Guide to the 2024 Open Enrollment Mailing

MARCH 21, 2024

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Topics

- ► What is the Open Enrollment Mailing
- ► Open Choice vs. Open Enrollment
- Open Enrollment Mail Pieces
- Mailing Timeline
- Questions



What is the Open Enrollment Mailing

- Every year, Iowa Medicaid, Hawki and Dental members receive a letter in the mail from Iowa HHS – Medicaid.
- This letter and the information included with the letter explains the open enrollment process and provides an opportunity for members to change their Managed Care Organization (MCO) or Dental Plan.



Open Enrollment vs. Open Choice

- Open enrollment is for when a new MCO or Dental plan joins Iowa Medicaid.
- The open enrollment mailing goes out to all members around the same time.
- Open Choice mailings go out to members every 12-months, depending on when they were originally approved for Medicaid.
- The largest batch goes out in the summer.

Combined Mailing

 To avoid confusion, we have combined the health and dental plan open choice and open enrollment mailing.



What's Included in the Mailing?

- Open Choice and Enrollment Letter
- MCO Plan Summary
- Dental Plan Summary
- Plan Change Form
- Estate Recovery Information Sheet
- Non-Discrimination Notice



Envelope

► Watch for mail from HHS

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES IOWA MEDICAID – MEMBER SERVICES PO BOX 36510 DES MOINES IA 50315-0314



RETURN SERVICE REQUESTED

PRESORTED FIRST-CLASS MAIL US POSTAGE PAID DES MOINES, IA PERMIT NO. 1195

MEDICAID MEMBER 123 MAIN STREET ANYTOWN IA 50555-1234



Open Choice and Enrollment Letter

Front



<Date>

<Case Number>

Iowa Health Link Open Choice, and Dental Wellness Plan Open Enrollment Periods

Dear Member

We are writing with important information about your Iowa Medicaid health and dental coverage and the choices available to you. The information on the back of this letter lists the health and dental plans you will be assigned to effective July 1, 2024.

Please note that you may have been assigned to a different dental plan than the one in which you are currently enrolled. This change is due to DentaQuest becoming a new dental plan for Iowa Medicaid effective July 1, 2024.

Your health plan assignment has not changed. However, during this open choice period, you have the option to change your current health plan assignment, if you desire.

If you are happy with the plans assigned on the back of this letter, you don't need to do anything. However, if you want to switch to a different health or dental plan, please contact lowa Medicaid Member Services

These are the plans you can choose from:

Health	Dental
Iowa Total Care	Delta Dental of Iowa
Molina Healthcare of Iowa	DentaQuest
Wellpoint Iowa	

More information about each of these plans is included in this mailing. More information about the open choice period is available at http://hhs.iowa.gov/open-choice.

To change y	our health or dental plan:
Email:	IMEMemberServices@dhs.state.ia.us

Phone:	Iowa Medicaid	Member Services:	1-800-338-8366
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Des Moines Area: 515-256-4606

Mail: Iowa Medicaid Member Services PO Box 36510 Des Moines IA 50315

Turn this letter over to see which health or dental plan you will be assigned to

Your Assigned Health and Dental Plan Effective July 1, 2024

State ID Number	Member Name	Health Plan	Dental Plan	Health Plan Phone	Dental Plan Phone
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-###-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	< ###-### -####>	< ###-###-#### >
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####	<###############
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####	<###############
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-#####>	<############>

Back

You have 90 days after July 1 to change your assigned plan. After this date, you can only change your plan for reasons of good cause. Learn more at http://hhs.iowa.gov/iowa-health-link.

- Changes made by June 18 are effective Monday, July 1
- Changes made by July 18 are effective Thursday, August 1
- Changes made by August 19 are effective Sunday, September 1
- Changes made by September 30 are effective Tuesday, October 1

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay lowa TTY at 1-800-735-2942.

