

Member Health Home Enrollment Letter

Click or tap to enter a date.

[Member Name]

[Member street or PO Box]

[Member City, State Zip]

[Member Name],

This letter is to notify you that as of [mm/dd/yyyy], you will be enrolled in the Health Home program with your Health Home listed below.

[Member's Health Home Name]

[Health Home address]

[Health Home City, State ZIP]

[Health Home phone number]

You are receiving this letter because you chose to enter the Health Home program or are changing Health Home providers.

Your Medicaid benefits will not change because you are enrolled in the Health Home program. If you have any questions or if you would like to disenroll in the Health Home please contact the Health Home at [Health Home phone number].

If you have questions about your benefits, please call the Member Services Call Center at 1-800-338-8366 or in the Des Moines area at 515-256-4606, Monday through Friday from 8:00am - 5:00pm. You can also email Member Services at IMEMemberServices@dhs.state.ia.us.

Sincerely,

Iowa Medicaid Member Services

Si necesita informacion espanol, por favor llame a Servicios de Miembros al 1-800-338-8366.

If you need information in Spanish, please call Member Services at 1-800-338-8366.