

Member Annual Choice and Reassignment Mailing

Medicaid Provider Town Hall

April 16, 2026



Today's agenda:

- ▶ Background & Member Reassignment
- ▶ Annual Choice & Reassignment Mailing Packets
- ▶ Mailing Timeline
- ▶ Questions

Background & Member Reassignment



Health and
Human Services

Background

- ▶ In February 2025, Iowa Medicaid released a Request for Proposal (RFP) to select qualified Dental Plans to deliver dental services for Iowa Medicaid members.
- ▶ On August 15, 2025, Iowa Department of Health and Human Services (HHS) selected **Delta Dental of Iowa (DDIA)** and **DentaQuest** to provide dental services starting **July 1, 2026**.
- ▶ **DentaQuest** is the new plan joining the Dental Wellness Plan (DWP) and Hawki Dental Program.
- ▶ MCNA is the plan leaving the Dental Wellness Plan. Their last day will be June 30, 2026.

Member Reassignment

- ▶ Member Reassignment occurs when a **new** Dental Plan joins the Dental Wellness Plan and Hawki Dental Programs.
- ▶ Members will be distributed between both Dental Plans to ensure equal membership.
 - Dental Wellness Plan (adult and children) and Hawki Dental Programs.

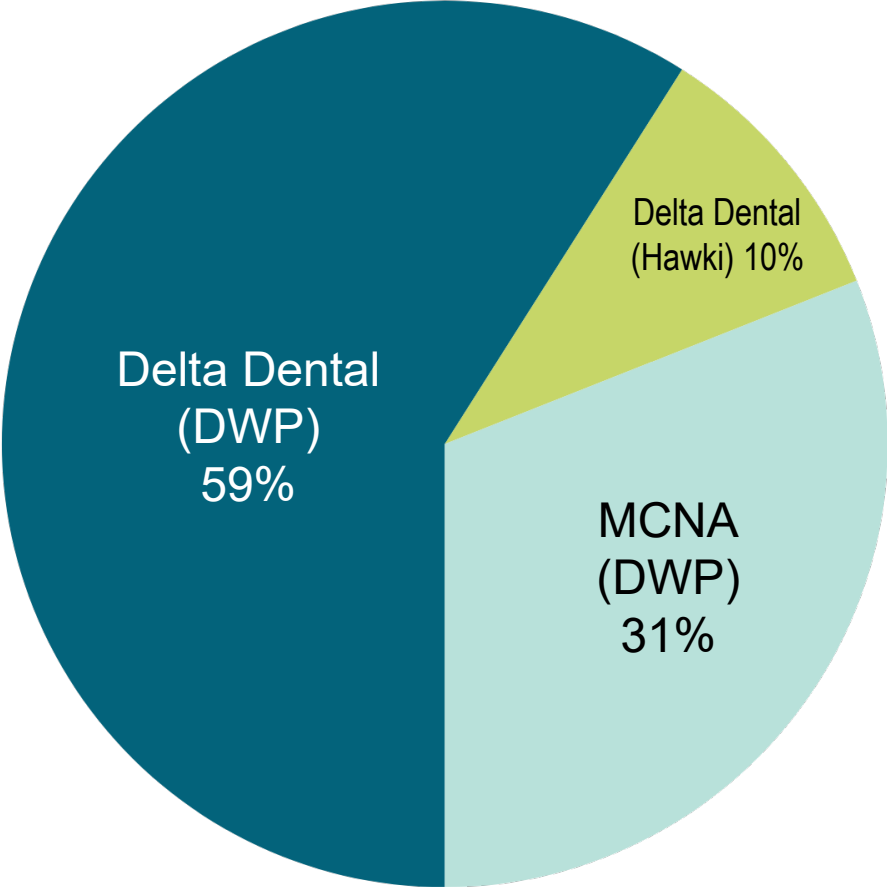
The following are the goals of the member Reassignment logic:

- ▶ Maintain continuity of care to the best extent possible.
- ▶ The logic was designed to keep family units together.
- ▶ Parents and siblings will be assigned to the same Dental Plan.
- ▶ Equitable member Reassignment to ensure both Dental Plans have the same membership proportion and high risk members are distributed evenly across plans.

