

When you file a complaint, you are saying that you are not satisfied with the services being provided or the way an AHCCCS member is being treated. Filing a complaint brings attention to the problem so that it can be resolved.

Anyone may file a complaint, and a Release of Information (ROI) is not needed to file a complaint on behalf of an AHCCCS member. However, only the member or guardian will receive follow up correspondence, unless there is a signed ROI. There is a separate grievance process for AHCCCS members with a Serious Mental Illness (SMI) designation (see separate flyer). Filing a complaint will not affect a member's health care services. Any retaliation would be considered a violation of rights. If you believe making a complaint has resulted in some form of retaliation, you can file a follow up complaint for that issue. Your feedback helps identify barriers to services and other issues in service delivery.

Examples of complaints include, but are not limited to:

- A provider or employee does not return phone calls,
- A provider or employee is rude,
- Scheduled transportation does not arrive or is late,
- A request to change a doctor or team is not being honored, and/or
- Problems getting an appointment within AHCCCS timelines.*

Complaints may be filed with your provider, your health plan, or initiated with AHCCCS. If you have a concern with your provider, sometimes complaining directly to them is the quickest way to resolve an issue. If they are unable to resolve your concern, you should contact your health plan's customer service phone number on the back of this flyer.

A complaint to your health plan may be made in-person, over the phone, or in writing. If your complaint requires a detailed explanation, we recommend that you submit it in writing. Your health plan is required to acknowledge your written complaint within five (5) working days from receipt. If you file a complaint over the phone, it is considered acknowledged at that time. You may ask for an email confirmation.

Most complaints are resolved within 10 business days, but should not take longer than 90 days.

If you need assistance navigating the complaint process, please contact the Office of Individual and Family Affairs at your health plan or AHCCCS OIFA at OIFA@azahcccs.gov.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.

