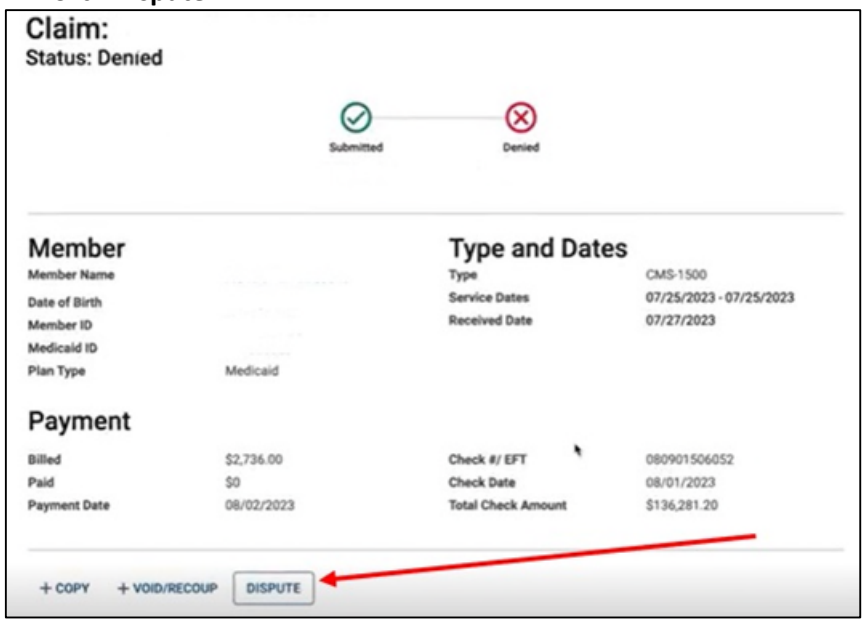
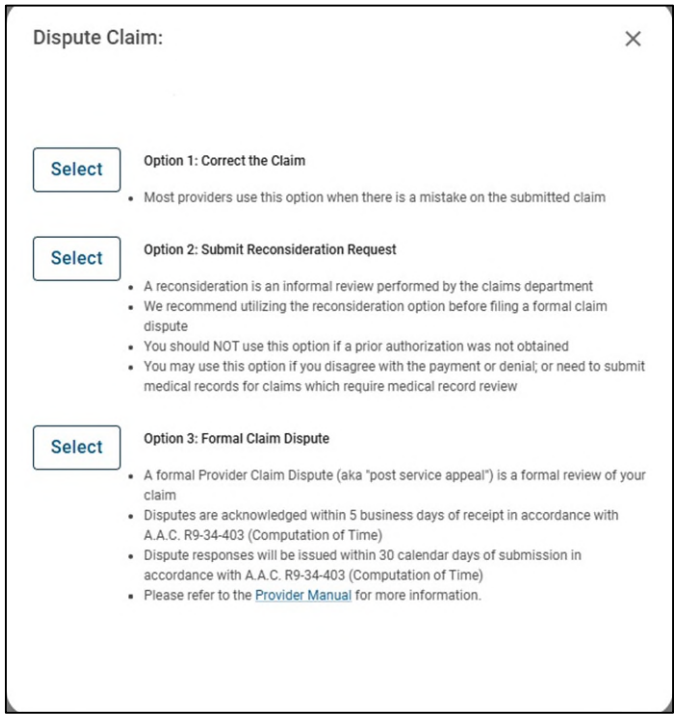
Instructions for submitting a corrected claim, an informal reconsideration request or a formal claim dispute for an Arizona Complete Health-Complete Care Plan Medicaid claim via our secure provider portal:

The pages below outline how to submit a corrected claim, an informal reconsideration request or a formal Medicaid claim dispute via our secure portal. We encourage you to use the corrected claim process and/or reconsideration process PRIOR to submitting a formal claim dispute whenever possible. When needed, the formal claim dispute process may be used to dispute (aka appeal) a claim denied partly or in whole. While formal claim disputes may be submitted via the secure portal, State Fair Hearing Requests must continue to be submitted via mail as they are today.

