IOWA DEPARTMENT OF HUMAN SERVICES
IOWA MEDICAID ENTERPRISE - MEMBER SERVICES
PO BOX 36510
DES MOINES, IA 50315-0314

<MEMBER NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY>, <ST> <ZIP>

Iowa Department of Human Services

ia health link

<Date>
<Case Number>

Your Annual Enrollment Period Has Begun.

You/your family are currently enrolled in the IA Health Link managed care program with health coverage through a Managed Care Organization (MCO). You have three MCOs to choose from for your IA Health Link coverage. You may change your MCO each year during your Annual Enrollment Period.

Your Annual Enrollment Period Has Begun, and Ends <<End Date>>

During this Annual Enrollment Period the person(s) listed on this letter has the opportunity to change their MCO for any reason.

In this mailing you will find information about the three MCOs that you can choose from:

- **Amerigroup Iowa, Inc.**
- **AmeriHealth Caritas Iowa, Inc.**
- **UnitedHealthcare Plan of the River Valley, Inc.**

IF YOU WANT TO KEEP THINGS JUST THE WAY THEY ARE, YOU DO NOT HAVE TO DO ANYTHING.

To change your MCO:

Phone: Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.

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

Mail: If you wish, you may request a paper form to send your choice by mail. To request a paper form, call Iowa Medicaid Member Services at **1-800-338-8366**.

If you decide to change your MCO, your coverage with your new MCO will begin on **<<Coverage Begin Date>>**. After your Annual Enrollment Period has ended, and throughout the year, you may change your MCO for reasons of “Good Cause.” For more information, please refer to the IA Health Link member handbook or call Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** in the Des Moines area.

470-5440 (12/16)

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>	<###-###-####>

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 telefónicamente.

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.

Iowa Department of Human Services

ia health link

Comm. 504 (11/16)

Managed Care Organization (MCO) Summary:

Choose From 3 MCOs:	Amerigroup An Anthem Company	AmeriHealth Caritas Iowa	UnitedHealthcare Community Plan
Website Features members portal, provider search directory and more.	myamerigroup.com/IA	amerihealthcaritas.com	UHCCommunityPlan.com
Member Services For questions about your coverage and assistance accessing benefits.	1-800-600-4441 (TTY 711)	1-855-332-2440 (TTY 1-844-214-2471)	1-800-464-9484 (TTY 711)
Covered Benefits*			
Preventive Services	● ■	● ■	● ■
Primary Care	● ■	● ■	● ■
Hospital Services	● ■	● ■	● ■
Emergency Care	● ■	● ■	● ■
Behavioral Health	● ■ **	● ■ **	● ■ **
Outpatient Therapy	● ■	● ■	● ■
Prescription Drugs	● ■	● ■	● ■
Long Term Services and Supports (LTSS)	●	●	●

These symbols mean the MCO offers the service for the coverage group: ● *Medicaid* ■ *Iowa Health and Wellness Plan*

*Iowa Family Planning Network (IFPN) members have a limited benefit package.
**Iowa Health and Wellness Plan (IHAWP) members have limited behavioral health benefits.
Detailed benefit information by coverage group is available at www.IAHealthLink.gov.

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

Amerigroup An Anthem Company	AmeriHealth Caritas Iowa	UnitedHealthcare Community Plan
Value-Added Services* **** • Boys and Girls Club memberships. • Virtual physician visits with video streaming. • Online kiosks in rural communities. • Telephone coaching sessions, educational print materials and a breath easy guidebook. • Waive co-pays for physical, preventative, wellness and behavior health. • Earn incentives and rewards for healthy activities and behaviors. • Weight Watchers for members 18 and older who meet participation requirements. • Healthy families: outreach and education for a healthier lifestyle for children ages 7-13. • Personal exercise kit for members with clinical diagnosis of obesity. • Free cell phone program for qualified members. • HiSet (high school equivalency test): Pays for preparation courses as well as the full battery of tests for qualified members. • Supported employment program: for members participating in brain injury and intellectual disability waiver programs, above current policy guidelines. • Home delivered meals program.	**Value-Added Services*** **** • Education and support during and after pregnancy. • Community baby showers. • In home health monitoring for chronic conditions using telephone or other technology. • Mobile health units. • Healthy Hoops: Asthma screening and education program. • Member wellness centers (at select locations) • Members eligible for pharmacy benefits will be able to get medicines that help you stop smoking or using tobacco products. • Earn incentives and rewards for healthy activities and behaviors. • Weight management program. • Lose to Win: education and counseling for members with diabetes. • Paid gym membership to select gyms after a certain amount of visits. • Nutrition counseling for members with certain health conditions. • Community health fairs to provide health information and education. • Free cell phone program to qualified members. • Support for members who wish to get their GED. This includes paying for testing fees, and providing motivational coaching.	**Value-Added Services*** **** • Education and support during and after pregnancy. • Community baby showers. • Pre-natal and post-natal text messages for health and safety tips. • Community health workers. • KidHealth: online health program. • School, sport or camp physicals for kids ages 4-19. • Quitline Iowa coaches and helps member stop smoking. • No co-pays, except for ER visits. • Earn incentives and rewards for healthy activities and behaviors. • Weight Watchers for select members who qualify. • Join for ME: helps kids reach a healthy weight. • Liveandworkwell.com covers topics on work/life balance and weight loss. • Learn about food shopping and making healthy meals on a budget. • Nutrition counseling. • Community health fairs to provide health information and education. • Free cell phone program to qualified members. • Provide rides for eligible members to and from doctor or therapy visits, when standard transportation benefits not covered.