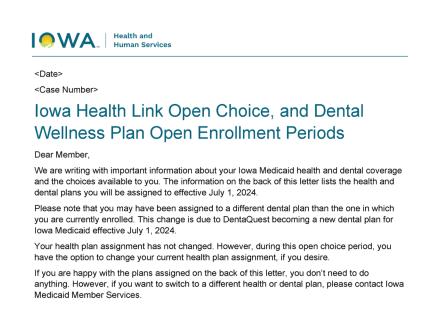
Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente

The Iowa Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex



Open Choice and Enrollment Letter – Pt. 1

- 1. DentaQuest will begin services in Iowa on July 1
- 2. Members should be sure to read the entire letter



Open Choice and Enrollment Letter – Pt. 2

- Members have three MCOs and two Dental Plans to choose from.
- Members need to check the back of the letter to see which MCO and Dental Plan they are assigned to.
- Due to DentaQuest joining lowa Medicaid, members should double check to see if they have been reassigned to a different Dental Plan.

	Health	Dental
	Iowa Total Care	Delta Dental of Iowa
	Molina Healthcare of Iowa	DentaQuest
	Wellpoint Iowa	
		luded in this mailing. More information aboι
the open c	hoice period is available at http://hhs.ic e your health or dental plan:	wa.gov/open-choice.
the open c To change	hoice period is available at http://hhs.ic	wa.gov/open-choice.
the open c To change Email:	hoice period is available at http://hhs.ic e your health or dental plan: IMEMemberServices@dhs.state.ia	wa.gov/open-choice.

Turn this letter over to see which health or dental plan you will be assigned to effective July 1, 2024.



Open Choice and Enrollment Letter – Pt. 3

- I. The member's current MCO and Dental Plan assignment will be on the back of the letter.
- 2. Members should double check which MCO and Dental Plan they are assigned to as some members will be redistributed to DentaQuest.
- 3. If you don't want to switch to a new plan, you don't have to do anything.

Your Assigned Health and Dental Plan Effective July 1, 2024	
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State ID Number	Member Name	Health Plan	Dental Plan	Health Plan Phone	Dental Plan Phone
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-####-####>	<###-###-####>
<000000X>	<member name=""></member>	<mco></mco>	<dc></dc>	<###-###-####>	<###-###-####>
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Plan Change Form



Iowa Health Link: Health and Dental Plan Change Form

Only fill out this form if you want to change your health or dental plan.

Once you're approved for Medicaid, you are automatically enrolled in a Managed Care Organization (MCO) or qualify for a Fee-for-Service (FFS) program.

Members have 90 days from their initial enrollment date to change MCO's, and then once a year after that to change MCOs for any reason by completing this form. If you are satisfied with your current plans, you do not need to complete this form.

lame of Person to Enroll*	Date of Birth* (MM/DD/YY)	ID Number*	er* Check One Health Plan Check One Dental Plan		
			 Iowa Total Care Molina Wellpoint 	 Delta Dental of Iowa DentaQuest 	
			 Iowa Total Care Molina Wellpoint 	 Delta Dental of Iowa DentaQuest 	
			 Iowa Total Care Molina Wellpoint 	Delta Dental of IowaDentaQuest	
			 Iowa Total Care Molina Wellpoint 	Delta Dental of IowaDentaQuest	
			 Iowa Total Care Molina Wellpoint 	Delta Dental of IowaDentaQuest	

Your name*

Human Services

Your address: Street, City, Zip Code*

Your phone number

*YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above.

If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. - 5 p.m.

470-5356 (Rev. 03/24)



Plan Change Form – Pt. 1

I. Members will fill out this form to change the MCO or Dental Plan they are assigned to.

2. After July 1, 2024, members will have another 90day chance to change their Dental Plan after some members are reassigned to DentaQuest.



Iowa Health Link: Health and Dental Plan Change Form

Only fill out this form if you want to change your health or dental plan.

Once you're approved for Medicaid, you are automatically enrolled in a Managed Care Organization (MCO) or qualify for a Fee-for-Service (FFS) program.

Members have 90 days from their initial enrollment date to change MCO's, and then once a year after that to change MCOs for any reason by completing this form. If you are satisfied with your current plans, you do not need to complete this form.

Plan Change Form Pt. 1

- I. Members should include **all** the information requested.
- 2. Don't forget to check the authorization box at the bottom!

