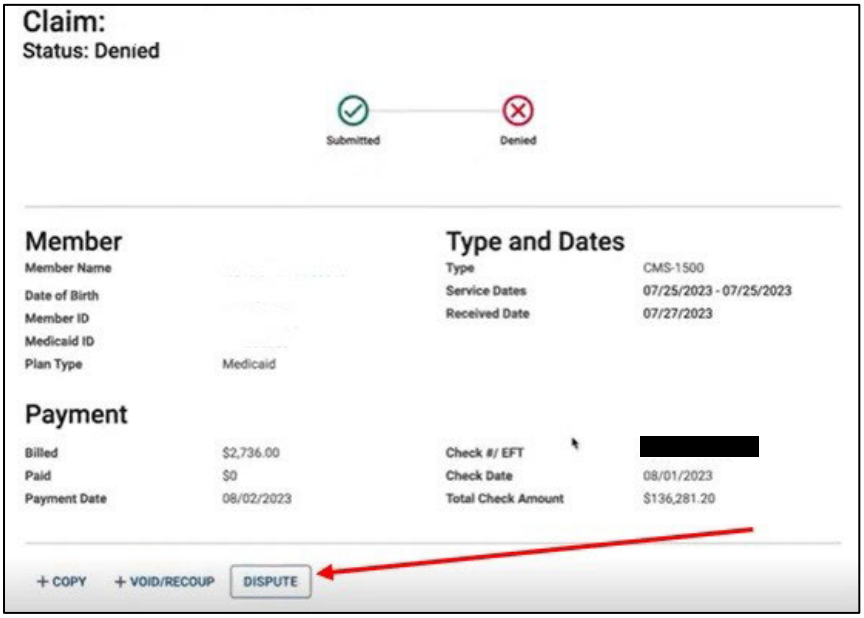
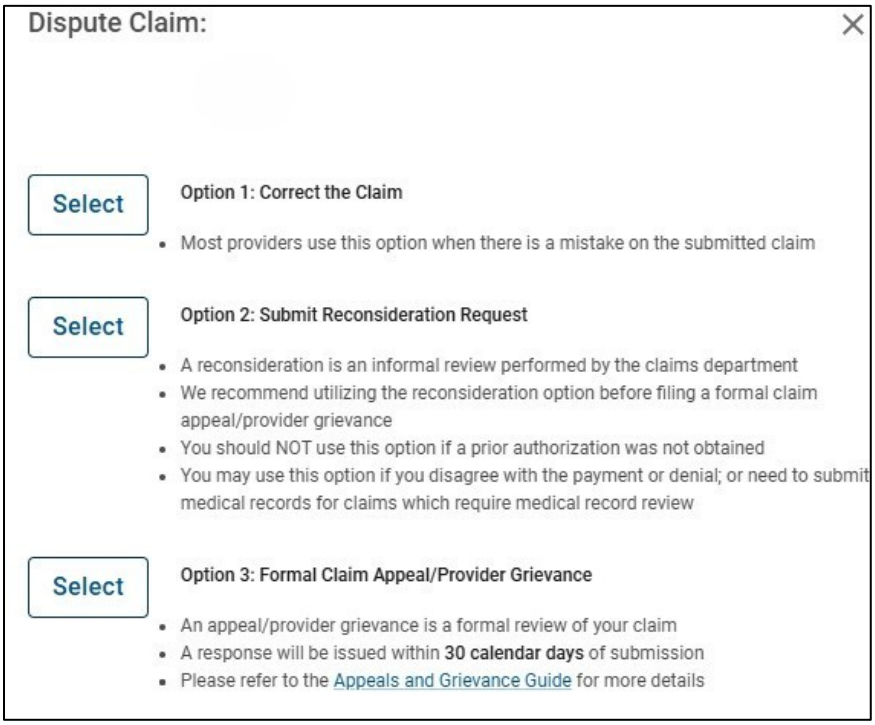
Instructions for submitting a corrected claim, informal reconsideration request or a formal claim appeal/provider grievance for an Ambetter from Arizona Complete Health Marketplace claim via our secure provider portal:

The pages below outline how to submit a corrected claim, an informal reconsideration request or a formal Marketplace claim appeal/provider grievance via our secure portal. We encourage you to use the corrected claim process and/or reconsideration process PRIOR to submitting a formal claim appeal/provider grievance whenever possible. When needed, the formal claim appeal/provider grievance process may be used to challenge a claim payment or denial.