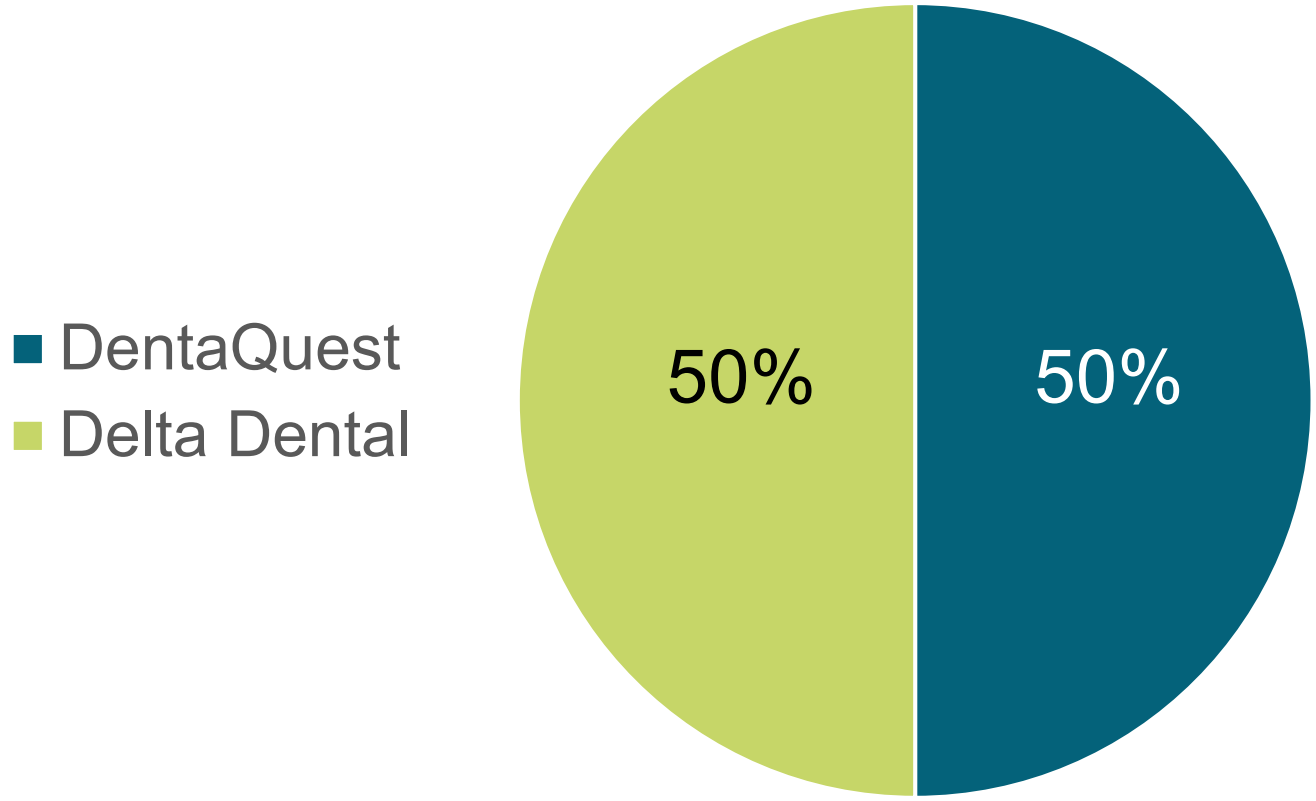
Current Market Share



DWP – Dental Wellness Plan



Market Share After Reassignment



Annual Choice Period & Dental Reassignment

Annual Choice Period

- ▶ Medicaid-eligible members can change their health or Dental Plan for any reason once every 12 months, depending on when their Medicaid eligibility began.

This process is known as the **Annual Choice Period**.

- ▶ This year, the Annual Choice Period and the dental member Reassignment are happening at the same time.

Dental Member Reassignment

All members will have the opportunity to select a Dental Plan during the Annual Choice period, which is currently scheduled to start **April 13, 2026**.

This includes the members who were reassigned to DentaQuest, as well as members who were not reassigned.

1

Annual Choice period starts on **April 13, 2026**, through **June 19, 2026**, for an enrollment effective date of July 1, 2026.

2

All members will receive an Annual Choice letter announcing DentaQuest and plan Reassignments effective **July 1, 2026**.

3

After **June 19, 2026**, members will have 90 days to change Dental Plans, with changes taking effect prospectively.

