



Member's Guide to the 2023 Open Enrollment Mailing

April 13, 2023

Overview



What is the Open Enrollment mailing?



What is the difference between Open Enrollment and Open Choice?



Open Enrollment Mail Pieces

New Choice Letter
Change Form
Hawki Note
Other Pieces



Mailing Timeline



Questions?

What is the Open Enrollment Mailing?

1. Every year, Iowa Medicaid, Hawki and Dental members receive a letter packet in the mail from Iowa HHS.
2. This packet includes several forms and gives members an opportunity to change their Managed Care Organization or dental plan.
3. If a member wants to change their MCO before or after their open enrollment/open choice period, they would need a reason of good cause.

What is the difference between Open Enrollment and Open Choice?

Medical Open Enrollment and Open Choice will never both go out in the same year.



Open enrollment is specifically for when a new MCO or dental plan joins Iowa Medicaid. The open enrollment mailing goes out to **all members** around the same time.

OR



Open Choice mails out to members every 12-months, depending on when they originally started with Medicaid. The largest batch goes out in the summer.

Open Enrollment Mailing Pieces



What Does the Open Enrollment Packet Include?



MCO Change
Form (470-5356)



New Choice
Letter (470-5738)



Estate Recovery
Sheet (Comm123)



MCO Summary
Sheet (Comm504)



Nondiscrimination
Notice
(Comm505)

New Choice Letter - Part I

1. Molina Healthcare of Iowa will begin services in Iowa on July 1, 2023.
2. Members should be sure to **read the whole letter.**



<Date>

<Case Number>

Iowa Health Link Members Have a New Choice

This letter is to tell you which Managed Care Organization (MCO) you have been assigned to effective July 1, 2023. It is also to let you know that you have a choice of staying with your assigned MCO or choosing a different MCO. On the back of this letter, you will find the name of the MCO that you have been assigned to, effective July 1, 2023. You may have been assigned to a different MCO than the one you are currently enrolled with.

From now until May 18, 2023, you can choose which of the three MCOs you want to enroll with for coverage starting July 1, 2023. This is called Open Choice Period. Until July 1, 2023, you will remain with your current MCO.

If you don't want to make a change to your MCO assignment – you don't need to do anything.

KEEP READING AFTER THE FIRST BOLD LINE

New Choice Letter – Part II


1. Members have **three** MCOs to choose from.
2. Members need to **check the back of the letter** to see which MCO they are currently assigned to.
3. Due to Molina joining Iowa Medicaid, members should double check to see if they have been reassigned to Molina.

During the Open Choice Period the person(s) listed on this letter can change their MCO for any reason. If you don't make a change by May 18, 2023, you will be enrolled with the MCO assigned to you (the one listed on the back of this letter). These are the MCOs that you can choose from:

- ▶ Amerigroup Iowa, Inc.
- ▶ Iowa Total Care
- ▶ Molina Healthcare of Iowa

If you do not contact Member Services by May 18, 2023, you will be enrolled with the MCO assigned to you on the back of this letter effective July 1, 2023. After that you can change MCOs for any reason until September 30, 2023. Throughout the year, you can change your MCO for reasons of "Good Cause." An example of Good Cause is if a member's preferred provider is not within the plan's network.

TO CHANGE YOUR MCO

-  **Email:** Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.
-  **Mail:** If you want, you can return the MCO Enrollment form to: Member Services, PO Box 36510, Des Moines, IA 50315.
-  **Phone:** Call Iowa Medicaid Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606. (Automated phone service is available 24 hours a day.)

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

FLIP OVER LETTER

New Choice Letter – Part III

1. The member's current MCO assignment will be on the back of the New Choice letter.
2. Members should double check which MCO they are listed with as some members will be redistributed to Molina Healthcare.
 1. Example:

1234567X Jane Doe Molina Healthcare 123-456-7890

State ID Number	Member Name	MCO	MCO Phone Number
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>
<0000000X>	<MEMBER NAME>	<MCO>	<### ### ####>

MCO Change Form (470-5738)



Iowa Health Link Managed Care Organization Change

Only fill out this form if you want to change your MCO.

Once you're approved for Medicaid, you are automatically enrolled in a Managed Care Organization (MCO) or qualify for a Fee-for-Service (FFS) program.

