



<Date>

<Case Number>

Open All Mail From Iowa HHS

Hello <Member Name>,

Because of the COVID-19 Unwind, all Medicaid members will undergo a redetermination of their health coverage. The renewal form will soon be delivered to your mailbox if it has not already. When you receive your renewal form, please fill it out and return it to the Iowa Department of Health and Human Services (HHS) as soon as you can avoid delays in your healthcare coverage.

Once you complete your renewal form, please send it back to HHS by one of the following:

- Mail the form to P.O. Box 2027, Cedar Rapids, IA 52406.
- Email the form to ImagingCenter5@dhs.state.ia.us with the subject line “renewal form” and your case number.
- Complete and submit the form through the HHS member portal.
- Fax the form to 515-564-4016.

Make sure you respond to any additional requests for information and send it into HHS as soon as possible.

If you have moved, need assistance completing the form or have a concern, please contact Member Services at 1-800-338-8366.

Thank you,

The Iowa Medicaid Team

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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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