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## NOTICE OF THE OPPORTUNITY TO COMMENT

The Arizona Department of Insurance and Financial Institutions (“DIFI”) is revising the Health Care Insurer Appeals Process Information Packet (“Packet”), the Health Care Appeals Request Form, and the Provider Certification Form for Expedited Medical Reviews (“Forms”) to implement [Laws 2024, Chapter 178](#), effective January 1, 2025. DIFI publishes a model Packet and Forms pursuant to Arizona Revised Statutes (“A.R.S.”) § 20-2533 to assist health care insurers in complying with statutory requirements. This includes providing members with an information packet that explains Arizona’s health care appeals process and standardized forms that they may use to request an appeal.

While health care insurers are not required to use the Packet and their members are not required to use the Forms to submit an appeal, DIFI recognizes that these tools are helpful. However, there may be considerations that would enhance the Packet and Forms to make them more beneficial to the health insurance industry and their members and health care providers. As such, DIFI is providing an opportunity for interested parties to comment on the updated Packet and Forms before their final publication.

All interested parties are invited to provide comments on the draft Packet and Forms. Instructions for submitting comments appear at the bottom of this Notice.

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### Topic for Comment

Pursuant to A.R.S. § 20-2533, as amended by Laws 2024, Chapter 178, “[a]t the time coverage is initiated, each health care insurer that operates in this state and whose utilization review system includes the power to affect the direct or indirect denial of requested medical or health care services or claims for medical or health care services shall include a separate information packet that is approved by [DIFI] with the member’s policy, evidence of coverage or similar document.” The Packet must include all of the following information:

1. A detailed description and explanation of each level of review and notice of the member's right to proceed to the next level of review if the prior review is unsuccessful.
2. An explanation of the procedures that the member must follow, including the applicable time periods, for each applicable level of review and an explanation of how the member may obtain the member's medical records pursuant to A.R.S. Title 12, Chapter 13, Article 7.1.
3. The specific title and department of the person and the address, telephone number and fax number or email address of the person whom the member must notify at each applicable level of review in order to pursue that level of review.
4. The specific title and department of the person and the address, telephone number and fax number or email address of the person who will be responsible for processing that review.
5. A notice that if the member decides to pursue an appeal the member must provide the person who will be responsible for processing the appeal with any material justification or documentation for the appeal at the time that the member files the written appeal.

6. A description of the utilization review agent's and health care insurer's roles at each applicable level of review and an outline of the DIFI's role during the external independent review process, if not already described in response to paragraph 1 above.
7. A notice that if the member participates in the process of review the member waives any privilege of confidentiality of the member's medical records regarding any person who examined or will examine the member's medical records in connection with that review process for the medical condition under review.
8. A statement that the member is not responsible for the costs of any external independent review.
9. Standardized forms that are prescribed by DIFI and that a member may use to file and pursue an appeal.
10. The name and telephone number for the DIFI's consumer assistance office with a statement that the DIFI's consumer assistance office can assist consumers with questions about the health care appeals process.

DIFI revised the model Packet and Forms to reflect the required information about Arizona's health care appeals process as amended by Laws 2024, Chapter 178. We invite any interested parties to submit comments prior to the final publication of the Packet and Forms. DIFI is particularly interested in comments from health care insurers and health care providers or their representatives and policyholders of health care plans subject to state jurisdiction.

**INSTRUCTIONS:**

Please clearly state and support your proposed amendments to the Packet or Forms in response to this Notice. DIFI will consider all timely submitted comments. While all comments are appreciated, DIFI cannot commit to responding to or incorporating any comments into the Packet or Forms.

When submitting your comments, please reference "Health Care Appeals Packet and Forms" in the subject line if submitted by email, or in the heading of any mailed document. DIFI will not consider your comments unless the above reference is prominently displayed in the subject of your email, or on any typed documents.

In order for comments to be considered, interested parties should submit comments before close of business:

**May 10, 2024**

DIFI will not consider any comments submitted after the above date. Submission of comments can be done either by email at: [public\\_comments@difi.az.gov](mailto:public_comments@difi.az.gov); or delivered on or before the above date to: Department of Insurance and Financial Institutions, Attention, Market Regulation and Consumer Services Division, 100 North 15th Avenue, Suite 261, Phoenix, AZ, 85007-2630.

Comments will be public information which is open to public inspection pursuant to Arizona's Public Records Laws under A.R.S. Title 39, Chapter 1. Please ensure that any submitted comments do not contain confidential by law information.