Annual Choice & Reassignment Mailing Packets

All mailing packets contain:

Iowa Department of Health and Human Services (HHS) 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

MEDICAIDMEMBER
123 MAINSTREET
ANYTOWN, IA 50555-1234

Estate Recovery Program Information

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

<Date>
<Case Number>

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. 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. HHS 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

Privacy Rights Information:

Information About Your Privacy Rights

This notice is given to you because your health plan is Medicaid or Healthy and Well Kids in Iowa (Hawki). The notice talks about your Protected Health Information (PHI). PHI means records that can be used to identify you or your children and have information about your health plan, medical care, or payment for medical care. Your PHI is protected by state and federal laws. It also includes the information for your dependent children under the health plan. This information does not affect eligibility for the health plan.

Your Rights to Privacy

Federal law gives you rights about PHI. You have the right to:

- Receive notice of Iowa Department of Health and Human Services (HHS) policies and procedures used to protect your PHI.
- Ask that certain uses and disclosures of your PHI be restricted.
- Give a written request to inspect and copy your PHI.
- Give a written request that your PHI be changed.
- Ask for an accounting of disclosures by the health plan.
- Request communication of your PHI by alternative means or at an alternative address.
- Receive notice of unauthorized disclosure of your PHI.

Use and Disclosure of PHI

HHS is committed to keeping your PHI confidential and safe from being used by others without permission.

Only people who have both the need and legal right will be allowed to view your PHI. Your PHI will not be sold, used or shared for marketing or fundraising.

[This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.](#)

Este aviso está disponible
en español a petición.

Your health plan, Medicaid or Hawki, will ask for your written permission to release your PHI to others that are not given access to PHI under law. You may cancel your permission at any time by submitting your written instructions to the HHS Privacy Officer.

As Required or Permitted By Law

To avoid a serious threat to health or safety: As permitted or required by law and standards of ethical conduct, we may release your PHI to the proper authorities if it is believed, in good faith, that it is necessary to prevent or minimize a serious and approaching threat to you or others' health or safety.

Treatment: Your PHI may be shared to coordinate health care. For example, your doctor may be notified about care you received in an emergency room.

Plan Change Forms



Health and
Human Services

Plan Change Forms:



Iowa Health Link: Health and Dental Plan Change Form

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

If you are satisfied with your current plans, you do not need to complete this form.

Fields marked * are required.

Name of Person	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	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest



Hawki Health and Dental Plan Change Form

Only fill out this form if you want to change your children's health and/or dental plan.

If you are satisfied with your children's current plans, you do not need to complete this form.

Fields marked * are required.

Name of Person	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	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> DentaQuest



Hawki Dental Plan Change Form

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

If you are satisfied with your children's current dental plan, you do not need to complete this form.

Fields marked * are required.

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



Dental Wellness Plan (DWP): Plan Change Form

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

If you are satisfied with your current plans, you do not need to complete this form.

Fields marked * are required.

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

Plan Change Forms (continued):






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






***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.

Covered Benefits & Value-Added Services

Covered Services

			
Website Member portal, provider search directory and more.	IowaTotalCare.com	Molina.com/ia	wellpoint.com/ia/medicaid
Member Services For questions about your coverage and assistance accessing benefits.	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)	1-833-731-2140 (TTY 711)
Covered Benefits	These symbols mean the Health Plan offers the service for the coverage group: ■ Medicaid ◆ Iowa Health and Wellness Plan		
Behavioral Health	■ ◆	■ ◆	■ ◆
Telehealth Services	■ ◆	■ ◆	■ ◆
Primary Care	■ ◆	■ ◆	■ ◆
Hospital Services	■ ◆	■ ◆	■ ◆
Emergency Care	■ ◆	■ ◆	■ ◆
Preventive Services	■ ◆	■ ◆	■ ◆
Outpatient Therapy	■ ◆	■ ◆	■ ◆
Prescription Drugs	■ ◆	■ ◆	■ ◆
Long-Term Services and Supports	■	■	■
*Iowa Health and Wellness Plan (IHAWP) members have limited behavioral health benefits. Detailed benefit information by coverage group is available at hhs.iowa.gov/IHealthlink .			
			
