health plan will send you a letter saying that they have received your appeal.

Your appeal letter should state why you do not agree with their decision. It should directly respond to the reason for the denial. If the reason for denial is that the service is not "medically necessary" then you should get a letter of medical necessity. Include this letter and any medical records that make your point with the appeal. If the reason for denial is not medical necessity, contact us.

STEP 4: READ THE APPEAL DECISION

The health plan has 30 days after they receive your appeal letter to mail you an answer. The health plan's decision on your appeal must be made by a health care professional who knows about treating your medical condition. The letter you get will be called a "Notice of Appeal Resolution." If the service is denied, the notice will tell you why the decision was made. It will also tell you how to ask for a fair hearing. If you disagree with the decision, go to Step 5.

STEP 5: ASK IN WRITING FOR A FAIR HEARING

If your appeal is denied, you have the right to go to a fair hearing. A fair hearing is the chance for you to tell a judge why you need the service or equipment that your health plan will not provide. The letter asking for a fair hearing must be received by the health plan no later than **30 days** after the date the health plan mailed the "Notice of Appeal Resolution." **Calendar this deadline.**

If you do not ask for a hearing by the deadline, the health plan's decision is final. You must ask for a fair hearing in writing. After AHCCCS receives your letter, they will mail you a "Notice of Fair Hearing." The hearing should take place within 20 - 40 days.