

Exhibit A

Dear

Thank you for completing the Medically Exempt Survey. Based on your survey results we have determined that you do not meet the criteria for Medically Exempt status and are enrolled in the best plan for your medical needs.

This notice complies with Iowa Administrative Code 441-7.7(17A) Notice of intent to approve, deny, terminate, reduce, or suspend assistance or deny reinstatement of assistance 7.7(1).

For more information about the survey or your health plan please call Iowa Medicaid Member Services at 1-800-338-8366 or 515-256-4606.

Iowa Medicaid Member Services

Call or write the **Member Services Call Center** at:

PO Box 36510, Des Moines, IA 50315- (800) 338-8366; (515) 256-4606 (local in the Des Moines area)
Please visit our website at www.dhs.iowa.gov/ime or e-mail us at IMEMemberServices@dhs.state.ia.us