Website Member portal, provider search directory and more.	smileia.com	dentaquest.com/members	
Member Services For questions about your coverage and assistance accessing benefits.	1-800-544-0718 (TTY 711)	1-866-629-6074 (TTY 711)	
Covered Benefits Diagnostic, Preventive, Restorative, Specialty, Orthodontia*, Emergency	✓	✓	
*When medically necessary.			
Comm 504 (2/26)	Iowa Medicaid Member Services: 1-800-338-8366		

			
Website Features member portal, provider search directory, and more.	Iowatotalcare.com	molina.com/ia	wellpoint.com/ia/medicaid
Member Services For questions about your coverage and assistance accessing benefits.	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)	1-833-731-2140 (TTY 711)
Covered Benefits			
Preventive Services	■	■	■
Telehealth Services	■	■	■
Routine Check-ups	■	■	■
Emergency Room *	■	■	■
Pharmacy/Medication	■	■	■
Allergy Testing	■	■	■
Routine Eye Exam **	■	■	■
Routine Hearing Exam	■	■	■
Inpatient Hospital Services	■	■	■
*Emergency services for non-emergent conditions are subject to a \$25 copay if the family pays a premium for the Hawki program. **There is a \$100 annual limit on eyeglasses.			
			
Website Member portal, provider search directory and more.	smileia.com	dentaquest.com/members	
Member Services For questions about your coverage and assistance accessing benefits.	1-800-544-0718 (TTY 711)	1-866-629-6074 (TTY 711)	
Covered Benefits Diagnostic, Preventive, Restorative, Specialty, Orthodontia*, Emergency	✓	✓	
*When medically necessary.			
Comm. 514 (2/26)	Hawki Member Services	1-800-257-8563	






Value-Added Services



Health and Dental Plan Value-Added Services

■ - This symbol means that a Health Plan or Dental provides the Value-Added Service

To learn more about these Value-Added Services and other resources offered, use the QR code or the website address provided. Some restrictions may apply.

Health Plan			
Pre-natal, post-partum and infant care	■	■	■
Access to transportation	■	■	■
Access to healthy food	■	■	■
Home support	■	■	■
Health and wellness – physical and behavioral	■	■	■
Healthy rewards	■	■	■
Learning and Development	■	■	■
Website	lowatotalcare.com/value-adds	molinahealthcare.com/members/ia/mem/medicaid/helpful-resources/Value-Added-Benefits.aspx	wellpoint.com/ia/medicaid/extras



Dental Plan		
Amazon Gift Card	■	■
Extra dental cleanings for pregnant members and members with diabetes, cardiovascular disease, or undergoing active cancer treatment.	■	■
Backpack with Dental Care Kit	N/A	■
Teledentistry Services	dwp Iowa.com/virtual	dentaquest.com/members
Website	dwp Iowa.com/vas	dentaquest.com/members



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 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.

Value-Added Services

(continued)



	DELTA DENTAL	DentaQuest a Sun Life company
Website Member portal, provider search directory and more.	smileia.com	dentaquest.com/members
Member Services For questions about your coverage and assistance accessing benefits.	1-800-544-0718 (TTY 711)	1-866-629-6074 (TTY 711)
Covered Benefits Diagnostic, Preventive, Restorative, Specialty, Orthodontia*, Emergency	✓	✓

*When medically necessary.

Dental Plan Value-Added Services

To learn more about these Value-Added Services and other resources offered, use the QR code or the website address provided. Some restrictions may apply.

	DELTA DENTAL	DentaQuest a Sun Life company
Amazon Gift Card	✓	✓
Extra dental cleanings for pregnant members and members with diabetes, cardiovascular disease, or undergoing active cancer treatment.	✓	✓
Backpack with Dental Care Kit	N/A	✓
Teledentistry Services	dwp Iowa.com/virtual	dentaquest.com/members
Website	dwp Iowa.com/vas	dentaquest.com/members



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 telefónicamente.

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Updated (2/26)

Hawki Member Services: 1-800-257-8563

Iowa Health Link Member Letter

Hawki Health & Dental Member Letter



<Print Date>

<Case Number>

Hawki Members Have a New Dental Plan Option

This letter tells you about your children's health and dental coverage starting July 1, 2026. You have a new Hawki Dental Plan option and the Annual Choice Period for the health plan is happening at the same time. This letter informs you of your Hawki health and dental plan options effective July 1, 2026.

The back of this letter shows the health and dental plans your children have been assigned. Please note, the Hawki Dental plan may be different from the one they have now.

From now until <<Choice Period End Date>> you can change your children's health and/or dental plan.

If you want to keep things as listed on the back of this letter, you do not have to do anything.

To change to a different health plan and/or dental plan, follow the steps below.

Step 1

Review

- Review the enclosed information about your children's plan choices to make the best choice for their health and dental care needs.

