



Grievances, appeals and state fair hearings

If you choose to have a health care decision maker (HCDM, someone like a family member or your provider), file the appeal, grievance, or State Fair Hearing on your behalf, we will need your written permission. If we do not have your permission, we will send a letter to you with a form for you to sign to allow someone else to represent you.

Your right to file a grievance

If you are not happy with us, your provider, or your services for any reason, you or someone who can act for you can tell us. We want to hear from you. The problem or concern you are calling about will be handled as a grievance (another word for complaint). There are several ways you can file a grievance:

By phone: Call Member Services at (800) 424-5891 (TTY/TDD: 711)
Monday-Friday 8 a.m. to 6 p.m. MST.

By mail: Send a letter to:
Molina Healthcare
Attn: Grievance Coordinator 5055 E Washington St, Suite 210
Phoenix, AZ 85034

Call us if you need help with filing a grievance.

Grievance process

Molina will send you a letter to let you know we received and are working on your grievance. We will try our best to deal with your concerns as quickly as possible. We will resolve your issue within 10 business days and send you a letter with our answer.

Your provider who requested authorization has the option to request a peer-to-peer discussion with a Molina Medical Director.

If we need information, we may take up to 90 days to resolve the grievance.

If your complaint is about a Notice of Adverse Benefit Determination sent to you by Molina, or you don't understand the notice, Molina will do a review to make sure it is clear and correct. If it is not correct, we will send a corrected notice.

The time frame for your appeal and continuation of services will start from the date of the corrected notice.

External grievance process

You can make a complaint about Molina to AHCCCS Medical Management by sending an email to MedicalManagement@azahcccs.gov. You can file a complaint about Molina with Molina or AHCCCS.

You can make a complaint to the Department of Health and Human Services' Office for Civil Rights if you think you have not been treated fairly. For example, you can make a complaint about disability access or language assistance. You can also visit [Hhs.gov/ocr](https://www.hhs.gov/ocr) for more information.

Office of Civil Rights- Region III
Department of Health and Human
Services 150 S Independence Mall West
Suite 372 Public Ledger Building
Philadelphia, PA 19106

(800) 368-1019
Fax: (215) 861-4431
TDD: (800) 537-7697

Your right to appeal

If we do not give your doctor an okay for a service, or if a service is reduced or ended, we will send you a Notice of Adverse Benefit Determination (refer to the Authorization Request section of this handbook) that tells you why.

If you disagree with our decision, you can file an appeal asking us to take a second look. We will not treat you or your provider unfairly because you file an appeal.

Some reasons you might file an appeal are:

- You received a denial of services—this could be either a full or partial denial
- Care that was previously approved has been reduced or stopped
- You received a denial of payment for a service—either whole or in part
- You did not get services in a timely manner
- Your grievance, appeal or request for a State Fair Hearing was not completed in the stated time frame
- Members in a rural area did not get the out-of-network provider approval and there is no other provider in the rural area
- You received a denial for your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other financial liabilities.

How to file an appeal

You can file an appeal within 60 days of the date on the Notice of Adverse Benefit Determination (this is the letter you will get from us in the mail). There are several ways you can file an appeal:

By phone: Call Member Services at (800) 424-5891 (TTY/TDD: 711) Monday-Friday 8 a.m. to 6 p.m. MST.

By mail: Send a letter to:
Molina Healthcare
Attn: Appeals Coordinator
5055 E Washington St, Suite 210
Phoenix, AZ 85034

If you choose to have a health care decision maker (HCDM, someone like a family member or your provider), file the appeal on your behalf, we will need your written permission. If we do not have your permission, we will send a letter to you with a form for you to sign to allow someone else represent you. You have 14 days from the date we received the appeal to send us the signed form. Molina will make three attempts within seven days at various times to get your signed form. If we do not get the signed form back in 14 days, we will close the appeal.

Call us if you need help with filing an appeal.

HCDMs may also submit a concern regarding the member's inability to receive health care services, concerns about the Quality of Care (QOC) received, issues with health care providers or health plans, and on timely access to services.

Standard appeal process

We will send a letter to let you know we have received and are working on your appeal. Appeals of clinical matters will be decided by qualified health care professionals who did not make the first decision and who have experience in the area of your condition or disease.

The services that you are getting may continue if you file the appeal within 10 days of the date on the Notice of Adverse Benefit Determination or by the date the change in services is scheduled to happen. If your appeal results in another

denial and AHCCCS agrees with our decision, you may have to pay for the cost of any continued benefits that you received.

Before and during the appeal, you or your authorized representative can provide more information and see your case file, including medical records and any other documents being used to make a decision on your case. This information is available at no cost to you.

If we have all the information we need, we will make our decision within 30 days of when we get your appeal request. A written letter, called a Notice of Appeal Resolution, with our decision will be sent within three business days from when we make the decision to you or the legal representative of a deceased Member.

You can ask for an extension of up to 14 days. Or Molina may request an extension for up to 14 days if we need more information and it is in your best interest. We will call you to tell you and send you a written notice within two (2) calendar days of the reason for the decision to extend the time frame. You have the right to file a grievance if you disagree with the extension request.

We will call you to tell you and send written notice within two calendar days of the reason for the decision to extend the time frame.

You have the right to file a grievance if you disagree with the extension.

If you do not agree with Molina's decision on your appeal, you can request a State Fair Hearing.

Expedited appeals

If you need a decision right away, please let us know it is urgent. This happens when your health status is in danger. If we have all the information we need, we will give you an answer within 72 hours of your request. While you wait for our answer, you can continue to get care.

However, if the final decision is not in your favor, you may have to pay for the care. We will tell you our decision by phone and send a written Notice of Appeal Resolution within one business day from when we make the decision to you or the legal representative of a deceased Member.

If we decide that your appeal should not be expedited, we will call you to tell you and send written notice within two calendar days of the reason for the decision. Molina will then resolve your appeal within the standard appeal time frames.

If you do not agree with Molina's decision on your appeal, you can request for an expedited State Fair Hearing.

State Fair Hearing request

If you do not agree with Molina's decision of your appeal, you or your authorized representative can ask for a State Fair Hearing in writing within 90 days from the date you get on the Notice of Appeal Resolution letter from us.

Information about how to ask for a State Fair Hearing will come with the Notice of Appeal Resolution letter.

To ask for a State Fair Hearing in writing, you can send a letter to:

Molina Healthcare Attn:
Appeals Coordinator
5055 E Washington St, Suite 210
Phoenix, AZ 85034

AHCCCS will send you information about next steps in a Notice of Hearing. The services that you are getting may continue if you request a State Fair Hearing within 10 days of the date on the appeal decision letter from Molina.

We will not treat you or your provider unfairly because you file request a State Fair Hearing.

Molina will send AHCCCS information about your case. If AHCCCS decides that Molina's decision was correct, you may have to pay for services you received during the State Fair Hearing process.

If AHCCCS decides that our decision was not correct, Molina will authorize and pay for services promptly.