

Managed Care Organization (MCO) Grievance and Appeals Process

MEMBERS

STEP 1 MCO Appeals and Grievance Policies

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

Amerigroup: Page 77
Or Contact Member Services:
1-800-600-4441
www.myamerigroup.com/IA

AmeriHealth Caritas: Page 42
Or Contact Member Services:
1-855-332-2440
www.amerihealthcaritas.com

UnitedHealthcare: Page 60
Or 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 Fair Hearing and 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, or filed within 90 days of unsatisfactory service. 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 disenrollment 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 45 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 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.

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PROVIDERS

STEP 1 MCO Claim Disputes

Providers can review the MCO claim disputes and grievance policies in the following MCO provider handbooks.

Amerigroup: Page 145
Or Contact Provider Services:
1-800-454-3730
iowamedicaid@amerigroup.com

AmeriHealth Caritas: Page 116
Or Contact Provider Services:
1-844-341-7644
iowaProviderNetwork@
amerihealthcaritas.com

UnitedHealthcare: Page 40
Or Contact Member Services:
1-888-650-3462
iowaCommunityNetwork@uhc.com

STEP 2 DHS State Fair Hearings Appeals Process

Providers have the right to appeal a denied claim for services after all administrative procedures with the MCO are exhausted.

DHS State Fair Hearings Appeals Process can be found online:
<http://dhs.iowa.gov/appeals>

Or, providers may contact Iowa Medicaid Provider Services Call Center:
1-800-338-7909 toll free or 515-256-4609 in the Des Moines area, or
Fax 515-725-1155, or
IMEProviderServices@dhs.state.ia.us

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.

- If a provider is not satisfied with the outcome, they may enter remediation or arbitration. If the provider is still not satisfied with the outcome, the provider can file an appeal through the state.
- Providers should review the MCO specific policies in the MCO Provider Manuals, or call the MCO Provider Services hotline.