Step 2

Choose

- For each child listed on the back of this letter, choose the health and/or dental plan that best fits their needs. Each child may choose a different health and/or dental plan.
- You can choose from these health plans:
 - Iowa Total Care
 - Molina Healthcare of Iowa
 - Wellpoint Iowa, Inc.
- You can choose from these dental plans:
 - Delta Dental of Iowa
 - DentaQuest
- You have until <<Choice Period End Date>> to change their assigned plan(s) for any reason.

Step 3

Enroll (Choose One)

- Phone:** Call Hawki Member Services at 1-800-257-8563 or locally in the Des Moines area at 515-256-4606.
- Mail:** Return the completed plan change form (enclosed) to:

Member Services
PO Box 36510
Des Moines, IA 50315
- Email:** Plan change form can be sent to hawki@hhs.iowa.gov

Turn this letter over to see your [children's](#) assigned health and dental plan enrollment.

Your children's assigned enrollment for health and dental plans is listed below. **If you want to keep things just the way they are, you do not have to do anything.** If you want to make a change to their health and/or dental plan enrollment, please follow the steps [on the front](#) of this letter.

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>	<###.###.####>	<###.###.####>

Health and Dental Plan Selection Information

- After July 1, 2026 you will have 90 days to change your children's health and/or dental plan for any reason.
- If you need help picking a plan, call Hawki Member Services for choice counseling. For general questions and additional information, contact Hawki Member Services at:
 - Phone: 1-800-257-8563 or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. to 5 p.m.
 - Email: Hawki@hhs.iowa.gov

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de [Lunes](#) a [Viernes](#).

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.

If your child has a Hawki premium, you have the option to pay the premium online using the web application [ClickPay](#), administered through US Bank. You can find more information at hhs.iowa.gov/hawki.

- You can make a one-time or recurring monthly withdrawal from your bank account to pay this premium.
- You are limited to 12 recurring payments. It is your responsibility to setup recurring payments again after 12 months or stop your recurring payment when your premium obligation or enrollment in the Hawki program ends. Your bank will continue to make payments until you stop them.

Hawki Dental-Only Member Letter

<Print Date>
<Case Number>

Hawki Members Have a New Dental Plan Option

This letter tells you about your children's dental coverage starting July 1, 2026. You have a new Hawki Dental Plan option and the Annual Choice Period for the dental plan is happening at the same time. This letter informs you of your Hawki dental plan options effective July 1, 2026.

The back of this letter shows the dental plan your children have been assigned. Please note, the Hawki dental plan may be different from the one they have now.

From now until <<Choice Period End Date>> you can change your children's dental plan.

If you want to keep things as listed on the back of this letter, you do not have to do anything.

To change to a different dental plan, follow the steps below.

Step 1

Review

- Review the enclosed information about your children's dental plan choices to make the best choice for their dental care needs.

Step 2

Choose

- For each child listed on the back of this letter, choose the dental plan that best fits their needs. Each child may choose a different dental plan.
- You can choose from these dental plans:
 - Delta Dental of Iowa
 - DentaQuest
- You have until <<Choice Period End Date>> to change their assigned plan for any reason.

Step 3

Enroll (Choose One)

- Phone:** Call Hawki Member Services at 1-800-257-8563 or locally in the Des Moines area at 515-256-4606.
- Mail:** Return the completed plan change form (enclosed) to:
Member Services
PO Box 36510
Des Moines, IA 50315
- Email:** Plan change form can be sent to hawki@hhs.iowa.gov

Turn this letter over to see your children's assigned dental plan enrollment.

Your children's assigned enrollment for a dental plan is listed below. **If you want to keep things just the way they are, you do not have to do anything.** If you want to make a change to their dental plan enrollment, please follow the steps on the front of this letter.

State ID Number	Member Name	Dental Plan	Dental Plan Phone
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>

Dental Plan Selection Information

- After July 1, 2026, you will have 90 days to change your children's dental plan for any reason.

If you need help picking a plan, call Hawki Member Services for choice counseling. For general questions and additional information, contact Hawki Member Services at:

- Phone: 1-800-257-8563 or locally in the Des Moines area at 515-256-4606, Monday through Friday, from 8 a.m. to 5 p.m.
- Email: Hawki@hhs.iowa.gov

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de [Lunes a Viernes](#).