1. Once you've logged on to the secure portal https://www.azcompletehealth.com/providers/login.html, use the Claims option to look up the claim and access its details
2. Click **Dispute**

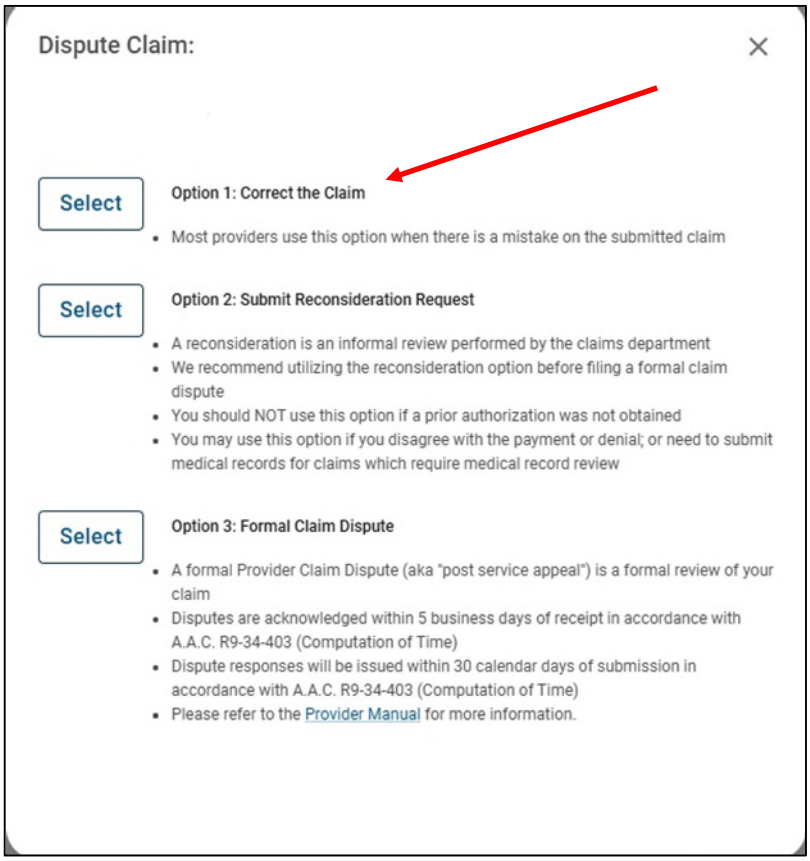


3. Select the applicable option



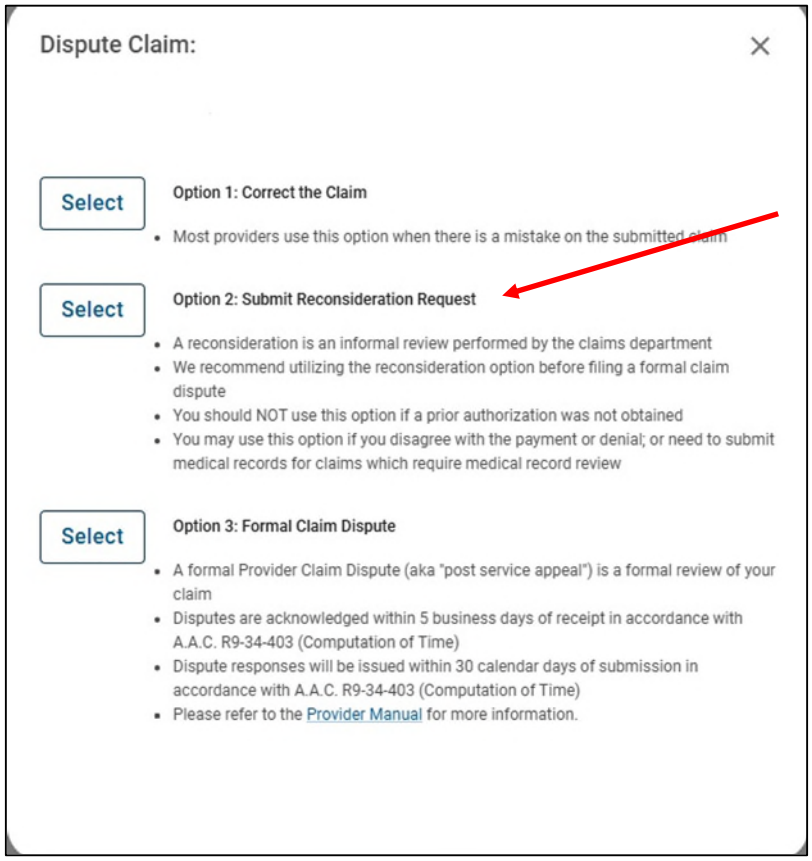
Corrected Claim

1. Select **Option 1: Correct the Claim**
2. Complete the fields and resubmit

