

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

470-4204

Sample Outer Mailing Envelope

Iowa Department of Human Services
Iowa Wellness Plan
READ THIS LETTER CAREFULLY !!!

Notice Date: 00/00/00

County Number: 77 POLK
Worker #: 0000
Case Number: x000000000

Member Name
Address 1
Address 2
City state Zip

Welcome to the Iowa Wellness Plan. Enclosed you will find information that will help you to understand your health plan. The members listed below must select a primary health care provider from the enclosed list.

Please contact Iowa Medicaid Member Services to choose a provider.
You may contact Member Services with your selection in one of the following ways:

- Phone: Call 1-800-338-8366. In the Des Moines area call 515-256-4606
- Mail: Members may mail in the enclosed enrollment form with a selection
- Fax: Fax completed enrollment form to 515-725-1351
- Email: Scan and email completed enrollment form to
ImeMemberServices@dhs.state.ia.us

Please include each member's ID number, provider choice, and telephone number.
We may contact you if we have any questions.

It is IMPORTANT that you contact Member Services with your choice of provider by:
00/00/00

You will be enrolled with the provider below if you do not contact Member Services with a provider choice by this date.

You may change your provider for any reason within 90 days of this letter, by contacting Member Services. After that you will be required to stay with the same provider for a minimum of twelve months. For information on your right to disenroll for a good cause, please refer to (insert publication name here).

EM 8-M Enrollment
IAC 441-88.3, 88.23, 88.46

Provider Name : PROVIDER NAME
Provider Address : PROVIDER ADDRESS

Provider Telephone : PROVIDER TELEPHONE

Person ID Number Member Name

1111111A Member Name



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date

«Name»

«Address_Line_1»

«Address_Line_2»

«City_State_Zip»

Name: _____ (Auto Entry) _____ Medicaid Member ID # _____ (Auto Entry) _____

Important: Please Answer the Following Questions and Return

You may have already been notified that you have been assigned to a Medicaid health plan. However, by answering the questions on the other side of this form you will help us ensure you are enrolled in the plan that best fits your medical needs.

Please answer **all** of the questions on the other side in pencil or blue or black ink and return the form.

Three ways to return this form:

1. Use the enclosed postage paid envelope OR
2. Fax it to the Iowa Medicaid Enterprise at: 515-725-1351, OR
3. Call Iowa Medicaid Member Services at at **1-800-338-8366** or locally at 515-256-4606. to complete the survey over the phone.

Need help?

If you have any questions, please call Iowa Medicaid Member Services at **1-800-338-8366** or locally at 515-256-4606.

Si necesita informacion en espanol porfavor llamenos al servicio de miembros
1-800-338-8366.

Turn Page Over: Questions on the Back Page

Name: _____ (Auto Entry) _____ Medicaid Member ID # _____ (Auto Entry) _____

Important: Please Answer the Following Questions and Return

1. Compared to other people your age, how would you rate your physical health?

Excellent Good Fair Poor

2. Compared to other people your age, how would you rate your mental health?

Excellent Good Fair Poor

3. How often do you need help from another person in doing activities like: bathing, walking, eating, managing your medications?

Never 1-2 times a week 3-4 times a week Every day

4. Other than for pregnancy, in the last six months, how many times have you stayed overnight as a patient in a hospital?

None 1 time 2 time 3 or more times

5. In the last six months, how many times have you used an emergency room?

None 1 time 2 times 3 or more times

6. In the last six months, how many times have you been seen by a doctor/nurse practitioner/physician assistant (count office/clinic visits and home visits; do not count emergency room or hospital visits)?

None 1-2 times 3-5 times More than 5 times

7. If you use drugs or alcohol, how often does it keep you from doing your daily activities?

Never Sometimes Often Always

8. If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities?

Never Sometimes Often Always

9. Do you receive Social Security disability benefits?

Yes No

Questions? Call Iowa Medicaid Member Services at 1-800-338-8366 or locally at 515-256-4606.