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

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Iowa Department of Human Services

dwp dental wellness plan

Your Annual Enrollment Period Has Begun.

<Date> , <Case Number>

You/your family are currently enrolled in the Dental Wellness Plan with dental coverage through a dental carrier. You have two dental carriers to choose from for your Dental Wellness Plan coverage. You may change your dental carrier each year during your Annual Enrollment Period.

Your Annual Enrollment Period Has Begun, and Ends <<End Date>>

During this Annual Enrollment Period the person(s) listed on this letter has the opportunity to change their dental carrier for any reason.

In this mailing you will find information about the two dental carriers that you can choose from:

- **Delta Dental**
- **MCNA Dental**

IF YOU WANT TO KEEP THINGS JUST THE WAY THEY ARE, YOU DO NOT HAVE TO DO ANYTHING.

To change your dental carrier:

Phone: Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.

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

Mail: If you wish, you may request a paper form to send your choice by mail. To request a paper form, call Iowa Medicaid Member Services at **1-800-338-8366**.

If you decide to change your dental carrier, your coverage with your new dental carrier will begin on **<<Coverage Begin Date>>**. After your Annual Enrollment Period has ended, and throughout the year, you may change your dental carrier for reasons of "Good Cause." For more information, please call Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** in the Des Moines area.

470-5441 (12/16)

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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.DHS.Iowa.gov/Dental-Wellness-Plan**

Iowa Department of Human Services

dwp dental wellness plan

Your Current Dental Carrier

State ID Number	Member Name	Dental Carrier	Dental Carrier Phone
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>

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mcnadental

dwp dental wellness plan

IOWA

YOU NOW HAVE A CHOICE

All Iowa Dental Wellness Plan members can choose MCNA Dental.
Our statewide network of dentists is ready to serve you!

The MCNA Dental Member Hotline

Available 7 a.m. to 7 p.m. to answer your questions.

The MCNA Dental Outreach Program

We help you understand your benefits!

MCNA Dental's Value-Added Services:

- Plan funded dental supplies upon completion of approved oral health activities.
- Easy Access to Information and Social Media

To join our plan, please carefully follow the instructions in your Choice Packet.
Find more information about MCNA Dental at our website: WWW.MCNAIA.NET
Call MCNA Dental's Member Hotline at:
1-855-247-6262

DELTA DENTAL

Delta Dental of Iowa & Dental Wellness Plan

Helping you get the dental care you need for a happy and healthy smile.

With over 45 years of experience, Delta Dental is proud to be part of the Dental Wellness Plan. As the largest dental insurance company in Iowa, we cover more Iowans and have more DWP dentists than any other dental carrier. Our goal is to give you a healthy smile.

Why you should choose Delta Dental:

- Delta Dental has served over 270,000 DWP members
- Delta Dental was the first dental carrier for DWP
- We give back to help Iowans who have dental needs
- We invest in oral health needs in all 99 counties
- Offer dental benefits for ***hawk-i***, Iowa employers and individuals

How we can help you:

- A care coordinator in your community will:
  - Help you find a dentist
  - Answer your questions
- A website where you can:
  - Get information on your dental benefits
  - Print your ID card
  - Find a dentist

Largest network of DWP dentists

Delta Dental covers more than 1 million Iowans

Iowa company with care coordinators that will help you get the care you need

Get your dental care from Iowa's dental leader – Delta Dental of Iowa.

Learn more today! DWPIowa.com (888) 472-2793

dwp dental wellness plan

Iowa Department of Human Services

Comm. 209 (Rev. 11/16)

Information About Your Privacy Rights

This notice is given to you because your health plan is Medicaid or Healthy and Well Kids in Iowa (***hawk-i***). The notice talks about your Personal Health Information (PHI), but it also includes the information for your dependent children under the health plan. This information does not affect eligibility for the health plan. PHI means records that can be used to identify you or your children who are covered by the health plan, medical care, or payment for medical care. Your PHI is protected by state and federal laws.

Your Rights to Privacy

Federal law gives you rights about PHI. You have the right to:

- Receive notice of Iowa Department of Human Services (DHS) policies and procedures used to protect your PHI.
- Ask that certain uses and disclosures of your PHI be restricted.
- Give a written request to inspect and copy your PHI.
- Give a written request that your PHI be changed.
- Ask for an accounting of disclosures by the health plan.
- Request communication of your PHI by alternative means or at an alternative address.
- Receive notice of unauthorized disclosure of your PHI.

Use and Disclosure of PHI

DHS is committed to keeping your PHI confidential and safe from being used by others without permission.