Members have 90 days from their initial enrollment date to change MCO's, and then once a year after that to change MCOs for any reason by completing this form. If you are satisfied with your current MCO, you do not need to complete this form.

Name of Person to Enroll*	Date of Birth* (MM/DD/YYYY)	ID Number*	Check One MCO*
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare

Reason for changing your MCO: _____

Your name*

Your address: Street, City, Zip Code*

Your phone number

***YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the MCO for the person(s) listed above.**

If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

MCO Change Form – Part I

1. Members will fill out this form to change the MCO they are currently assigned to.
2. If a member is content with the MCO listed on the New Choice letter, then they do not have to do anything.
3. After July 1, 2023, members will have another 90-day chance to change their MCO after some members are reassigned to Molina.



Iowa Health Link Managed Care Organization Change

Only fill out this form if you want to change your MCO.

Once you're approved for Medicaid, you are automatically enrolled in a Managed Care Organization (MCO) or qualify for a Fee-for-Service (FFS) program.

Members have 90 days from their initial enrollment date to change MCO's, and then once a year after that to change MCOs for any reason by completing this form. If you are satisfied with your current MCO, you do not need to complete this form.

MCO Change Form – Part II

- Members should include **all** the information requested below. If there are more than five people in your family, please attach another page or write on the back with the other member's information..
- Don't forget to check the authorization box at the bottom!

Name of Person to Enroll*	Date of Birth* (MM/DD/YYYY)	ID Number*	Check One MCO*
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
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			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare
			<input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare

Reason for changing your MCO: _____

Your name*

Your address: Street, City, Zip Code*

Your phone number

***YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the MCO for the person(s) listed above.**

If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

DON'T FORGET TO CHECK

A Note about Hawki Open Enrollment

1. Hawki enrollment works the same as Medicaid enrollment, but the forms will have Hawki branding and have different form numbers.
 1. Hawki open enrollment forms:
 1. Hawki New Choice Letter (470-5581)
 2. Hawki MCO Change Form (470-5570)
 3. Hawki Nondiscrimination Form (Comm506)
 4. Hawki MCO Summary (Comm514)
2. The Hawki mailing will **not** include an Estate Recovery letter (Comm123).
3. Next year (2024), the Hawki logo will look different (see examples)

Open Enrollment 2023



Open Choice 2024



Additional Open Enrollment Mail Pieces



Important Information for you and Your Family Members About the Estate Recovery Program

Iowa Medicaid is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a fee, referred to as a capitation fee, to manage and pay for your medical services. Iowa Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. If you have received Medicaid benefits, which includes capitation fees paid to managed care organization, you may be required to pay for any services, the state of Iowa has the right to ask for money back from you after your death. The state will never ask for more money back than it paid. Estate recovery is authorized by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Department of Health and Human Services (HHS).

Who does estate recovery impact?

Estate recovery only applies to Medicaid recipients who:

- ▶ Are age 55 or older, or
- ▶ Are under age 55 and live in a medical facility and will probably not return home.

What part of an "estate" can be recovered?

An "estate" includes all:

- ▶ Real property, such as your house, land, etc.
- ▶ Personal property, such as household goods, personal effects, cars, etc. or
- ▶ Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and IRAs.

Can repayment be delayed?

Medicaid repayment can be delayed if the repayment will create a hardship for your family. It is determined on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery. Your family will have 30 days from when the letter is received to apply for hardship waiver for a person applying for the waiver when:

- ▶ The total household income is less than 200% of the federal poverty level for the size of the household, and
- ▶ The total household resources are not more than \$10,000, and
- ▶ Recovering the resources of the "estate" denies your family of food, clothing, shelter or that might put a person's life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under 18 or disabled at your death.

