

## Confirmation of Coverage

This letter confirms your Managed Care Organization (MCO) coverage. If you have made a choice, your choice is still valid. If you did not make a choice, you will keep the MCO which was assigned to you. Your new health coverage through an MCO begins <<Effective-Date>>. You may contact your MCO at the phone number below for more information about your benefits.

You have until <<90-Day-Choice-End-Date>> to change your MCO for any reason. After that you may change your MCO at any time for reasons of "Good Cause." You may change your MCO each year during your annual choice period. More information is available in the member handbook which is available at [www.iahealthlink.gov](http://www.iahealthlink.gov).

<u>Person ID Number</u>	<u>Member Name</u>	<u>MCO</u>	<u>MCO Phone Number</u>
<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>	<###-###-####>

If you have questions about choosing an MCO, please contact Iowa Medicaid Member Services at 1-800-338-8366, or locally in the Des Moines Area at 515-256-4606, Monday through Friday, 8 a.m. to 5 p.m.

*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.*