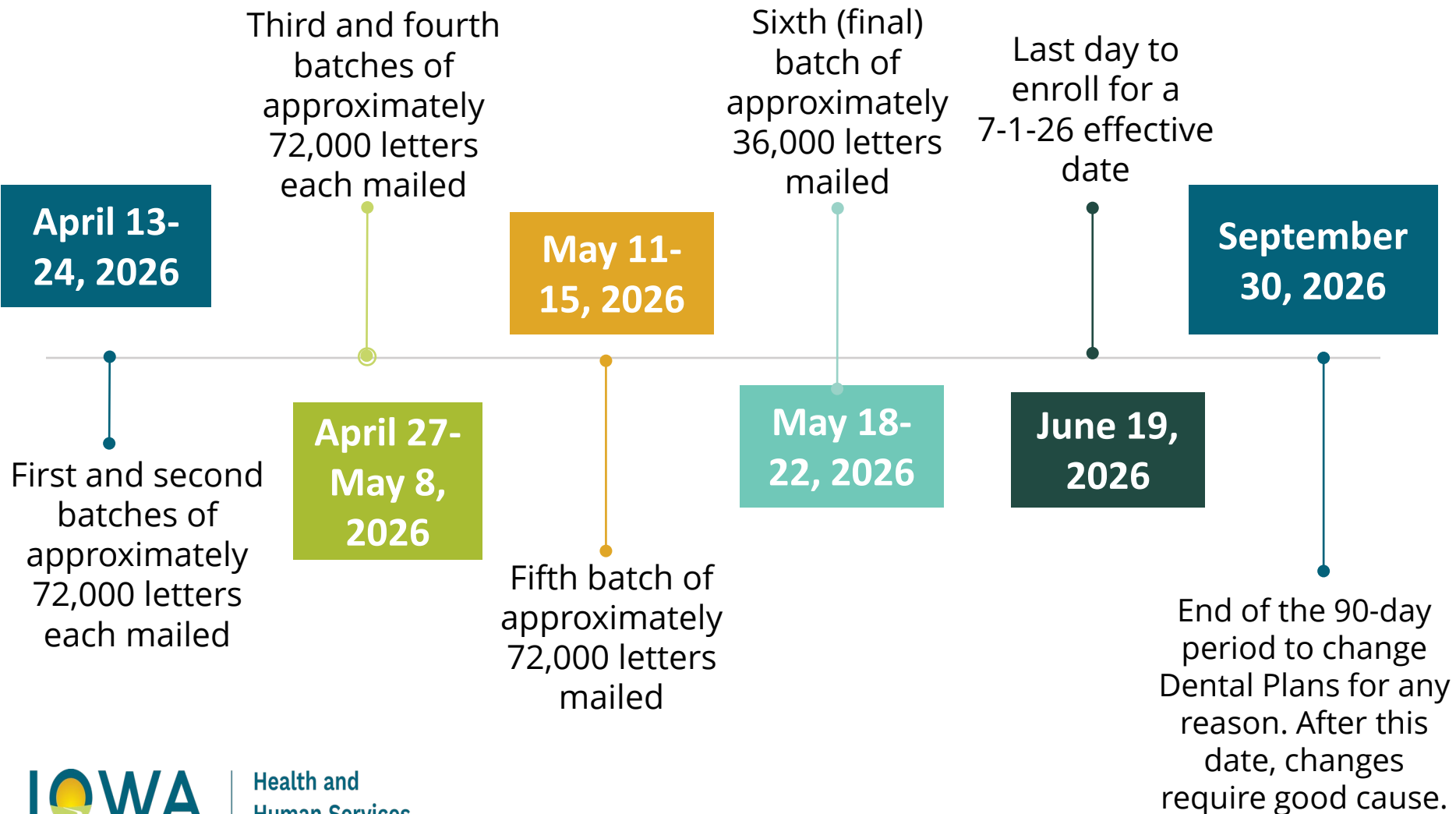
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If your child has a Hawki premium, you have the option to pay the premium online using the web application [ClickPay](#), administered through US Bank. Find more information at hhs.iowa.gov/hawki

- You can make a one-time or recurring monthly withdrawal from your bank account to pay this premium.
- You are limited to 12 recurring payments. It is your responsibility to setup recurring payments again after 12 months or stop your recurring payment when your premium obligation or enrollment in the Hawki program ends. Your bank will continue to make payments until you stop them.

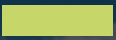
Mailing Timeline

Annual Choice Mailing Timeline



The last day members can make changes to their Dental Plan enrollment for it to be effective on July 1, 2026 is **June 19, 2026.**

Members have an additional 90 days after June 19, 2026, to change their Dental Plan enrollment with a prospective effective date.



Questions



Health and
Human Services