



## UNDERSTAND YOUR MEDICAID BILLING STATEMENT

**NOTICE: To ensure timely processing and accurate payments to your account, please mail your check or money order to: Iowa Medicaid Enterprise, Iowa Health and Wellness Plan Contribution/Medicaid Contribution, PO Box 14485, Des Moines, IA 50306-3485. DO NOT SEND payment to the address listed on the envelope. Mailing your payment to any address other than the one listed above may cause a delay in processing.**

If you need help understanding each section of your Iowa Medicaid Billing Statement, visit the Member Resources webpage at: [www.dhs.iowa.gov/ime/members/member-resources](http://www.dhs.iowa.gov/ime/members/member-resources).

### IOWA HEALTH AND WELLNESS PLAN MEMBERS

#### **Complete your Healthy Behaviors. Keep your free coverage!**

The Iowa Health and Wellness Plan (IHAWP) provides comprehensive health coverage at low or no cost to Iowans between the ages of 19 and 64. Eligibility is based on household income. IHAWP members must complete Healthy Behaviors to continue receiving free coverage. There are two Healthy Behaviors requirements you need to complete each year. All members will have the first 30 days of each annual enrollment period to complete or self-report completion of Healthy Behaviors for the previous enrollment period.

#### **You must complete:**

##### **1. Health Risk Assessment (HRA):**

- If you are part of the IA Health Link managed care program, contact your Managed Care Organization (MCO) to complete your HRA:
  - Amerigroup Iowa, Inc. 1-800-600-4441
  - UnitedHealthcare Plan of the River Valley, Inc. 1-800-464-9484
- If you are NOT part of the IA Health Link managed care program, you can complete your HRA by calling 1-800-338-8366 or visit [www.AssessMyHealth.com](http://www.AssessMyHealth.com) and use code MBR11.

**2. Wellness Exam OR Dental Exam (2 Options):** Call your primary care provider or dentist to schedule.

### DENTAL WELLNESS PLAN MEMBERS

#### **Complete your Healthy Behaviors. Keep your free coverage!**

The Dental Wellness Plan (DWP) provides dental coverage for adult Iowa Medicaid members, age 19 and older. As a DWP member, you must complete Healthy Behaviors during each enrollment year to keep your full benefits during the next enrollment year.

#### **You must complete:**

- 1. An oral health self-assessment.** Contact your Dental Carrier to complete:
  - Delta Dental 1-888-472-2793
  - MCNA 1-855-247-6262
- 2. A preventive dental exam.** Call your dentist to schedule.

If you believe you are receiving this statement in error, or have questions, call 1-800-338-8366 or 515-256-4606 locally in the Des Moines area, Monday through Friday, from 8 a.m. to 5 p.m. Visit us on the web at [www.dhs.iowa.gov](http://www.dhs.iowa.gov).

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de lunes a viernes.

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.

The Iowa Department of Human Services (DHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

**KEEP THIS PAGE FOR PROGRAM INFORMATION, DO NOT RETURN**

## **You Have the Right to Appeal**

### **What is an appeal?**

An appeal is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

### **How do I appeal?**

Filing an appeal is easy. You can appeal in person, by telephone or in writing for Food Assistance, Child Care Assistance, Family Investment Program or Medicaid. You must appeal in writing for all other programs by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

For Food Assistance or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing. If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### **Can I continue to get benefits when my appeal is pending?**

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the Family Investment Program, Child Care Assistance and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### **How will I know if I get a hearing?**

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### **Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

## **Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 5th Floor – Bureau of Policy Coordination, 1305 E Walnut, Des Moines, IA 50319-0114 or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)

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