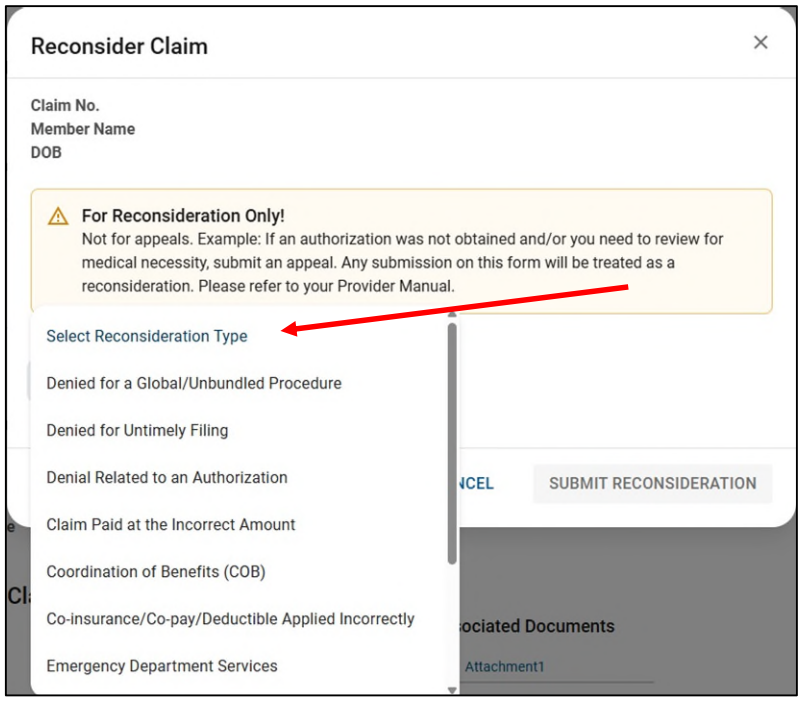


Reconsideration

1. Select **Option 2: Informal Reconsideration**

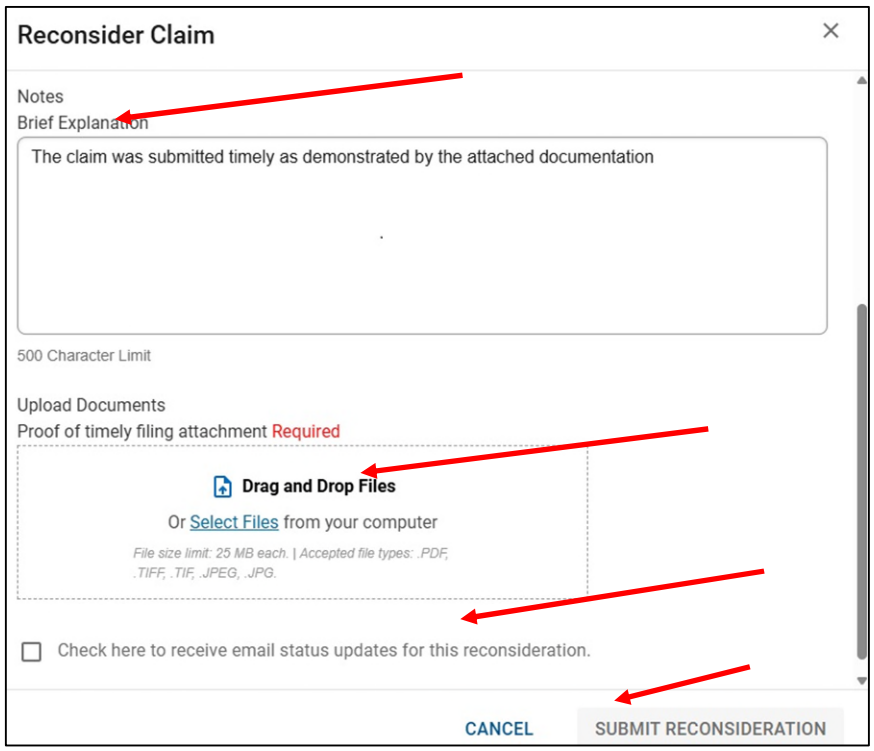


2. Select Reconsideration Type from the drop-down box



Enter the reason for your reconsideration request including pertinent facts and data that support it. There is a 500-character limit, so this should be a summary

