

Provider Formal Administrative Complaint Form

This form is solely for formal complaints regarding administrative issues. A provider has the right to file an administrative complaint for issues involving Iowa Total Care policies, procedures, or administrative functions.

Administrative complaints do not include claim disputes. For information on how to file a claim dispute, please consult our Billing Manual. An administrative complaint also does not include a member grievance or appeal about a service that has been denied, reduced, or suspended. For information on how to assist a member with filing a grievance or an appeal, please consult our Provider Manual.

Timeframes

A provider may file an administrative complaint at any time. Iowa Total Care will send a written response to the provider for the complaint within thirty (30) Calendar Days. If the complaint cannot be resolved within thirty (30) Calendar Days, the Provider Relations department will request a fourteen (14) Calendar Day extension from the provider in writing. If the provider requests the extension, it will be approved by Iowa Total Care.

A provider may file an administrative complaint through one of these methods:

- Send an email to ITC Provider Relations at: Providerrelations@IowaTotalCare.com
- Call Provider Services at 833-404-1061(TDD/TTY: 711)
- Send a fax to 833-208-1397
- Give it in person or by mail:
 - Iowa Total Care
 - ATTN: Complaints
 - 1080 Jordan Creek Parkway
 - West Des Moines, IA 50266

Required Formal Complaint Information

Please use this form to assist you in providing information on your administrative complaint you wish to file with Iowa Total Care. This will assist Iowa Total Care in understanding and resolving the issue.

Provider Information			
Date:	Click or tap to enter a date.	TIN:	NPI:
Provider's Name:			
Provider's Address:			
External Submitter Information			
Name:			
Title:			
Phone:		Extension Number:	
Email:			
Physical Address:	<input type="checkbox"/> If same as above check box, if not enter address:		
Formal Complaint Details			
Provider's Complaint Details: *Please attach any supporting documents or examples as needed.			
Iowa Total Care Internal Use Only-ITC Team Member Submitter			
<i>*This section is to be filled out when submitting form on behalf of the provider</i>			
<input type="checkbox"/> Mandatory Confirmation Statement was asked of the provider. "Are you requesting a formal complaint be submitted on your behalf?"			
ITC Team Member:		ITC Team Member Email:	
Date and Time:	Click or tap to enter a date.	Method of Submission:	Choose an item.