



Iowa Department of Human Services

Iowa Medicaid Enterprise Program Integrity Complaint

Information to Help You Fill Out the *Program Integrity Complaint Form*

Iowa Medicaid Program Integrity works to ensure any whistleblower complaints relating to fraud, waste, or abuse of Medicaid funds are reviewed and referred to law enforcement for investigation, if appropriate. We take your complaint seriously and would like to get more information to help us review your request. Use of this form will ensure that we process your complaint in an efficient manner.

Please use this step-by-step instruction sheet when completing the *Program Integrity Complaint* form. Be sure to complete all sections of the form. In addition, if your personal information has been included in the form based on contact you have had with the person who your complaint is about; please review the information to confirm its accuracy. Please type your responses to the form questions. If your complaint will be handwritten, please use black or blue pen to complete this form.

Case Number: Do not enter anything into this field. Your complaint will be assigned a tracking number by the IME Program Integrity Unit.

1. **Complaint Preference.** If the anonymous check box is selected, you are requesting the IME to not disclose your identity. (Checking this box may limit the IME's ability to conduct a thorough investigation into the person or entity for which you are filing the complaint against.) If you have checked the anonymous checkbox, please skip Section I: Person Filing Complaint and begin by completing Section II: Complaint Summary.
2. **Name (Last, First, Middle).** Provide your full name as requested.
3. **Address (Number & Street).** Provide the physical location where you can be contacted.
4. **City.** Provide the physical location where you can be contacted.
5. **State.** Provide the physical location where you can be contacted.
6. **Zip.** Provide the physical location where you can be contacted.
7. **Primary Phone.** Provide the primary phone number where you can be reached. By providing this number, you are consenting to be contacted at this phone number.
8. **Cell Phone.** Provide a cell phone number, if available, where you can be reached. If it is your primary phone, please provide this number in the "Primary Phone" section as well. By providing this number, you are consenting to be contacted at this phone number.
9. **Business Phone.** Provide a business phone, if available, where you may be reached. By providing this number, you are consenting to be contacted at this phone number.
10. **Email Address.** Provide an email address where you can be reached. By providing this email address, you are consenting to be contacted at the email address provided.
11. **Specify the Nature of Your Relationship to the Subject.** Indicate the nature of your relationship with the person or entity this complaint is about (e.g., co-worker, supervisor, employee, etc.).
12. **Type of event or concern leading up to filing of this complaint.** Indicate what event or concern resulted in your decision to file a complaint to the IME Program Integrity email address.

13. **Dates the event occurred.** Provide the actual date the event occurred or when the issue became a concern, resulting in your decision to file a report.
14. **Were your concerns addressed with the persons involved? If so, please include in explanation below.** Indicate whether the event or concern was raised with the person within the organization (e.g., co-worker, supervisor, employees, etc.).
15. **Identify witnesses to the event, including contact information.** Indicate whether others within your organization may be aware of the event or concern.
16. **Did the event cause harm to an individual or the general public?** Indicate whether the subject of your complaint may cause potential harm to individuals or the general public.
17. **Please provide a detailed summary of your complaint.** Provide a pertinent and concise summary of information such as: the chronological order of events, names of witnesses and telephone numbers, and attach copies of any documents relevant to the complaint. Attach an additional summary page if necessary.
18. **Signature and Date.** To certify the facts provided are accurate and true, please sign and date the form.



Iowa Department of Human Services
**Iowa Medicaid Enterprise
Program Integrity Complaint**

Case Number:

1. Complaint Preference: Anonymous

Section I: Person Filing Complaint

2. Name (Last, First, Middle)		
3. Address (Number & Street)		
4. City	5. State	6. Zip
7. Primary Phone	8. Cell Phone	9. Business Phone
10. Email Address	11. Specify the Nature of Your Relationship to the Subject	

Section II: Complaint Summary

12. Type of event or concern leading up to filing of this complaint.
13. Dates the event occurred.

14. Were your concerns addressed with the person involved? If so, please include in explanation below.

15. Identify witnesses to the event, including contact information.

16. Did the event cause harm to an individual or general public?

17. Please provide a detailed summary of your complaint (include facts, locations, and chronological dates). Any supporting documents, photos, or other evidence can be attached to this form or emailed or mailed separately.

18. By signing this form, I certify that all the information that I have provided herein is true and correct to the best of my knowledge.

Signature	Date
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FOR YOUR INFORMATION: Please email your complaint to the imepi@dhs.state.ia.us email address, including "Program Integrity Complaint" in the subject line **OR** physically mail your complaint to:

Program Integrity Unit – Complaint
Iowa Medicaid Enterprise
100 Army Post Rd
Des Moines, IA 50315-6241

Section 1558 of the Affordable Care Act (ACA), section 111-148 amended the Fair Labor Standards Act of 1938 to prohibit employers from discharging, discriminating, or retaliating against a whistleblower. Iowa Code Title XV, Subtitle 5, Chapter 685.3 provides that "Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts performed by the employee, contractor, or agent on behalf of the employee, contractor, or agent or associated others in furtherance of other efforts to stop a violation of this chapter, shall be entitled to all relief necessary to make the employee, contractor, or agent whole. Such relief shall include reinstatement with the same seniority status such employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorney fees."