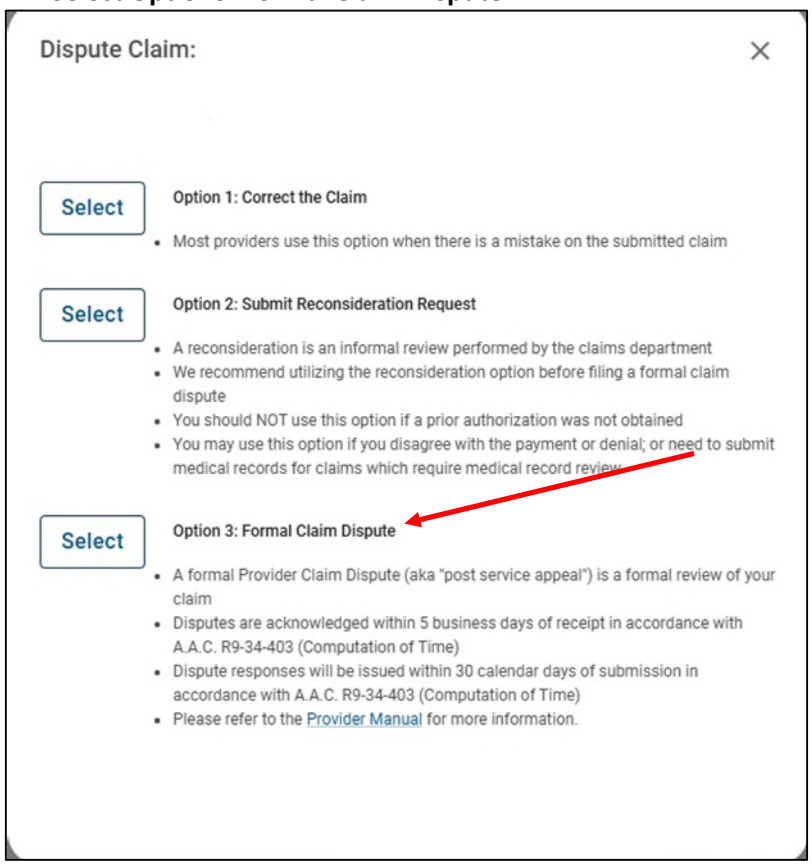
3. Scroll down to Upload Documents. Drag and drop files or select files from your computer to upload your medical records, and/or other supporting documentation
4. Check the box at the bottom of the screen to receive email status updates and then click SUBMIT RECONSIDERATION



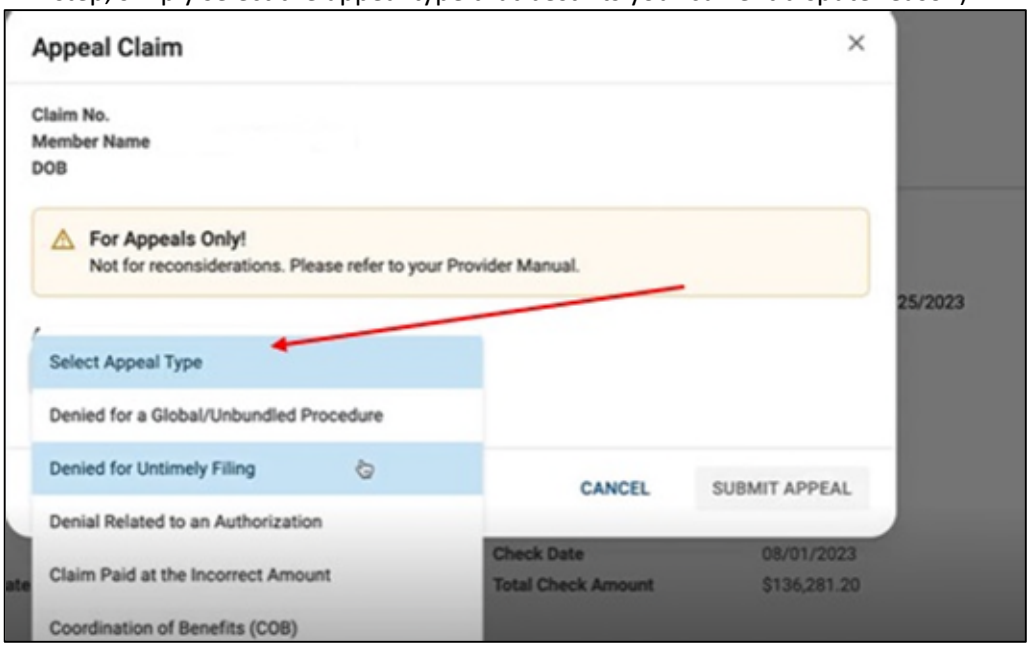
5. Reconsiderations may be submitted within 12 months of the date of service. Reconsiderations are reviewed within 60 days of receipt. If the claim is overturned, you'll receive an updated remittance advice. If the original processing is upheld, and the reconsideration was submitted by mail, you'll receive a determination letter outlining the decision. If the reconsideration is submitted via the secure portal, the portal will reflect the upheld decision in the claim details

