



Iowa Department
of Human Services



Managed Care Organization (MCO) Grievance and Appeals Process

MEMBERS

STEP 1 MCO Appeals and Grievance Policies

IA Health Link members can review the MCO grievance and appeals policies in the following MCO member handbooks. Click on links below.

Amerigroup:

Contact Member Services:
1-800-600-4441
www.myamerigroup.com/IA

AmeriHealth Caritas:

Contact Member Services:
1-855-332-2440
www.amerhealthcaritas.com

UnitedHealthcare:

Contact Member Services:
1-800-464-9484
www.UHCCommunityPlan.com

STEP 2 DHS State Fair Hearing Appeals Process

If an Iowa Medicaid member is dissatisfied with the MCO's appeal decision, the member can access the State Fair Hearing appeal process through the Department of Human Services (DHS).

A Q&A document on the DHS State Fair Hearing Appeals Process is available in the IA Health Link member handbook, on page 18:

http://dhs.iowa.gov/sites/default/files/IAHealthLinkMemberHandbook_FinalOnlineVersion.pdf

Or, members may contact Iowa Medicaid Member Services Call Center:

1-800-338-8366 toll free or,
515-256-4606 in the Des Moines area.

Grievance Process is where a member, or member's representative, can submit a grievance or complaint based on dissatisfaction with the way the member's care was handled. Grievances may be submitted in writing or by phone and should be submitted as soon as possible, see your MCO's member handbook for timeframe requirements for filing. The MCO will confirm receipt within 3 days and will work to resolve the member's concern and issue an outcome. If the member's concern cannot be resolved the member can request a dis-enrollment and enroll with a new MCO.

Appeal Process is where a member asks the MCO to take action on its decision to deny or limit services. Expedited appeals are usually reviewed in about 3 days based on urgent medical need, other appeals within 30 to 90 days depending on your MCO. The MCO will notify the member, or member's representative, of the resolution in writing.

- If the member is not happy with the outcome of an appeal with an MCO, the member can file an appeal with the state through the State Fair Hearing Appeals Process. Members should do this within 90 days of the decision on their appeal from the MCO.

- Long-term services and supports members can also receive advocacy assistance, including help filing grievances and appeals, through the Iowa Long-term Care Ombudsman's Office.

- Members can review the MCO specific policies in the MCO Member Handbook, or call the MCO Member Services hotline.

Amerigroup Member Handbook: https://www.myamerigroup.com/ia/iaia_caidd_memberhandbook_eng.pdf

AmeriHealth Caritas Member Handbook: <http://www.amerhealthcaritasia.com/pdf/member/eng/member-handbook.pdf>

UnitedHealthcare Member Handbook: <http://www.uhccommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/IA-Health-Link-Handbook-EN.pdf>



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PROVIDERS

MCO Claim Disputes

Providers can review the MCO claim disputes and grievance policies in the following MCO provider handbooks. Click on the links below.

Amerigroup:

Contact Provider Services:

1-800-454-3730

iowamedicaid@amerigroup.com

Amerigroup Provider Handbook: https://providers.amerigroup.com/ProviderDocuments/IAIA_ProviderManual.pdf

AmeriHealth Caritas:

Contact Provider Services:

1-844-341-7644

iowaProviderNetwork@amerihealthcaritas.com

AmeriHealth Caritas Provider Handbook: <http://amerihealthcaritasia.com/pdf/provider/provider-manual.pdf>

UnitedHealthcare:

Contact Member Services:

1-888-650-3462

iowaCommunityNetwork@uhc.com

UnitedHealthcare Provider Handbook: http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/provider-admin-manual/IA_UnitedHealthcare_Provider_Manual.pdf

Claim Disputes Each MCO has developed and implemented written policies and procedures for registering and responding to claim disputes, including a process for out-of-network providers.

- Providers should review the MCO specific policies in the MCO Provider Manuals, or call the MCO Provider Services hotline.