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**

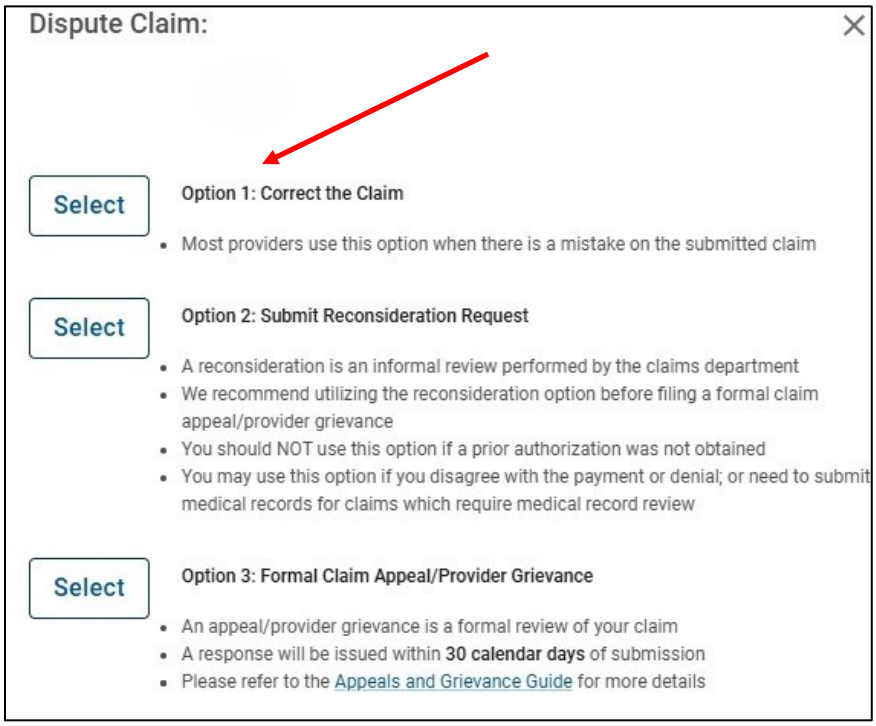


3. Select the applicable option



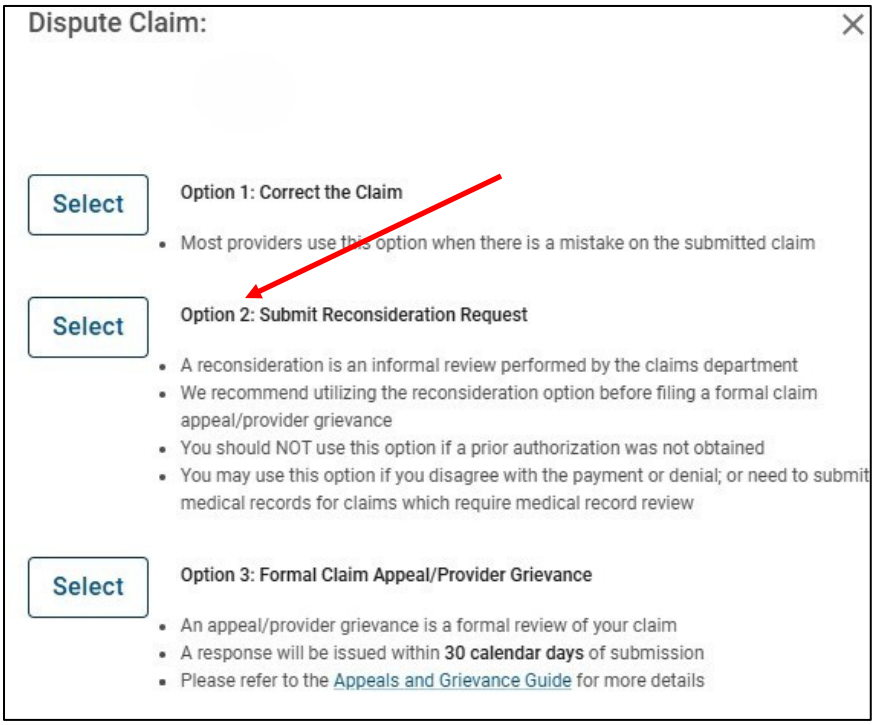
Corrected Claim

1. Select **Option 1**
2. Complete the fields and resubmit

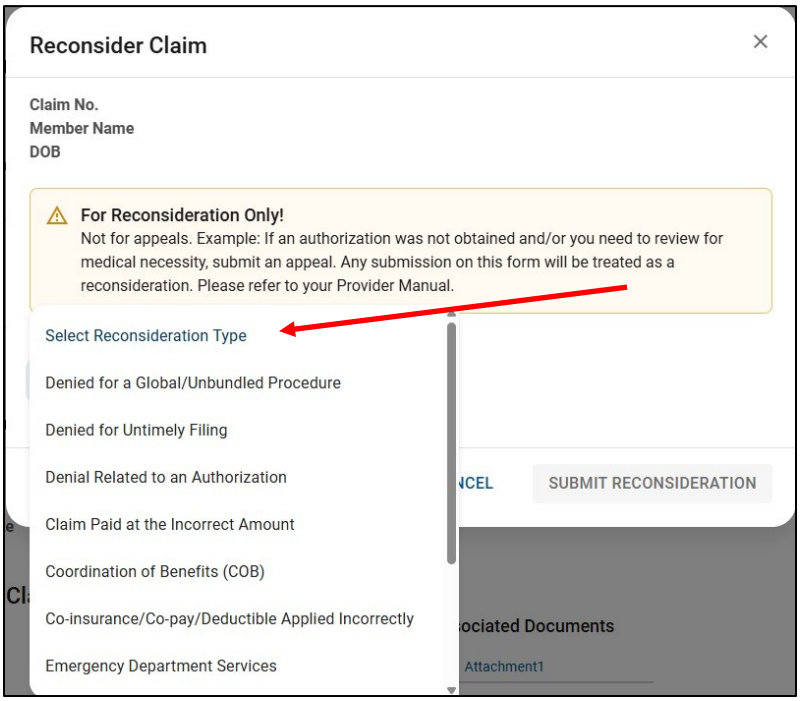


Reconsideration

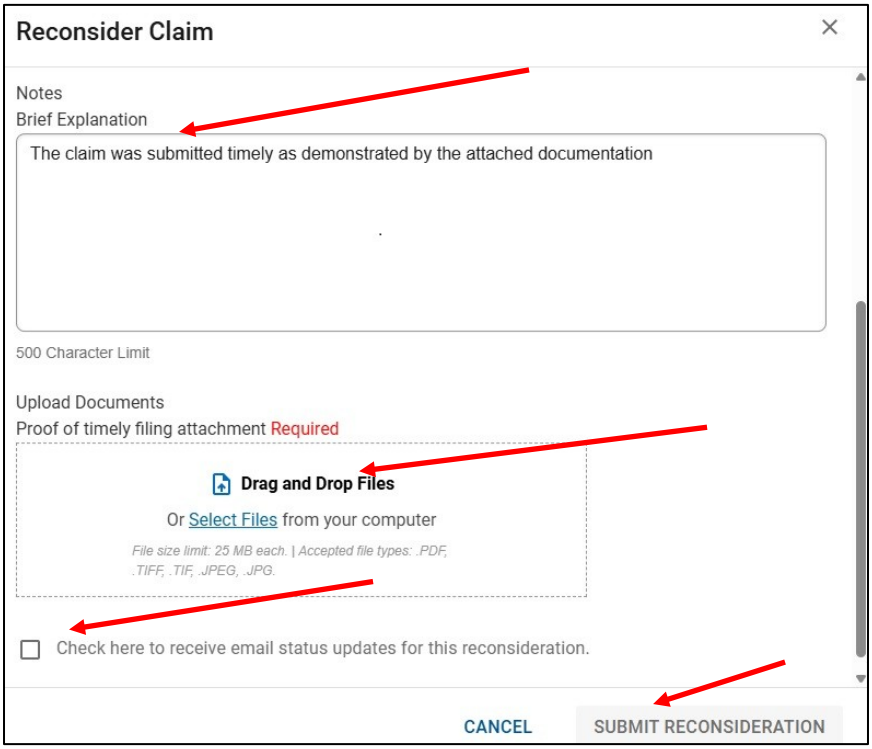
1. Select **Option 2**



2. Select Reconsideration Type from the drop-down box