**For more information, call Iowa Medicaid Member Services
Toll Free: 800-338-8366 515-256-4606 (Des Moines area)
8:00 a.m. – 5:00 p.m., Monday – Friday**



	Amerigroup	iowa total care	MOLINA HEALTHCARE
Website Features members portal, provider search directory and more.	MyAmerigroup.com/IA	iowaTotalCare.com	WelcomeToMolina.com/IA
Member Services For questions about your coverage and assistance accessing benefits.	1-800-600-4441 (TTY 711)	1-833-404-1061 (TTY 711)	1-800-338-8366 (TTY 711)

Covered Benefits These symbols mean the MCO offers the service for the coverage group:
 Medicaid Iowa Health and Wellness Plan

Preventive Services			
Telehealth Services			
Primary Care			
Hospital Services			
Emergency Care			
Behavioral Health			
Outpatient Therapy			
Prescription Drugs			
Long Term Services and Supports (LTSS)			

*Iowa Health and Wellness Plan (IHAWP) members have limited behavioral health benefits. Detailed benefit information is available at IAHealthLink.gov.

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Comm. 505 (Rev. 11/22)

Discrimination is Against the Law

The Iowa Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. HHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.
 If you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that HHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: HHS, Office of Human Resources, by emailing contactdhs@dhs.state.ia.us or in writing to:

HHS Office of Human Resources
 Hoover State Office Building, 1st floor
 1305 East Walnut Street
 Des Moines, IA 50319-0114

You can file a grievance in person or by mail or email. If you need help filing a grievance, the HHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue
 SW Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Estate Recovery Form (Comm 123)

(Medicaid Only)

FRONT



Important Information for you and Your Family Members About the Estate Recovery Program

Iowa Medicaid is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a monthly fee, referred to as a capitation fee, to manage and pay for your medical services. Iowa Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. When you received Medicaid benefits, which includes capitation fees paid to managed care organizations, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. The state will never ask for more money back than it paid. Estate recovery laws were passed by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Iowa Department of Health and Human Services (IHS).

Who does estate recovery impact?

Estate recovery only applies to Medicaid recipients who:

- ▶ Are age 55 or older, or
- ▶ Are under age 55 and live in a medical facility and will probably not return home.

What part of an "estate" can be recovered?

An "estate" includes all:

- ▶ Real property, such as your house, land, etc.
- ▶ Personal property, such as household goods, personal effects, cars, etc. or
- ▶ Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and retained life estates.

Can repayment be delayed?

Medicaid repayment can be delayed if the repayment will create a hardship for your family. DHS decides, on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery and repayment. Your family will have 30 days from when the letter is received to apply for hardship. Hardship exists for a person applying for the waiver when:

- ▶ The total household income is less than 200% of the federal poverty level for the size of the household, and
- ▶ The total household resources are not more than \$10,000, and
- ▶ Recovering the resources of the "estate" denies your family of food, clothing, shelter or medical care that might put a person's life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under age 21, blind or disabled at your death.

**For more information, call Iowa Medicaid Member Services
Toll Free: 800-338-8366 515-256-4606 (Des Moines area)
8:00 a.m. – 5:00 p.m., Monday – Friday**

BACK

ESTATE RECOVERY FREQUENTLY ASKED QUESTIONS (FAQ)

What is Medicaid estate recovery?

According to federal and state law, the money that the Medicaid program pays on behalf of a Medicaid recipient, who was age 55 or older or in a long-term care facility, is a debt owed back to the state. Upon the death of the Medicaid recipient, the Medicaid program contacts heirs or files a claim against the decedent's estate to seek reimbursement for the amount owed.

What costs will be recovered?

The debt includes all payments made by the State for services or goods when the recipient was age 55 years or older or of any age and living in a long-term care facility, except for some payments made under the Medicare Cost Sharing program. The recovery includes the full amount of capitation payments made to a managed care organization, including medical and dental, even if the plan did not pay for any services.

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What part of the estate can be recovered?

Any assets owned by the deceased member or any interest in an asset that the member had at the moment before death are subject to recovery.

Court costs, the cost of administering the estate, funeral expenses, medical bills of the last illness, federal and state taxes can be paid prior to the estate recovery claim. The State's Medicaid claim must be satisfied before any lower-class creditors or heirs receive any assets or money.

Will Medicaid take the house?

No, Medicaid does not "take houses". Medicaid is a potential claimant in the estate. Houses may need to be sold to pay the debts of an estate, regardless of whether Medicaid has a claim in an estate.

Are there circumstances for which Medicaid would not collect its claim?

Waivers of the claims for spouses, disabled children, and minor children delay payment until the death of a spouse or disabled child, or until a minor child turns 21. If there are enough assets to pay the claim when it is due, then the claim must be paid in full.

