



iowa total care™

Grievance and Appeals

February 1, 2024

Grievances

Member Grievances – What is it?

A grievance may be about **anything you are unhappy with while getting services** as a member of Iowa Total Care.

Some examples may include:

- Unclear or wrong information from staff
- Poor quality of care
- Rudeness from a provider or employee
- Failing to respect your member rights
- You disagree with the decision to extend an appeal timeframe
- Unpaid medical bills
- Any other access to care issues

Member Grievances – How does a member file a grievance?

Call: 1-833-404-1061 (TTY: 711)

Email: appealsgrievances@iowatotalcare.com

Fax: 1-833-809-3868.

Mail: Iowa Total Care Attn: Grievances
1080 Jordan Creek Parkway, Suite 400S
West Des Moines, IA 50266

Information we need:

- ✓ **Date of occurrence**
- ✓ **Description of what happened**
- ✓ **Doctor or Clinic name**

REMINDER!

If you want someone to file the grievance for you, we need your written permission.

Please sign and complete the “[Release of Information \(ROI\)](#)” form when submitting your grievance.

Parents or guardians of members that are minors do not need to fill out this form.

Member Grievances – How does it work?

Iowa Total Care will send a letter within 3 business days after you file a grievance to let you know we received it.

We will review the information shared for the case, including our internal sources. **We may need to call you during our review if we have questions.** Once we complete our review we will notify in writing of our decision. You can request copies of the documents we used to resolve your appeal free of charge.

We will send a resolution letter to you within 72 hours for an expedited grievance and 30 calendar days for a standard grievance.

If you're not satisfied with the outcome of your grievance, you have the right to request an additional review with ITC. You can do that by reaching back out to us.

Appeals

Member Appeals – What is it?

An appeal is a request for Iowa Total Care to **review a decision we made about a service that was denied, reduced, or limited.**

Examples of this would be:

- Denied requested care or services
- Approved a smaller amount of a service than you asked for
- Ends a service or care that was approved before

These decisions are called “Adverse Benefit Determinations”. You will get a letter in the mail that will tell you why that decision was made. If you do not agree with a decision, you have 60 calendar days from the date on the letter to ask for an appeal.

Member Appeals – How does a member file an appeal?

Call: 1-833-404-1061 (TTY: 711)

Email: appealsgrievances@iowatotalcare.com

Fax: 1-833-809-3868.

Mail: Iowa Total Care Attn: Appeals
1080 Jordan Creek Parkway, Suite 400S
West Des Moines, IA 50266

Information we need:

- ✓ **Date of denial letter**
- ✓ **Description of item or service that was denied**
- ✓ **Doctor or Clinic name**

REMINDER!

If you want someone to file the appeal for you, we need your written permission.

Please sign and complete the [“Authorized Representative Designation \(ARD\)”](#) form when submitting your appeal.

Parents or guardians of members that are minors do not need to fill out this form.

Member Appeals – How does it work?

Iowa Total Care will send a letter within 3 business days after you file an appeal to let you know we received it.

We will review the information shared for the case, including our internal sources. **We may need to call you during our review if we have questions.** Once we complete our review we will notify in writing of our decision. You can request copies of the documents we used to resolve your appeal free of charge.

Expedited Appeal: Is used if a delay in processing could create a risk that could jeopardize your health or function. Expedited Appeals are resolved within 72 hours.

Standard Appeal: Are resolved in 30 calendar days.

If you're not satisfied with the outcome of your appeal, you have the right to request a State Fair Hearing within 120 calendar days with [Iowa Health & Human Services](#).

Please mail, fax or email your appeal to:

Department of Health and Human Services
Administrative Rules and Appeals Bureau, Compliance Division
1305 E Walnut St 5th Floor
Des Moines, Iowa 50319-0114
Fax: (515) 564-4044
Email: appeals@dhs.state.ia.us