Iowa Wellness Plan Enrollment Form

You may use this form to enroll with an Iowa Wellness Plan provider or a Health Maintenance Organization. If you have any questions about how to complete this form or your enrollment options, call 1-800-338-8366 or 515-256-4606, Monday-Friday from 8:00 am – 5:00pm. To complete this form, follow the instructions listed below:

1. Please write the county that you live in and today's date.
2. Print the name and Person ID number for each person you wish to enroll. The Person ID number is listed on the Notice of Decision you received in this packet.
3. If choosing an Iowa Wellness Plan provider, please review the list of approved doctors within this packet. Write the Doctor/Clinic name, address, and county for each member in the table below.
4. If you live in a county that has an HMO and you would like to select the HMO, please write the name of the HMO in the Doctor/Clinic/HMO Name column, for each member in the table below.
5. After you complete the form, write your current address, phone number and sign your name on the bottom line.
6. Fold the form so that the BUSINESS REPLY MAIL shows on the outside. Wet along the side of the form to seal. You do not need a stamp to return this form by mail.

The county you live in: _____

Today's date: _____

Name of Person to Enroll	Date of Birth	Person ID Number	Doctor/Clinic/HMO Name	Address	County of Doctor/Clinic

Reason for changing provider: _____

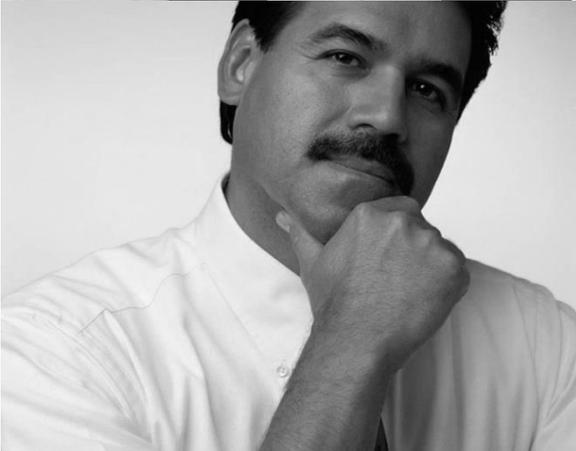
_____ **Your address (Street, City and Zip Code)**

_____ **Your Phone**

_____ **Sign Here**



Managed Health Care



Iowa Wellness Plan



Member Services:
Toll Free: 1-800-338-8366
Local: 515-256-4606

Website: www.ime.state.ia.us Email: IMEMemberServices@dhs.state.ia.us

Para solicitar este folleto en español, por favor póngase en contacto con Servicios para Miembros

Member Services
Toll Free: 1-800-338-8366
In the Des Moines area: 515-256-4606
Fax: 515-725-1351
Email: IMEMemberServices@dhs.state.ia.us

Table of Contents

The Iowa Wellness Plan.....	1
Important Iowa Wellness Plan Enrollment Information	1
Special Notice Relating to Federally Qualified Health Centers	2
Interpreter Services.....	2
Medical Assistance Eligibility Card	3
Choosing an Iowa Wellness Plan Provider	3
Can I Change Providers Later?	4
Member Requested Disenrollment for “Good Cause”	4
What Happens if I Move?	5
Smoking Cessation	5
Accessing Services Covered by the Iowa Wellness Plan.....	6
Iowa Plan for Behavioral Health.....	7
Important Notes.....	7
Emergency (ER) and Urgent Care.....	8
Enrollee Rights & Responsibilities	9
Appeals and Grievances.....	10
Questions.....	12
Important Contact Information.....	12

The Iowa Wellness Plan

Welcome to the Iowa Wellness Plan. This booklet will give you information about the Iowa Wellness Plan and what services you have access to. The Iowa Wellness Plan is available to Iowans, like you, who are 19 to 64 years of age and are eligible. The Iowa Wellness Plan provides health care that allows you to be more involved in your overall wellness.

