

## Important Notice Regarding Your Medicaid Coverage

Dear

The Department of Human Services (DHS) is reviewing eligibility for Medicaid members who have been able to access Long Term Services and Supports (LTSS) during the COVID-19 Public Health Emergency (PHE) regardless of the Level of Care (LOC) needed.

LTSS coverage areas include Home- and Community-Based Services (HCBS) programs, facility coverage, and the Program for the All-Inclusive Care for the Elderly (PACE).

If DHS determines that you no longer meet the needed LOC for the Medicaid program you are currently on, you will receive a Notice of Decision (NOD) in the mail. The NOD will tell you that your current LTSS coverage will end, along with the effective date your LTSS coverage will end.

**If your LTSS coverage ends, LTSS services may no longer be covered, but you may be able to continue to receive other medical services through Medicaid until the end of the PHE, or until Medicaid is given federal direction to re-evaluate this type of coverage, whichever should come first.**

**If you have Medicare, your medical benefits will be provided by Medicare, but Medicaid will help cover the cost of your Medicare premiums.**

If you receive a NOD that your LTSS coverage will be ending, and you believe that this decision is not correct, you have the right to appeal that decision. You can find instructions on how to submit an appeal on the back of your NOD. If your LTSS coverage ends and your circumstances should change in the future, to where you believe you would once again meet eligibility criteria, we encourage you to submit a new application for assistance at that time.

**If you have questions about this letter, please contact the DHS Contact Center at 1-855-889-7985.**

*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.*

470-5662 (06/21)

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-8366 (TTY: 1-800-735-2942).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-338-8366 (TTY: 1-800-735-2942)。

**Iowa Medicaid Member Services: 1-800-338-8366 | [www.iahealthlink.gov](http://www.iahealthlink.gov)**