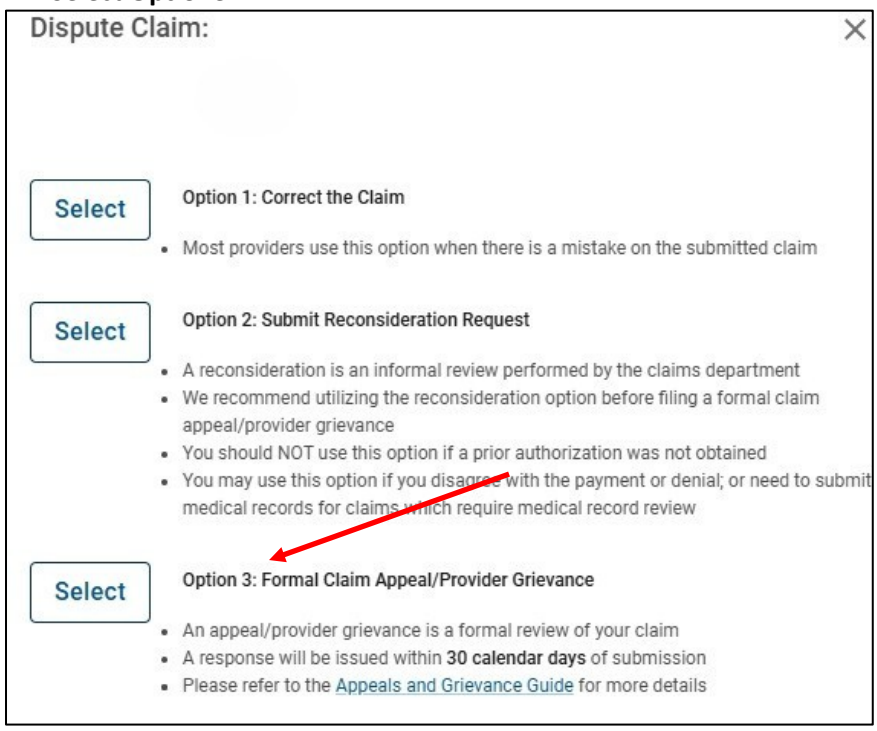
3. Enter the reason for your reconsideration request including pertinent facts and data that support it. There is a 500-character limit, so this should be a summary
4. Scroll down to Upload Documents. Drag and drop files or select files from your computer to upload your medical records, and/or other supporting documentation
5. Check the box at the bottom of the screen to receive email status updates and then click SUBMIT RECONSIDERATION