 During of Person to Enroll*
 Date of Birth*
 ID Number*
 Check One Health Plan Check One Dental Plan

Name of Person to Enroll*	Date of Birth* (MM/DD/YY)	ID Number*	Check One Health Plan Check One Dental Plan	
			🗖 Iowa Total Care	Delta Dental of Iowa
			🗖 Molina	DentaQuest
			Wellpoint	
			🗖 Iowa Total Care	Delta Dental of Iowa
			🗖 Molina	DentaQuest
			Wellpoint	
			Iowa Total Care	Delta Dental of Iowa
			🗖 Molina	DentaQuest
			Wellpoint	
			Iowa Total Care	Delta Dental of Iowa
			🗖 Molina	DentaQuest
			Wellpoint	
			lowa Total Care	Delta Dental of Iowa
			🗖 Molina	DentaQuest
			Wellpoint	

Your name*

Your address: Street, City, Zip Code*

Your phone number

*YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above. If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

470 EDE4 (Day 00/04)



Plan Information

Iowa Health Link Iowa HHS

Iowa Medicaid's Iowa Health Link managed care program provides health coverage through managed care organizations (MCO) and their network of providers across the state. For more information, visit hhs.iowa.gov/iowa-health-link

Medicaid members enrolled with a managed care organization are eligible for preventative services, telehealth services, primary care, hospital services, emergency care, behavioral health1, outpatient therapy, prescription drugs, and long-term services and supports². Each MCO provides value added services at no cost to the member. Those programs and services are described below. Check with the MCO for details and eligibility information.

🮯 iowa total care.	MOLINA	Wellpoint
lowaTotalCare.com	Molinahealthcare.com	Wellpoint.com
 1-833-404-1061 (TTY 711) Free education and support during and after pregnancy through the Bart Smart for Your Baby program. Doula Program offering prenatal, delivery and postpartum support for eligible 	1-844-236-0894 (TTY 711) Home delivered meals for members experiencing a high-risk pregnancy. Doula services for eligible members. Community baby shower events and education. Eligible members can earn a	1-833-731-2140 (TTY 711) Baby Essentials: Such as car seat, portable or bid japers, baby monitor and more. Nursing Support Package: Voucher for breast pump accessories and microwave
members. Car or bookset seals provided at no cost by Car or bookset seals provided at no cost by Car or bookset seals provided at organization provided to eight members. Home Delviered Masic Available to Member Consolition Program. Provides a high functh, personal level of interaction of the our members that huild strong Member Consolition a facility to a home. Me privation facility to a home. Me privation facility to a home. Member Consolition and the seal program Early Visa Card for heading vaches, such as annual visits, screenings with your docts and one seals weaks for complete	pregnancy revent. TextSdav yeap provides appointment reminded and aducation via land. Healthy Benefits Usa gift card revent for competing prenatal and postpartum visits to use to purchase car set of other to use to purchase car set of other Healthy Benefits With the set of the training and interviews. Weaks to loodbanks, grocerry stores, fammers markets. WC appointments, job training and interviews. The set of the set of the set of the training and the set of the set of the set of the training and the set of the set of the set of the training and the set of the set of the set of the training and the set of t	sterilizer Ean Healty Reward dollars for prentala, politistum indi well-aday visits. International well-aday visits. Community Rides: Up to 10 noundrups of meeting, Heast Up to 10 noundrups of meeting, Heast Caston and Caston and Caston meeting, Heast Caston and Caston and Caston meeting, Heast Caston and Caston and Caston meeting, Heast Caston Presh Food Content Choice of Barris Club/Coston membership produce too goocory of caston Home delivered meals for members and theor families dicharged from the

owa Health and Wellness Plan (IHAWP) members have limited behave ioral health benefits. Detailed benefit information by coverage group is available at https://hts.iowa.gov/iowa-health-link ² For those with full Medicaid coverage. Visit https://hts.iowa.gov/itss for more information

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-8366 (TTY: 1-800-735-2942). 注意:如果您使用繁髓中文,您可以免费提得器言援助服務。請致電 1-800-338-8366 (TTY: 1-800-735-2942). lowa Medicaid Member Ser ces: 1-800-338-8366 Comm. XXXX March 2024





Estate recovery and Non-**Discrimination Statement**

Jowa Health Link

Important Information for you and Your Family Members About the Estate Recovery Program

Iowa Medicald is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a monthly fee, referred to as a capitation fee, to manage and pay for your medical services. Iowa Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. When you received Medicaid benefits, which includes capitation fees paid to managed care organizations, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. The state will never ask for more money back than it paid. Estate recovery laws were passed by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Iowa Department of Health and Human Services (HHS).