With the Iowa Wellness Plan you will have health care that includes:

- ◆ Emergency services
- ◆ Hospitalization
- ◆ Laboratory services
- ◆ Physician services
- ◆ Prescription drug services
- ◆ Preventive and wellness services and chronic disease management
- ◆ Rehabilitative and habilitative services (60 visits covered annually)

Please take a few minutes to review the information in this booklet and if you have any questions, contact the Member Services Call Center at 1-800-338-8366 or in the Des Moines area at 515-256-4606, Monday through Friday from 8:00am – 5:00pm.

Important Iowa Wellness Plan Enrollment Information

All members are given an opportunity to select between a Primary Care Provider (PCP) or a Health Maintenance Organization (HMO) if available in their county. Here are some important things to remember:

- ◆ Initial selections are **required** to be made by the date listed in the welcome letter.
- ◆ If no selection is made you **will be** assigned to the provider in the welcome letter.
- ◆ Certain providers may have limitations and you may be asked to contact their office to approve the enrollment.
- ◆ If you apply on or before the 15th of the month, enrollment will take effect the following month. If you apply after the 15th of the month, enrollment may take effect the second month after your application submission.
- ◆ You may change your provider for any reason within 90 days of your initial welcome letter. If a change is made, you should know the following:
 - A change will not take effect immediately but for the following available month.
 - If you need to see the provider before your new provider takes effect, you need to contact your current assigned provider and obtain a referral. Otherwise services may not be covered.
- ◆ Once the 90 day period has ended, you are expected to stay with your selected PCP or HMO.
- ◆ If after the 90 days you need to change your PCP or HMO, you will need to explain why you are requesting a change, for example :
 - Trouble accessing care; or
 - Breakdown in doctor/patient relationship

Special Notice Relating to Federally Qualified Health Centers

Some Medicaid providers are **F**ederally **Q**ualified **H**ealth **C**enters (FQHC). These providers are clinics that offer a wide variety of services at a single location. Some additional services could include the following: better understanding of ethnic culture and customs relating to health care, foreign language translation, transportation to clinic/home, health and wellness education and training, dental, or pharmacy services. If you want to have access to an FQHC, make sure to choose a provider that is listed with a FQHC. Some of the FQHCs available include the following:

All Care Community Health Center, Inc.
Council Bluffs, Iowa
712-325-1990

Linn Community Care
Cedar Rapids, Iowa
319-730-7300

Proteus, Inc.
Des Moines, Iowa
515-271-5303

Community Health Care
Davenport, Iowa
563-336-3000

Peoples Community Health Clinic
Waterloo, Iowa
319-272-4300

River Hills Community Health
Ottumwa, Iowa
641-683-5773

Community Health Care of Fort Dodge
Fort Dodge, Iowa
515-576-6500

Primary Health Care Inc.
3905 E. 29th St.
Des Moines, Iowa
515-248-1600

Siouxland Community Health Center
Sioux City, Iowa
712-252-2477

Community Health Centers of Southeastern Iowa
West Burlington, Iowa
319-768-5858

Primary Health Care Inc.
2353 SE 14th St.
Des Moines, Iowa
515-248-1400

United Community Health Center
Storm Lake, Iowa
712-213-0109

Community Health Centers of Southern Iowa
Leon, Iowa
641-446-2383

Promise Community Health Center
Sioux Center, Iowa
712-722-1700

Note: Some FQHCs have multiple locations. Call the number listed for an FQHC above for more information.

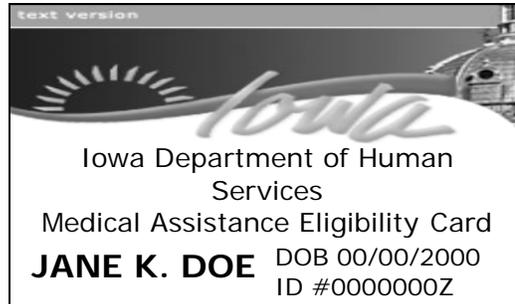
Interpreter Services

Iowa Medicaid can arrange for an interpreter to help you speak with us in almost any language. Please call Member Services for help at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606.

