

{Current Date}

{Member Name}

{Address Line 1}{Address Line 2}

{City}, {State} {Zip}

Dear {Member Name}

Recently, you were mailed a Medically Exempt Survey from the Iowa Department of Human Services. That survey is used to determine cases where a member may need additional benefits to meet their healthcare needs. As of this date, Member Services has not received a completed Medically Exempt Survey back from you. As such, you have been automatically assigned to the plan that was originally selected for you. You will be automatically enrolled into the Iowa Wellness or Marketplace Choice Plan that was previously selected for you.

You may change your provider or health plan for any reason within 90 days of this letter, by contacting Member Services. After that you will be required to stay with the same provider until your re-enrollment period. For information on your right to disenroll for a good cause, please refer to (insert publication name here). This letter is simply a notification and no further action is necessary.

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

Iowa Medicaid Member Services

Form 470-5197 (01/19)

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

PO Box 36510, Des Moines, Iowa 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
Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315