

State Fair Hearing

If you do not agree with UnitedHealthcare Community Plan's decision on your appeal, you can request a State Fair Hearing. Your request for a State Fair Hearing must be in writing and received within 90 calendar days from the date you receive the appeal resolution letter. AHCCCS will send you information on how your State Fair Hearing will be handled. The AHCCCS Administration will decide if UnitedHealthcare Community Plan's decision was correct. If AHCCCS decides that UnitedHealthcare Community Plan's decision was correct, you may have to pay for services you received during the State Fair Hearing. If AHCCCS decides that UnitedHealthcare Community Plan's decision was not correct, UnitedHealthcare Community Plan will authorize and pay for services promptly.

SMI behavioral health appeals

Any person, age 18 or older, his or her guardian, or designated representative, may file an appeal related to services applied for or services the person is receiving. Matters of appeal are generally related to:

- Denial of services
- Disagreement with the findings of an evaluation or assessment with any part of the Individual Service Plan, the Individual Treatment and Discharge Plan
- Recommended services or actual services provided
- Denial, reduction, suspension or termination of any service that is a covered service funded through Non-Title XIX/XXI funds. Persons determined to have a serious mental illness cannot appeal a decision to deny, suspend or terminate services that are no longer available due to a reduction in State funding.
- Decision regarding fees or waivers
- Capacity to make decisions, need for guardianship or other protective services or need for special assistance

Appeals must be filed with UnitedHealthcare Community Plan and must be initiated no later than 60 days after the decision or action being appealed. Appeal forms are available through UnitedHealthcare Community Plan, AHCCCS, your Case Manager, and at all provider sites.

UnitedHealthcare Community Plan will attempt to resolve all appeals within 7 days through an informal process. If the issue cannot be resolved, the matter will be forwarded for further appeal. You may request an Administrative Review by AHCCCS.

For SMI grievances/requests for investigation and appeals please include:

- Name of person filing the SMI grievance/request for investigation or appeal
- Name of the person receiving services, if different
- Mailing address and phone number

- Date of issue being appealed or incident requiring investigation
- Brief description of issue or incident
- Resolution or solution desired

You may represent yourself, designate a representative, or use legal counsel

UnitedHealthcare Community Plan will provide assistance to you in completing forms and taking other procedural steps related to filing an appeal. If you need help filing an appeal, including the need for language translation or interpreter services for a hearing or vision impairment, contact your Case Manager or call Member Services at 1-800-293-3740, TTY 711. Appeal information is available in alternative formats. Your provider or family, health care decision maker or designated representative can also file an appeal on your behalf with your written permission. You or your provider can't be retaliated against for filing an appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an appeal. Appeals can be submitted in writing or verbally to UnitedHealthcare. If you want to file a verbal appeal, call Member Services, 1-800-293-3740, TTY 711.

Send your written appeal to:

UnitedHealthcare Community Plan
Attn: Member Grievance and Appeals
1 East Washington Street, Suite 900 Phoenix, AZ 85004

What happens after I file an SMI behavioral health appeal?

If you file an appeal, you will get written notice that your appeal was received within 5 working days of UnitedHealthcare Community Plan's receipt. You will have an informal conference with UnitedHealthcare Community Plan within 7 working days of filing the appeal. The informal conference must happen at a time and place that is convenient for you. You have the right to have a designated representative of your choice assist you at the conference. You and any other participants will be informed of the time and location of the conference in writing at least 2 working days before the conference. You can participate in the conference over the telephone.

For an appeal that needs to be expedited, you will get written notice that your appeal was received within 1 working day of UnitedHealthcare Community Plan's receipt, and the informal conference must occur within 2 working days of filing the appeal.

If the appeal is resolved to your satisfaction at the informal conference, you will get a written notice that describes the reason for the appeal, the issues involved, the resolution achieved and the date that the resolution will be implemented. If there is no resolution of the appeal during this informal conference, the next step is a second informal conference with AHCCCS. You may waive the second level informal conference and proceed to a State Fair

Hearing, however. If you waive the second level informal conference with AHCCCS, UnitedHealthcare Community Plan will assist you in filing a request for State Fair Hearing at the conclusion of the UnitedHealthcare Community Plan informal conference.

If there is no resolution of the appeal during the second informal conference with AHCCCS, you will be given information that will tell you how to get a State Fair Hearing. The Office of Grievance and Appeals at AHCCCS handles requests for State Fair Hearings upon the conclusion of second level informal conferences.