Medical Assistance Eligibility Card

All members receive a new *Medical Assistance Eligibility Card*, form 470-1911.

- ◆ **Keep** your card until you get a new one.
- ◆ **Always** carry your card with you and don't let anyone else use it.
- ◆ **Show** your card to the provider every time you get care.
- ◆ If you **lose** your card, **call** Member Services to ask for a new one.
- ◆ If you go off of the Iowa Wellness Plan and come back on, a new card will not be issued. **Please contact Member Services to request a new card.**



Choosing an Iowa Wellness Plan Provider



Now that you are enrolled in the Iowa Wellness Plan, contact the Iowa Medicaid Member Services call center to select a primary care provider (PCP) or HMO from the list included with your Iowa Wellness Plan enrollment packet. You may enroll in the following ways:

- ◆ Complete the beige enrollment form included with your Iowa Wellness Plan enrollment packet, seal it, and return it by mail at no cost to you.
- ◆ Call the Member Services Call Center, Monday through Friday from 8:00am – 5:00pm. Toll free: 1-800-338-8366 or in the Des Moines area at 515-256-4606.
- ◆ E-Mail Member Services at IMEMemberServices@dhs.state.ia.us.
- ◆ Fax your beige enrollment form to 515-725-1351.

Important Notes:

- ◆ If you are pregnant you must notify the Department of Human Services (DHS) once the baby has been born. You may reach DHS by calling 1-877-347-5678.
- ◆ When the baby has been enrolled with Iowa Medicaid you will get a welcome packet in the mail which explains the health coverage for the baby.

Can I Change Providers Later?

It is best to have a provider that you are comfortable with and can help you meet your medical needs. The program requires that you select a provider who is enrolled as an Iowa Wellness Plan provider. If a Health Maintenance Organization (HMO) option is available in your county, you may choose this option and receive most of your medical care from the HMO providers. You may contact the HMO directly for more information.

You will need to select a primary care provider or HMO when you are first enrolled in the Iowa Wellness Plan. If you do not select a provider or HMO, one will be selected for you. If you wish to change your initial selection, you will have 90 days to make that change. You must remain with your selected provider for a total of 12 months.

Changes cannot be made during the 12 month enrollment period with the exception of the following:

- ◆ A request for disenrollment by the member for **good cause**.
- ◆ A request for disenrollment by the provider for **good cause**.
- ◆ Availability of a new, previously unavailable Iowa Wellness Plan provider or HMO (In this instance, members will be allowed to select that provider for the remainder of the current enrollment period).

You will receive a notice in the mail approximately sixty days before the end of your 12 month enrollment which tells you that can change your doctor if you choose.

Member Requested Disenrollment for “Good Cause”

During the 12 month closed enrollment period members cannot change their primary care providers (PCP) or HMO provider without good cause. Because we want you to be happy with your provider you may contact Iowa Medicaid Member Services to explain why you need to change your PCP during your closed enrollment period. Some examples of good cause reasons include:

- ◆ Trouble accessing care.
- ◆ Breakdown in doctor/patient relationship.
- ◆ New provider in the area.

What Happens if I Move?



If you move, please contact the Department of Human Services call center at 1-877-347-5678. If you move to another county, you may get a new enrollment packet in the mail instructing you to choose a new provider in your new area. Please contact Member Services to choose a new provider.

If you move in the middle of a month, contact the provider you are currently enrolled with to ask for a referral to a provider in your new area.

Smoking Cessation

Iowa Wellness Plan members can get help with quitting the use of tobacco products and smoking. The program is free of charge to all Iowa Wellness Plan members who are age 18 and over. The program provides telephonic support through Quitline Iowa and pharmacy services for payment for nicotine replacement therapy such as patches and gum. In addition, some other drugs may be covered such as Chantix, when properly prescribed by your medical provider.

