

Dispute/Appeal Process

This explains what to do if you wish to dispute or appeal an action/decision made by the Arizona Aids Drug Assistance Program (AZ ADAP).

“Action/Decision” The denial or limited authorization of a requested service including:

1. Found ineligible for ADAP or dis-enrolled from AZ ADAP.
2. Non-coverage of a treatment and/or non-HIV related medication

Who may file

1. A client or client representative may file a dispute/appeal if ineligible and/or discharged from AZ ADAP;
Or
2. A client’s medical provider who is identified on the client's ADAP application, or provides a separate authorization signed by the client may file if he/she disagrees with the AZ ADAP decision to deny treatment/medication(s)

Where to send:

AZ ADAP Quality Manager
Arizona Dept. of Health Services
150 N. 18th Ave.
Phoenix, AZ 85007

Timeframe for filing a dispute/appeal with AZ ADAP

A client or client authorized representative identified on the AZ ADAP application may submit a dispute/appeal in writing to the AZ ADAP Operations Manager within thirty (30) calendar days from receiving notification of ineligibility or dis-enrollment notice from AZ ADAP; or

A client's medical provider identified on the client's ADAP application or presenting a separate authorization signed by the client may submit a dispute/appeal in writing to the AZ ADAP Quality Manager within thirty (30) calendar days from receiving the denial for treatment/medication(s).

A dispute/appeal must include:

- * Full name of the client, address, phone number, issue involved in the dispute/appeal,
- * Attach or reference the letter sent regarding the decision/action taken by AZ ADAP.

A dispute/appeal from the client’s PCP or specialist must include:

- * The health provider’s full name,
- * Complete business address,
- * Business phone number,
- * Reference to the denial decision made by AZ ADAP
- * Justification for the use of the treatment/medication in dispute/appeal
- * Scientific references or other evidence to support the use of the treatment/medication in dispute/appeal
- * A separate authorization signed by the client if the provider is not identified on the client's ADAP application.

Process for a dispute/appeal review

A written notice from AZ ADAP of receipt of the dispute/appeal will be sent to the person filing the dispute/appeal no later than five (5) business days after receipt.

Ensuring confidentiality of all client information:

All information provided to AZ ADAP will be carefully researched and reviewed by the appropriate ADHS staff including, but not limited to, the AZ ADAP Quality Manager; The AZ ADAP Operations Manager, Ryan White Part B Care and Services Program Manager; Medical Director of the Office of HIV, STD, Hepatitis at the Arizona Department of Health Services, or voting members of the AZ ADAP Medical/Formulary Advisory Committee. Program staff involved in resolving the dispute/appeal may consult with appropriately qualified colleagues *if needed* (who have no conflict of interest with AZ ADAP or the provider).

Dispute/appeal resolution

The person filing the dispute/appeal will be informed in writing of a resolution within 30 days from receipt of dispute/appeal by the AZ ADAP program.