



Hawki Managed Care Organization Change

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

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

Organization (MCO). Members have 90 days from their initial enrollment to change MCOs for any reason. Once a year, the member will have the opportunity to change MCOs for any reason during their Open Choice period. Members who want to change MCOs during their initial enrollment period or during their annual choice period can use this form. Information about each MCO is available at www.dhs.iowa.gov/hawki. Only fill out this form if you want to change your MCO. If you want to keep things just the way they are, you do not have to do anything.

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 Hawki Member Services at 1-800-257-8563, Monday through Friday from 8 a.m. – 5 p.m.