Members can get help for smoking cessation:

- Call the toll free tobacco cessation helpline at: 1-800-784-8669 (8AM to midnight).
- TDD Line for the hearing impaired at: 1-866-822-2857.
- Your medical provider can assist with a prior authorization for medications for nicotine dependence.

Accessing Services Covered by the Iowa Wellness Plan

PCP	HMO*
<p>When enrolled in the Iowa Wellness Plan, you can select a primary care provider (PCP). Some services may need a referral from your PCP. You must see your PCP or have a referral for the services listed below:</p> <ul style="list-style-type: none"> ◆ Inpatient Hospital Services ◆ Outpatient Hospital Services ◆ Podiatry Services ◆ Home Health Services ◆ Clinic Services (Rural Health Centers, Federally Qualified Health Centers, Maternal Health Clinics, Ambulatory Surgical Centers, Genetic Consultation, and Birthing Centers) ◆ Lab and X-Ray Services ◆ Medical Equipment ◆ Services by Other Physicians ◆ Other Practitioners such as physical therapists, audiologists, rehabilitation agencies, and nurse anesthetists (except for mental health providers) <p>You may receive the following services without contacting your provider:</p> <ul style="list-style-type: none"> ◆ Skilled Care (covered for 120 days annually) ◆ Prescription Drugs ◆ Chiropractic Services ◆ Ambulance Services ◆ Family Planning Services ◆ Rehabilitative Services (60 visits covered annually) ◆ Vision Care Exams ◆ Ophthalmology Services ◆ Dental Services (coverage for dental services will begin after January 1, 2014, members will be notified when coverage becomes available) 	<p>Members who chose the HMO option will contact the HMO call center for more detailed information. Services covered by the HMO are the same as those provided by a PCP and include:</p> <ul style="list-style-type: none"> ◆ Inpatient Hospital Services ◆ Outpatient Hospital Services ◆ Podiatry Services ◆ Home Health Services ◆ Clinic Services (Rural Health Centers, Federally Qualified Health Centers, Maternal Health Clinics, Ambulatory Surgical Centers, Genetic Consultation, and Birthing Centers) ◆ Lab and X-Ray Services ◆ Medical Equipment ◆ Services by Other Physicians ◆ Other Practitioners such as physical therapists, audiologists, rehabilitation agencies, and nurse anesthetists (except for mental health providers) <p>You will be required to receive the following services from an HMO enrolled provider:</p> <ul style="list-style-type: none"> ◆ Chiropractic Services ◆ Rehabilitative Services (60 visits covered annually) ◆ Vision Care Exams <p>You may receive the following services without contacting your provider:</p> <ul style="list-style-type: none"> ◆ Skilled Care (covered for 120 days annually) ◆ Prescription Drugs** ◆ Ambulance Services for Emergencies ◆ Family Planning Services** ◆ Ophthalmology Services ◆ Dental Services** (coverage for dental services will begin after January 1, 2014, members will be notified when coverage becomes available) <p>**These services are covered by Iowa Medicaid</p>

*If you enroll with an HMO option, you will be given a 24 hour phone number. You may contact the HMO to find out what providers you can see for your medical care described above. For non-emergency care, you should always contact the 24-hour phone number for the HMO.

Iowa Plan for Behavioral Health

Most members under age 65 are enrolled in the Iowa Plan for Behavioral Health (Iowa Plan); a statewide managed care program for mental health services and substance abuse treatment. While you may never need mental health or substance abuse care, it is your right to know how to access these benefits if you are enrolled with the Iowa Plan.

Information about the Iowa Plan for Behavioral Health is available to members by calling the Iowa Plan's toll-free number: 1-800-317-3738. If a member is enrolled with the Iowa Plan, they will receive a packet of information about the plan shortly after they become eligible for Medicaid. Most providers are enrolled with the Iowa Plan, if one is not they may sign up by also calling the toll free number.