Who does estate recovery impact?

- Estate recovery only applies to Medicaid recipients who:
- Are age 55 or older, or
- Are under age 55 and live in a medical facility and will probably not return home.

What part of an "estate" can be recovered?

An "estate" includes all:

- > Real property, such as your house, land, etc.
- Personal property, such as household goods, personal effects, cars, etc. or
- Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and retained life estates.

Can repayment be delayed?

Medicaid repayment can be delayed if the repayment will create a hardship for your family, DHS decides, on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery and repayment. Your family will have 30 days from when the letter is received to apply for hardship. Hardship exists for a person applying for the waiver when:

- The total household income is less than 200% of the federal poverty level for the size of the household, and
- The total household resources are not more than \$10,000, and
- Recovering the resources of the "estate" denies your family of food, clothing, shelter or medical care that might put a person's life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under age 21, blind or disabled at your death.

> For more information, call Iowa Medicaid Member Services Toll Free: 800-338-8366 515-256-4606 (Des Moines area) 8:00 a.m. - 5:00 p.m., Monday - Friday

> > Comm 123 (Rev.01/23)



STATE OF IOWA DEPARTMENT OF Health-Human SERVICES

Comm. 505 (Rev. 11/22)

Discrimination is Against the Law

The Iowa Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. HHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HHS

- · Provides free aids and services to people with disabilities to communicate effectively with us, such
 - o Qualified sign language interpreters.
 - · Written information in other formats (large print, audio, accessible electronic formats, other formats).
- · Provides free language services to people whose primary language is not English, such as: Oualified interpreters.
 - o Information written in other languages.
 - If you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that HHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: HHS, Office of Human Resources, by emailing contactdhs@dhs.state.ia.us or in writing to:

HHS Office of Human Resources Hoover State Office Building, 1st floor 1305 Fast Walnut Street Des Moines, IA 50319-0114

You can file a grievance in person or by mail or email. If you need help filing a grievance, the HHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Returning Your Enrollment Form

Email: IMEMemberServices@dhs.state.ia.us.

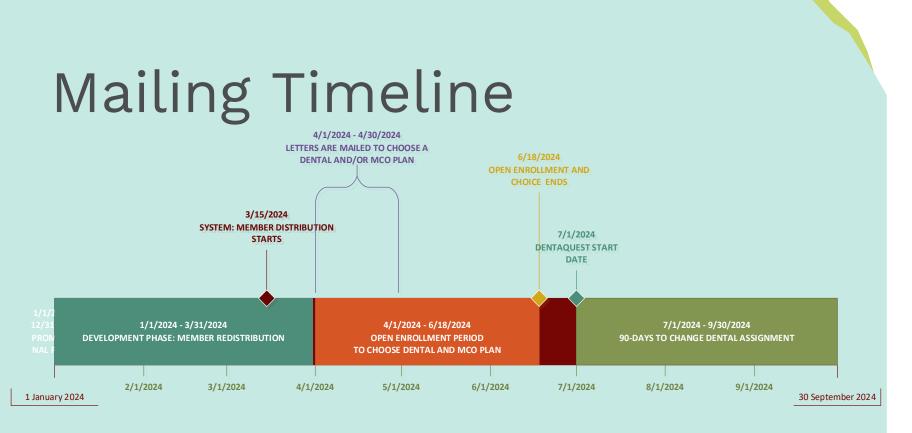
Mail:

Member Services PO Box 36510 Des Moines, IA 50315

Phone:

1-800-338-8366 or 515-256-4606 in the Des Moines area





- 1. Medicaid and Dental mailings will go start going out April 1, 2024 and will continue through April 30, 2024.
- 2. Last day to change an MCO and/or Dental plan is June 18, 2024.
- 3. DentaQuest start date July 1, 2024.
- 4. After July 1st, members will have another 90- day chance to change their Dental enrollment

Questions

Joanne Bush Managed Care Bureau Chief jbush@dhs.state.ia.us