

# Open Choice Mailing

**November, 2024**

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**Iowa Medicaid Managed Care Bureau**  
**Chief**



# Topics

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

# Open Choice Period

- ▶ Medicaid-eligible members can change their MCO or dental plan for any reason once every 12 months, depending on when their Medicaid eligibility began. This process is known as the 'Open Choice Period.' Most members' Open Choice period occurs during the summer.
- If a member wants to change their MCO before or after the open choice period, they will need a reason of good cause.

# 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**

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

MEDICAIDMEMBER  
123 MAINSTREET  
ANYTOWNIA 50555-1234

# Open Choice Letter

Front

Back

**IOWA** | Health and Human Services

Date>  
<Case Number>

## 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.

To change your health or dental plan:  
 Email: [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)  
 Phone: Iowa Medicaid Member Services: 1-800-338-8386 or 515-258-4808 in the Des Moines area  
 Mail: Iowa Medicaid Member Services  
 PO Box 38510  
 Des Moines, IA 50315

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

ATENCION: si habla español, llame a su disposición servicios gratuitos de asistencia telefónica. Llame al 1-800-338-8386 (TTY: 1-800-735-2942).

470-0016 April 2024

### 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>	<### ### ###>	<### ### ###>
<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>	<### ### ###>	<### ### ###>

### Important Deadline Information

If you wish to request changes to your health or dental plan, you must do so by June 18, 2024. Changes will be effective July 1, 2024.

Changes after June 18, 2024 can only be made for reasons of good cause. Learn more at <http://hhs.iowa.gov/iowa-health-link>.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa 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 telefónica.

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 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)

# Plan Change Form

1. Members should include **all** the information requested.

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"/> Delta Dental of Iowa

2. Don't forget to check the authorization box at the bottom!

Reason for changing your Plan: \_\_\_\_\_

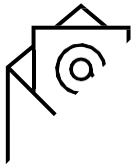
\_\_\_\_\_  
 Your name\*                                      Your address: Street, City, Zip Code\*                                      Your phone number

**\*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.**

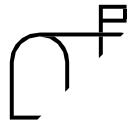
If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

470-5356 (Rev. 04/24)

# Returning Your Plan Change Form



[imemember@hhs.iowa.gov](mailto:imemember@hhs.iowa.gov)



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.

**IOWA** | Health and Human Services

<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

**Iowa Health Link**  
IOWA HHS

### 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 (IHS) complies with applicable Federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and control discrimination on the basis of race, color, national origin, age, disability or sex. IHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

IHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in alternative 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 800-338-8366.

If you believe the IHS has failed to provide the services or be discriminated in any other way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with IHS, Office of Human Resources, by emailing [complaints@dhs.state.ia.us](mailto:complaints@dhs.state.ia.us) or by writing to:

IHS Office of Human Resources  
Hoover State Office Building - 1st  
Floor - 1305 East Walnut Street  
Des Moines, IA 50319-0114

You can file a grievance or complaint by mail or email. If you need help filing a grievance, the IHS 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 409B - HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7397 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/files/index.html>.

Comm 505 (Rev. 10/24)

# Questions

Joanne Bush

Managed Care Bureau Chief

[joanne.bush@hhs.iowa.gov](mailto:joanne.bush@hhs.iowa.gov)



Health and  
Human Services