

# **NOTICE: For All Health Choice Arizona (HCA) Providers**

## Facsimile Number for MEDICAID Provider Claim Disputes

April 20, 2018

Effective Friday, April 20, 2018, updates have been made to the Health Choice Arizona Provider Manual Chapter 15, Claim Disputes, Member Appeals, and Member Grievances. The fax number for submitting written claim disputes has been changed to: **480-760-4771**. The address for submitting written disputes via mail has not changed. Disputes submitted via mail should be addressed to: Health Choice Arizona, Attention Claim Dispute Department, 410 North 44<sup>th</sup> Street, Suite 900, Phoenix, AZ 85008.

**For HCA Claim Disputes:** All claim disputes must be filed in writing within twelve months after the date of service, within twelve months after the date that eligibility is posted or within sixty days after the date of the denial of a timely claim submission, whichever is later (A.R.S. 36-2903.01 (B) 4). Claim disputes must specify in detail the factual and legal basis for the dispute and the relief requested.

Please refer to the Health Choice Arizona Provider Manual for further guidance on Claim Disputes, Member Appeals, and Member Grievances.

