

Member Health Home Termination 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 no longer 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 either chose to exit the program, are changing Health Home providers, or your provider made the request. If you have questions, please contact the Health Home at [Health Home phone number].

Your Medicaid benefits will not be affected by this change. You may continue to receive other services from this provider if you choose. If you would like to enroll again in the Health Home program, please contact your provider.

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.