Only people who have both the need and legal right will be allowed to view your PHI. Your PHI will not be sold, used or shared for marketing or fundraising.

PLEASE READ CAREFULLY!

This notice tells you:

- ***How medical information about you may be used,***
- ***When it can be shared with others,***
- ***How you can get access to your information.***

Este aviso está disponible en español a petición.

Your health plan, Medicaid or ***hawk-i***, will ask for your written permission to release your PHI to others that are not given access to PHI under law. You may cancel your permission at any time by submitting your written instructions to the DHS Information Security and Privacy Officer.

As Required or Permitted By Law

To avoid a serious threat to health or safety: As required by law and standards of ethical conduct, we may release your PHI to the proper authorities if it is believed, in good faith, that it is necessary to prevent or minimize a serious and approaching threat to you or others' health or safety.

Treatment: Your PHI may be shared to coordinate health care. For example, your doctor may be notified about care you received in an emergency room.

Payment of medical bills: Medicaid or ***hawk-i*** may release PHI to you, your insurance company, or other third party payer, so that treatment and services provided by a medical provider may be billed and collected. Bills requesting payment may include PHI, which identifies you, your diagnosis, and any procedures or supplies used. Your PHI may be shared with a health care provider, individual or entity covered by the HIPAA privacy regulations for payment activities, such as Medicaid, Medicare or your personal health insurance carrier.

Abuse reporting: Any PHI indicating child or dependent adult abuse must be reported to authorities.

Business operations: For medical review, legal services, and auditing, include provider fraud. For example: PHI may be used to evaluate the quality of care given by the managed care program.

Health care oversight: Your PHI may be shared with agencies that monitor, investigate, inspect, discipline or license those who work in the health care system.

Specialized government functions: Your PHI may be used or shared for limited government benefits, such as public assistance benefits or benefits from the Social Security Administration.

Judicial and administrative proceedings: If you are involved in a lawsuit or other administrative proceeding, your PHI may be shared because of a court order requesting the release.

Public health: Your PHI may be shared for research purposes. Such research might try to find out whether a certain treatment is effective in curing an illness. Information that identifies you will always be removed.

As required by law: When required by law, the health plan must share PHI.

Law Enforcement: The facility may release your PHI for law enforcement purposes as required by law or in response to a court order, subpoena or warrant or other lawful process.

Responsibilities of the Health Plan

Federal law also imposes certain obligations and duties upon the health plan to safeguard your PHI. The health plan is required to:

- Provide you with this notice of the health plan's legal duties and the policies regarding the use and disclosure of your PHI.
- Maintain the privacy of your PHI in accordance with state and federal law.
- Respond to your request to restrict certain uses and disclosures of your PHI.
- Allow you to inspect and obtain a copy of your PHI during the regular business hours and according to this policy.
- Act on your request to change your PHI within 60 days, and notify you of any delay that would require the deadline to be extended by 30 days.
- Accommodate reasonable requests to communicate PHI by alternative means or methods.
- Abide by the terms of the privacy notice currently in effect.

For More Information or to Report a Problem

This notice has been provided to you as a summary of how the health plan, Medicaid or ***hawk-i***, will use your PHI and your rights about your PHI. If you have any questions, or for more information regarding your PHI, please contact the Privacy Officer at the phone number below.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Officer at the phone number listed below. You may also file a complaint with the Secretary of Health and Human Services. If you file a complaint, there will be no retaliation and you will continue to receive care and treatment.

Medicaid and ***hawk-i*** reserve the right to revise practices about Protected Health Information and to revise this notice. You may ask for a revised Notice of Privacy Practices by calling the Privacy Officer at the number below.

For more information regarding your protected health information, contact:

DHS Information Security and Privacy Officer
Department of Human Services
1305 E. Walnut Street
Des Moines, IA 50319-0114

Telephone number: **1-800-803-6591**

Discrimination is Against the Law

The Iowa Department of Human Services (DHS) 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. DHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

DHS:

- 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 DHS 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: DHS, Office of Human Resources, by emailing contactdhs@dhs.state.ia.us or in writing to:

DHS 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 DHS 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.

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).**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-338-8366 (TTY: 1-800-735-2942).**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-338-8366** (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: **1-800-735-2942**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-338-8366 (TTY: 1-800-735-2942).**

تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم ***1-800-338-8366*** (رقم هاتف الصم والبكم:***1-800-735-2942***). ملحوظة: إذا كنت

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-338-8366 (TTY: 1-800-735-2942).**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-338-8366 (TTY: 1-800-735-2942)** 전화해 주십시오.

ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।

1-800-338-8366 (TTY: 1-800-735-2942) पर कॉल कर ।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-338-8366 (ATS: 1-800-735-2942).**

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1-800-338-8366 (TTY: 1-800-735-2942).**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-338-8366 (TTY: 1-800-735-2942).**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-338-8366 (TTY: 1-800-735-2942).**

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး **1-800-338-8366 (TTY: 1-800-735-2942).**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-338-8366** (телетайп: **1-800-735-2942**).

Comm. 209 (Rev. 11/16)