Can Estate Recovery Program waive its claim if there is a hardship?

Any person who receives assets from the estate can request a hardship waiver if recovery would create a hardship. The guidelines for a hardship waiver are in the Iowa Administrative Code for income, assets, and if the heir would be deprived of food, clothing, shelter, or medical care such that life or health would be endangered. An heir's reduced inheritance due to recovery is not considered a hardship.

MORE INFORMATION

Iowa Estate Recovery Program at 877-463-7887

Medicaid Member Services

Toll Free: 800-338-8366 515-256-4606 (Des Moines area)

8:00 a.m. – 5:00 p.m., Monday – Friday

MCO Summary (Comm504)

FRONT



	Amerigroup	iowa total care	MOLINA HEALTHCARE
Website Features members portal, provider search directory and more.	MyAmerigroup.com/IA	iowaTotalCare.com	WelcomeToMolina.com/IA
Member Services For questions about your coverage and assistance accessing benefits.	1-800-600-4441 (TTY 711)	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)

Covered Benefits	These symbols mean the MCO offers the service for the coverage group: Medicaid Iowa Health and Wellness Plan		
	Preventive Services		
Telehealth Services			
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Hospital Services			
Emergency Care			
Behavioral Health			
Outpatient Therapy			
Prescription Drugs			
Long Term Services and Supports (LTSS)			

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BACK

Amerigroup	iowa total care	MOLINA HEALTHCARE
Value-Added Services** <ul style="list-style-type: none"> ▶ Healthy Rewards: Earn incentives and rewards for doing things that are good for your health. ▶ Dental hygiene kit. ▶ Community Resource Link: An online database on community resources and services to help your family. ▶ Home delivered meals program for members who have been recently discharged from the hospital. ▶ Post-Discharge Stabilization Kit: Education items for recently discharged members. ▶ Mobile phone program: Phone and service for eligible households. ▶ Mobile phone app: Amerigroup helps you manage your health, wherever you go. ▶ WWV (Weight Watchers) for members 18 and older who meet participation requirements. ▶ Personal Exercise Kit: To help you get moving at home (for adult members with clinical diagnosis of obesity). ▶ HSET (high school equivalency test): Pays for preparation course/materials/tests for qualified members. ▶ Healthy families: Outreach and education for a healthier lifestyle for children ages 7-13. ▶ Comfort Item: For members in foster care or subsidized adoption. ▶ Assistive Devices: To help keep you safe and independent, for qualified members participating in certain waiver program. ▶ Durable Medical Equipment: For qualified members participating in certain waiver programs. ▶ Additional Respite Care Services: For qualified members participating in certain waiver program. ▶ Financial Management Support: For qualified members participating in certain waiver program. ▶ Travel Training: For qualified members participating in certain waiver program. ▶ Help Finding a Job: Supported employment program for members participating in brain injury and intellectual disability waiver programs, above current policy guidelines. ▶ Self-Advocacy Memberships for qualified members participating in certain waiver program. 	Value-Added Services** <ul style="list-style-type: none"> ▶ Earn dollar rewards on your My Health Pays® Visa Card for healthy activities, such as annual visits and screenings with your doctor. ▶ Member Connections®: Community Health Worker Program (CHWs) provides a high touch, personal level of interaction with our members that builds strong relationships and trust. ▶ FREE education and support during and after pregnancy through the Start Smart for Your Baby program. You can even earn dollar rewards just by letting us know you're pregnant. ▶ FREE education and gifts at community baby showers. ▶ FREE access to 24/7 nurse line for answers to urgent health care questions. ▶ FREE Healthy Celebration Days: Events that allow members to receive dollar rewards by receiving preventive health checkups. ▶ FREE phone program to qualified members. ▶ FREE education on flu and COVID-19 prevention. ▶ FREE online access to myStrength.com that provides resources to help manage stress, anxiety, depression and overuse of drugs and alcohol. ▶ FREE mobile app that provides access to rewards information, ID card, and much more. ▶ FREE text notification and reminders related to benefit awareness, value add, and service support. ▶ FREE employment and support program for members participating in brain injury and intellectual disability waiver programs. ▶ FREE access to resource specialists to help members in need of general resources, such as food, housing or waiver wait list help. ▶ FREE access to Find-Help.org, an online link to help you find local community resources and services for you and your family. ▶ FREE access to extra support and resources to help you manage your health. ▶ FREE online access to Krames Health Library to thousands of health sheets on medical conditions and medications. ▶ One FREE bottle of insect repellent of plan-designated size during 2021 to eligible members. 	Value-Added Services <ul style="list-style-type: none"> ▶ Free Healthy Rewards Program: gift cards for completing various annual visits and screenings for eligible members ▶ Free access to community resources on health, financial support, education, emergency resources, legal support, housing, employment opportunities, transportation, and food security. ▶ Free smartphone and service plan for eligible members ▶ Free transportation services ▶ Free long-term care caregiver transportation for eligible members (4 one-way trips) ▶ Free Healthy Living Benefit: Variety of Assistive Devices and Adaptive Aids for eligible members (\$60 per Unit) ▶ Free community transition move in basket for eligible members (\$50 worth of items) ▶ Free home delivered meals for members who have been discharged from the hospital ▶ Free healthy foods program for eligible members ▶ Free pregnancy rewards program ▶ Free annual community baby shower events and education for eligible members ▶ Free Pacify gift package for new mothers ▶ Free Doula services for eligible members (8 Doula visits) ▶ Free car or booster seat for eligible members ▶ Free home delivered meals for high-risk pregnant women ▶ Free over-the-counter-pharmacy products (\$30 worth of items) ▶ Free glucometer and test strips for insulin and Blood Glucose Program for eligible members ▶ Free smoking cessation products for eligible members (\$185 per Unit) ▶ Free 13 weeks of Weight Watchers services ▶ Free sponsored membership fees for members under the age of 19 to Boys and Girls Clubs, YMCA, or Can Play ▶ Free ACE Assessment for members under the age of 18 ▶ Free GED exam vouchers ▶ Free gift card for passing GED exam ▶ Free assistance to secure legal guardianship for eligible members (up to \$500 per eligible member) ▶ MolinaHelpFinder.com: Community resources