Claim Dispute

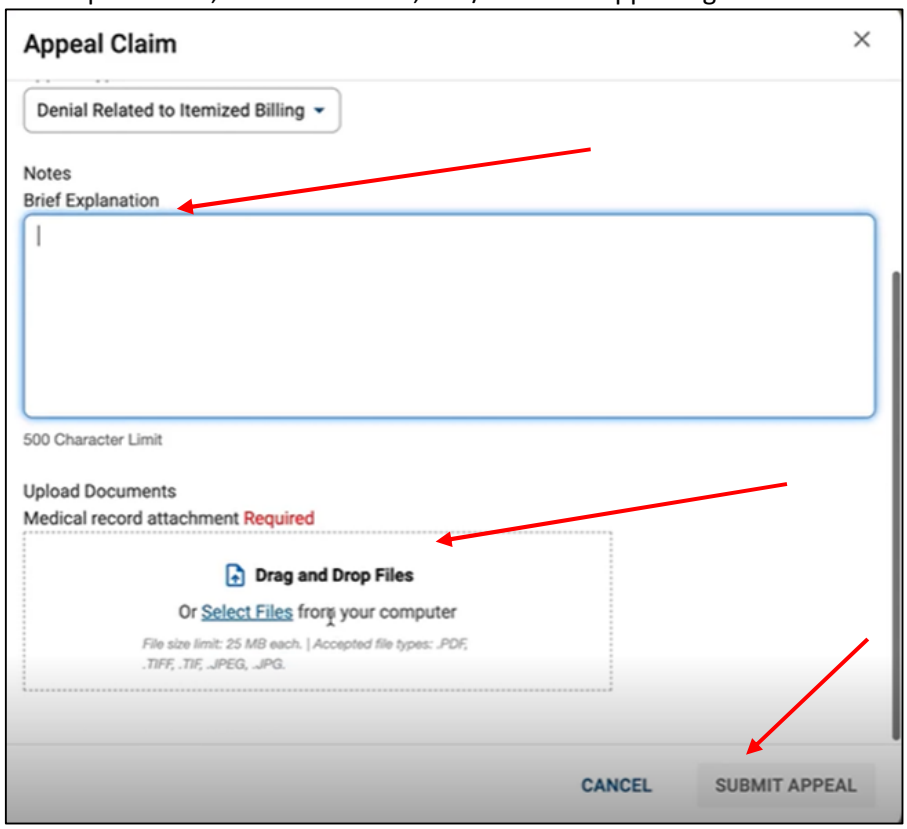
1. Select **Option3: Formal Claim Dispute**



2. Select **Appeal Type** from the drop-down box (you'll be able to add details or specific comments in Step 5, for this step, simply select the appeal type that best fits your current dispute reason)



3. Enter the reason for your claim dispute including pertinent facts and data that supports your request for payment/additional payment. There is a 500-character limit, so this should be a summary. **You must also complete the Claim Dispute Form (available on our website on the Medicaid Provider Claim Resolution Process page) and upload it along with pertinent medical records and/or other supporting documents in Step 4**
4. Scroll down to Upload Documents. Drag and drop files or select files from your computer to upload your Claim Dispute Form, medical records, and/or other supporting documentation and click SUBMIT APPEAL



5. A "Success" notification appears once you've submitted the dispute

6. Within five business days of your successful Claim Dispute submission, an acknowledgment letter is mailed to the address listed on your uploaded claim dispute documentation in accordance with A.A.C. R9-34-403 (Computation of Time)
7. Claim dispute decisions are issued with 30 calendar days of submission in accordance with A.A.C. R9-34-403 (Computation of Time)
8. If you need status of a successfully submitted claim dispute *and it has been over* 30 calendar days since your submission, you may email an inquiry to the Arizona Complete Health Grievance and Appeals Department at AzCHGrievanceAndAppeals@azcompletehealth.com

For general assistance on the grievance and appeal system, visit the Grievance and Appeal System and the Medicaid Provider Claim Resolution Process pages on our website:

a. https://www.azcompletehealth.com/providers/resources/grievance-process.html
b. https://www.azcompletehealth.com/providers/resources/grievance-process/provider-claim-disputes.html

If you require assistance with our secure provider portal, please contact your Provider Engagement Representative for assistance. If you need your assigned Provider Engagement Specialist's contact information, please email AzCHProviderEngagement@azcompletehealth.com