

Member Appeals & Grievances

Member Appeals & Grievances



Appeals

You may request an appeal for Molina to review a decision that we made about a service that was denied, reduced, or limited.

Some examples of appeals would be:

- Denial in whole or part of a requested service
- Stop a service that was previously approved

When we deny a service, we will send you a letter telling you why we denied the requested service. This letter is the official notice of our decision and is called an “Adverse Benefit Determination.” It will let you know your rights and information about how to request an appeal.



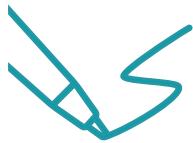
Grievances

Can be submitted to Molina Healthcare at any time and is an expression of dissatisfaction.

Member Appeals



You must send your appeal within **60 calendar days** of the date of Molina's denial letter.



You, your approved representative, or provider on your behalf and with your written consent can appeal the decision.



Forms can be located at:

<https://www.molinahealthcare.com/providers/ia/medicaid/resources/forms.aspx>

Member Appeals & Grievances Timeline



You will receive a letter within 3 business days letting you know that we received your appeal or grievance.



You will be notified of our decision within 30 calendar days for a standard appeal/grievance.



If waiting 30 days will harm your health or life, you can ask for a fast (expedited) appeal. We will make a decision within 72 hours or sooner.

Molina Healthcare A&G Contact Information



You can submit an appeal or grievance by calling Member Services at **(844) 236-0894 (TTY 711)**



By mail at: Molina Healthcare of Iowa
P.O. Box 93010 Des Moines, IA 50393



By fax: **1-888-832-1922**



Or, by email:
lowamemberappealsgrievances@molinahealthcare.com

Member Appeal Decision



If you are unhappy with our decision of your appeal, you can ask for a **State Fair Hearing**.



You must send your request within **120 calendar days** from the date on the letter from Molina notifying you of our decision.

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