

AHCCCS encourages providers to reach out to the health plan with which they have a concern. If after that initial outreach, the provider feels their concerns are not resolved, AHCCCS staff may assist in the resolution process. This form shall be filled out after initial contact has been made with the health plan.

Note: If you are experiencing concerns with multiple health plans, please complete one form for each plan.

Submitter Information:

Submitter Name: _____

Submitter Email: _____

Submitter Phone Number: _____

Are you a billing agent for the provider? Yes No

Provider Information:

Provider Name: _____

AHCCCS Provider ID: _____

Select the Topic Related to your Concern:

- Claims Payment
- Contracting
- Coordination of Benefits
- Credentialing
- Recoupment
- Other (Provide details in Summary below)

Health Plan Involved in the Concern:

- Arizona Complete Health-Complete Care Plan (AzCH-CCP)
- Care1st Health Plan (Care1st)
- Banner-University Health Plan (B-UFC)
- Health Choice Arizona (HCA)
- Molina Health Plan (Molina)
- Mercy Care
- UnitedHealthcare Community Plan (UHCCP)
- Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Department of Child Safety/Comprehensive Health Plan (DCS/CHP)
- Other (Provide details in Summary below)

Provide a Detailed Summary of the Concerns:

If the concern involves claims processing, include at a minimum, the number of claims impacted, date range of claims, and whether claims disputes were filed.

Provide a summary of when this concern was previously brought to the attention of the health plan, including dates:

Email completed forms to: mcocompliance@azahcccs.gov