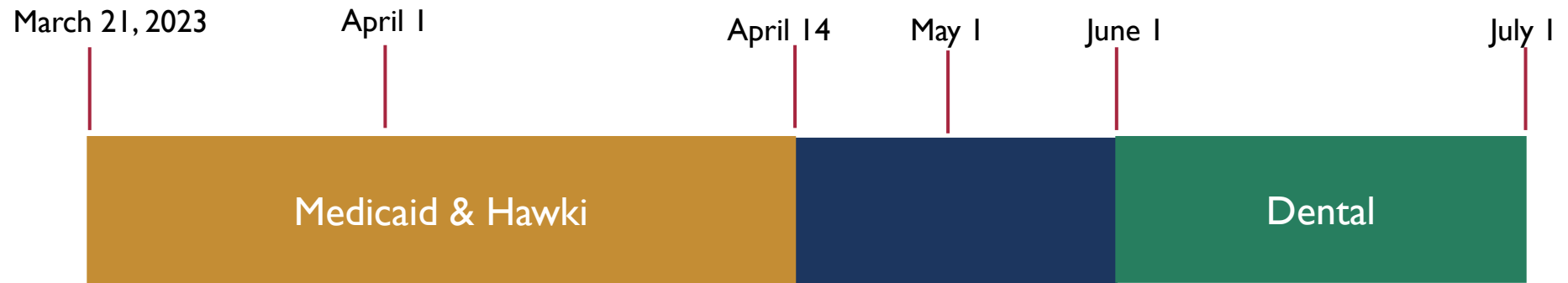
**Some restrictions can apply to the value-added services offered by the MCOs. For details and program information please contact the MCOs directly.



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 telefónica.

Mailing Timeline



1. Medicaid and Hawki open enrollment started going out March 21, and will end on April 14.
2. No enrollment mailings in May 2023.
3. Dental open enrollment mailing should go out in June 2023.

How to Return Your Enrollment Form



- **Email:** Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.



- **Mail:** If you want, you can return the MCO Enrollment form to:
Member Services
PO Box 36510
Des Moines, IA 50315



- **Phone:** Call Iowa Medicaid Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606. (Automated phone service is available 24 hours a day.)

Questions?