

Guide to the 2024 Open Choice Mailing

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Joanne Bush
Iowa Medicaid Managed Care Bureau
Chief

Alex Carfrae
Iowa Medicaid Communications
Manager



Topics

- ▶ What is the Open Choice Mailing
- ▶ Open Choice Mail Pieces
- ▶ Mailing Timeline
- ▶ Questions

Open Choice Period

- ▶ Members have an opportunity to change their MCO or Dental plan for any reason during their annual Open Choice period.
- ▶ This year, we are aligning the MCO and Dental open choice periods to avoid confusion and prevent members from receiving multiple mailings with different requirements and deadlines.

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

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

470-4223

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 Letter – Pt. 2

- MCO and dental plan assignments have not changed, but the open choice period is the time to request a change, if desired.
- Members should be sure to read the entire letter

Iowa Health Link Members Have a Choice

Dear Member,

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

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

These are the plans you can choose from:

Health	Dental
Iowa Total Care	Delta Dental of Iowa
Molina Healthcare of Iowa	MCNA Dental
Wellpoint Iowa (formerly Amerigroup)	

More information about each of these plans is included in this mailing.

If you are happy with the plans assigned on the back of this letter, you don't need to do anything.

If you want to switch to a different health or dental plan, please complete the included Plan Change Form and return it to Member Services by June 18.

Please see the back of this letter for additional information about deadlines.

Open Choice Letter – Pt. 3

1. 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 to which they are assigned.
3. If the member doesn't want to switch to a new plan, they don't have to do anything.

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
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<### ### ###>	<### ### ###>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<### ### ###>	<### ### ###>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<### ### ###>	<### ### ###>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<### ### ###>	<### ### ###>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<### ### ###>	<### ### ###>

Open Choice Letter – Pt. 4

- ▶ Members have three MCOs and two dental Plans to choose from.

These are the plans you can choose from:

Health

Iowa Total Care

Molina Healthcare of Iowa

Wellpoint Iowa (formerly Amerigroup)

Dental

Delta Dental of Iowa

MCNA Dental

More information about each of these plans is included in this mailing.

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), dental plan, or qualify for a Fee-for-Service (FFS) program.

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

Name of Person to Enroll*	Date of Birth* (MM/DD/YY)	ID Number*	Check One Health Plan	Check One Dental Plan
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint (formerly Amerigroup)	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint (formerly Amerigroup)	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint (formerly Amerigroup)	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint (formerly Amerigroup)	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint (formerly Amerigroup)	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental

Reason for changing your Plan: _____

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.

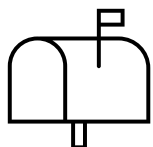
If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

470-5356 (Rev. 04/24)

Returning Your Plan Change Form



IMEMemberServices@dhs.state.ia.us



Member Services
PO Box 36510
Des Moines, IA 50315



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

Dental Only Members

- ▶ Dental-only members will receive a similar mailing, but with dental options only.

<Date>

<Case Number>

Dental Wellness Plan Members Have a Choice

Dear Member,

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

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

These are the plans you can choose from:]

- Delta Dental of Iowa
- MCNA Dental

Dental Plan Change Form

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

Once you're approved for Medicaid, you are automatically enrolled in a dental plan or qualify for a Fee-for-Service (FFS) program.

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

Name of Person to Enroll*	Date of Birth* (MM/DD/YY)	ID Number*	Check One Dental Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental

Estate Recovery Info and Non-Discrimination Notice



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

Iowa Medicaid 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 (IHS).

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)



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 as:
 - 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:
 - Qualified interpreters.
 - 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 East Walnut Street
Des Moines, IA 50319-0114

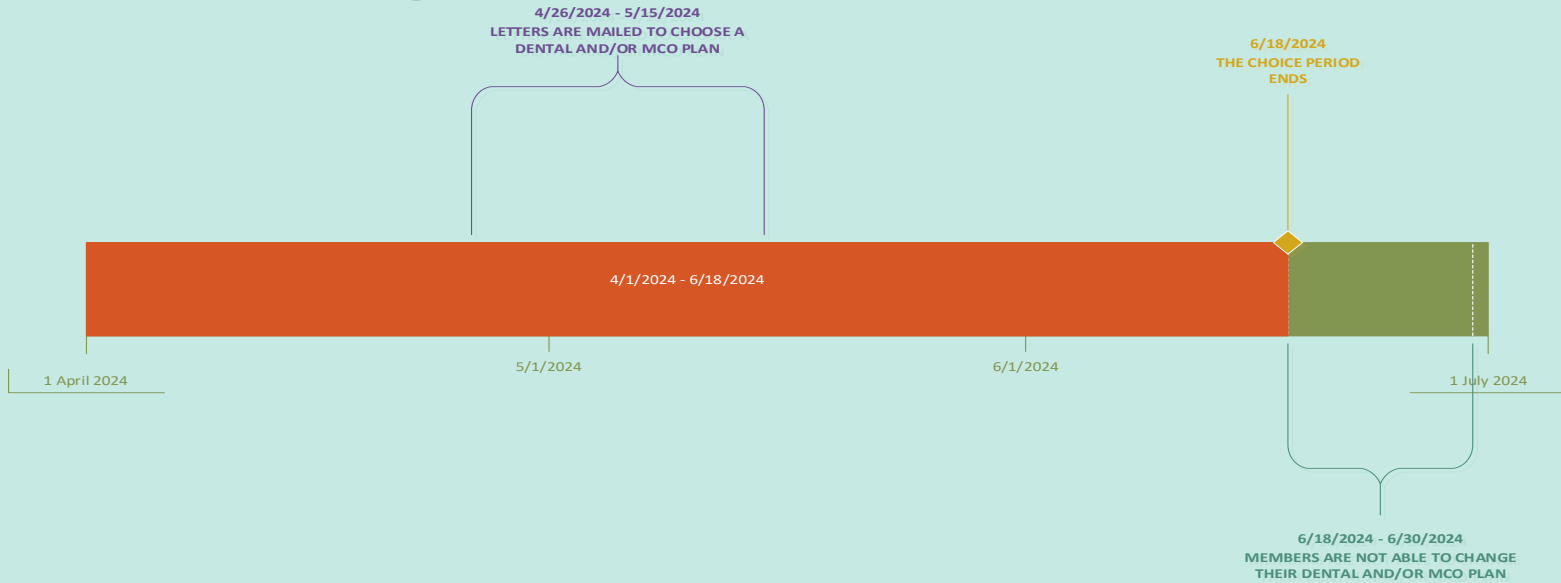
You can file a grievance in person or by mail or email. If you need help filing a grievance, the HHS Office of Human Resources is available to help you.

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, 800-537-7897 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Comm 505 (Rev. 03/24)

Mailing Timeline



1. Open choice mailings begin arriving in member mailboxes toward the end of April and will continue through the middle of May.
2. Last day to change an MCO and/or Dental plan is June 18, 2024.
3. MCO and Dental enrollment will be effective July 1, 2024.

Questions

Joanne Bush

Managed Care Bureau Chief

jbush@dhs.state.ia.us



Health and
Human Services