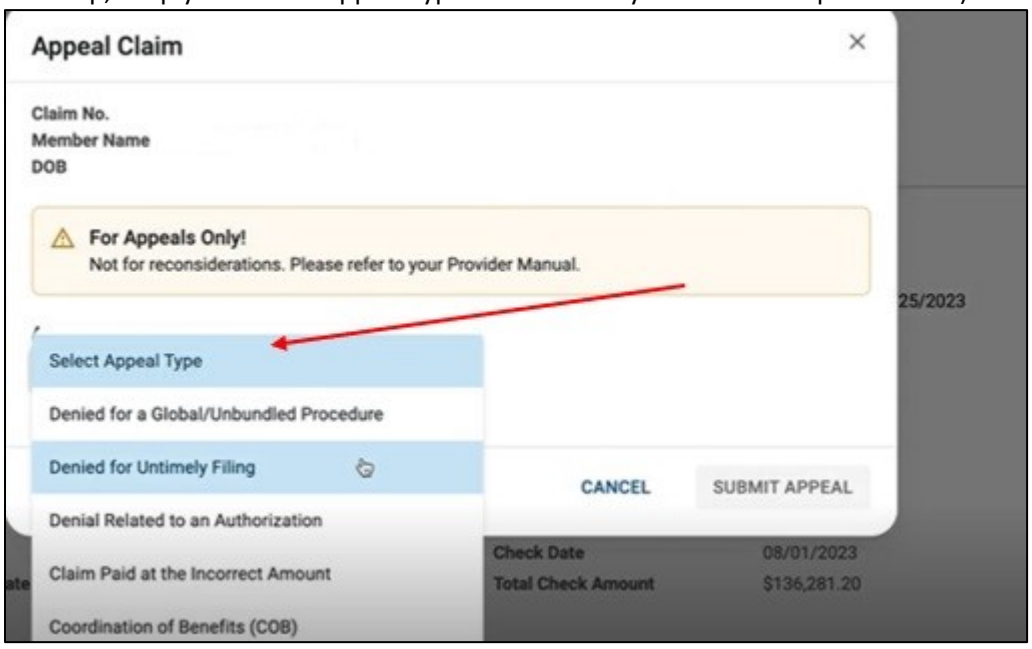
6. Reconsiderations may be submitted within 1 year from the date of the original explanation of payment or denial. Reconsiderations are reviewed within 60 days of receipt. If the claim is overturned, you'll receive an updated remittance advice. If the original processing is upheld, and the reconsideration 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

Formal Claim Appeal/Provider Grievance

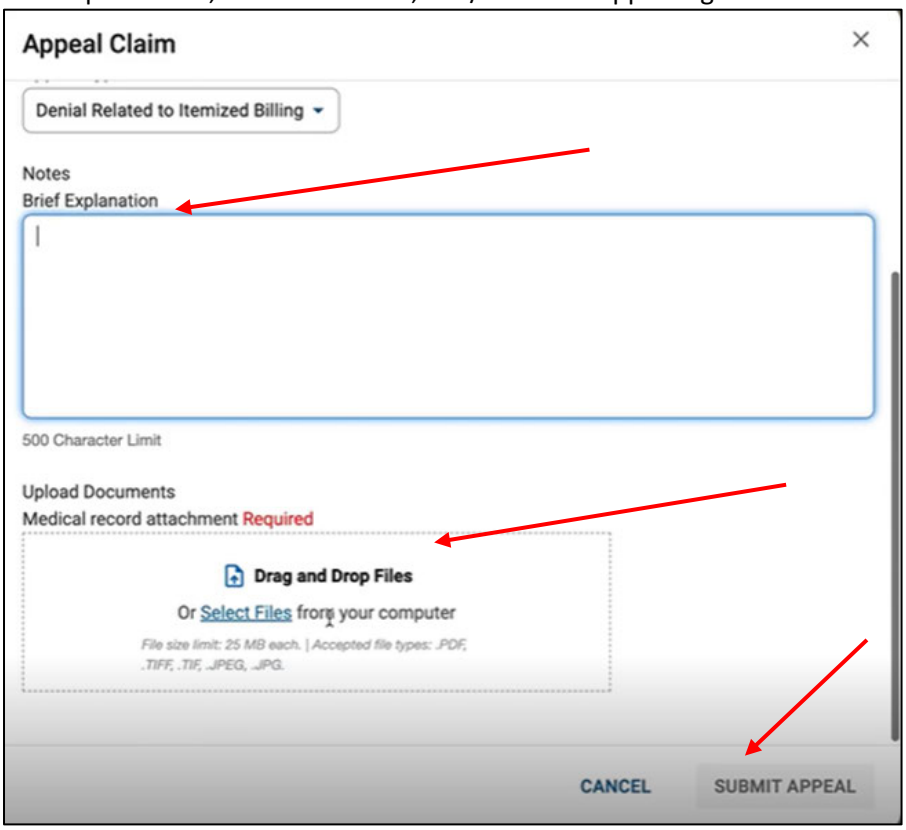
1. Select **Option3**



2. Select **Appeal Type** from the drop-down box (you'll be able to add details or specific comments in Step 3, for this step, simply select the appeal type that best fits your current dispute reason)



3. Enter the reason for your claim appeal/provider grievance including pertinent facts and data that support your request for payment/additional payment. There is a 500-character limit, so this should be a summary. **You must also complete the Provider Claim Dispute Resolution Form** (available on the Provider Resources page located on the Ambetter from Arizona Complete Health website) **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 claim appeal/provider grievance

6. Claims appeal/provider grievance decisions are issued within 30 calendar days. Refer to the Appeals and Grievance Guide on the Ambetter from Arizona Complete Health website on the Provider Resources page for more details.
7. If you need status of a successfully submitted claim appeal/provider grievance *and it has been over* 30 calendar days since your submission, you may submit an email inquiry to the Arizona Complete Health Grievance and Appeals Department AzCHMarketplace2@azcompletehealth.com.

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