Important Notes

- ◆ For **Mental Health or Substance Abuse Services**, you should call **1-800-317-3738** whether or not you are enrolled with a PCP or an HMO.
- ◆ Your provider is responsible for helping you meet your health care needs. If you feel you are not getting the care that you need, call the Member Services Call Center at 1-800-338-8366.
- ◆ If you do **not** show your medical card to the provider or hospital and do **not** have a referral from the provider for non-emergency care, you may have to pay the bill yourself.
- ◆ Iowa Medicaid only pays for services given by providers who are **enrolled** with the Iowa Medicaid program. For the Iowa Wellness Plan, payment will not be made to any provider who is not enrolled with Iowa Medicaid even if your PCP has given you a referral. For members who have chosen the HMO, you must see providers who are contracted with your HMO.

Emergency (ER) and Urgent Care

Emergent Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.

If you have a serious or disabling emergency, you do not need to call your primary care provider (PCP) or your HMO. Go directly to the nearest hospital emergency room. **For emergencies only call 911 for an ambulance.**

The following are examples of emergencies:



- ◆ *A serious accident*
- ◆ *Poisoning*
- ◆ *Heart Attack*
- ◆ *Stroke*
- ◆ *Severe bleeding*
- ◆ *Severe burns*
- ◆ *Severe shortness of breath*

You must contact your provider for all follow-up care. Do not return to the emergency room for the follow-up care. Your provider will either provide or authorize this care.

Urgent Care

Urgent care is when you are not in a life-threatening or a permanent disability situation and have time to call your provider.

If you have an urgent care situation, you should call your PCP or HMO to get instructions. The following are some examples of urgent care:

- ◆ *Fever*
- ◆ *Stomach pain*
- ◆ *Earaches*
- ◆ *Upper Respiratory Infection*
- ◆ *Sore throat*
- ◆ *Minor cuts and lacerations*

Enrollee Rights & Responsibilities

Enrollee Rights

- ◆ To receive timely, appropriate, and accessible medical care.
- ◆ To obtain a second opinion regarding a medical diagnosis with a referral from your provider.
- ◆ To choose the provider of your choice from the available Iowa Wellness Plan providers.
- ◆ To change your provider as allowed by program policy.
- ◆ To appeal.
- ◆ To be treated with respect and dignity.
- ◆ To be treated without discrimination with regard to sex, age, race, national origin, creed, color, physical or mental disability, religion, or political belief.
- ◆ To participate in decisions regarding your health care, including the right to refuse treatment.



Enrollee Responsibilities

- ◆ To be knowledgeable about your medical coverage.
- ◆ To obtain routine and ongoing care from your primary care provider in an office setting.
- ◆ To obtain referrals prior to receiving specialty and non-emergent care from providers other than your Iowa Wellness Plan provider.
- ◆ To contact your Iowa Wellness Plan provider prior to emergency room visits with the exception of situations requiring emergency care. (See to page 8 for the definition of emergency situations).
- ◆ To carry your current medical assistance card at all times and present it when accessing medical care.
- ◆ To notify your caseworker if you move or have incorrect information printed on your medical card.
- ◆ To be responsible for any medical bills if you do not present your medical card at the time of your visit or if you do not have appropriate referrals/authorization from your Iowa Wellness Plan provider.
- ◆ To be responsible for any medical bills for services provided by a practitioner who is not participating in the Iowa Wellness Plan OR for HMO enrollees, seeing a provider not contracted with the HMO without the express permission of the HMO.
- ◆ To not allow for your medical card or member identification number to be used by anyone else.
- ◆ If you suspect that someone is misusing their Medicaid benefits or someone who is not your provider requests your Medicaid information, please call the Iowa Department of Human Services at 1-800-831-1394, Monday through Friday 7am till 6pm.

Appeals and Grievances

Appeals: An Appeal is a formal process of decision involving the Department of Human Services and the Department of Inspections and Appeals for issues such as unpaid medical bills.

Grievances: A Grievance is a complaint involving access to care, quality of care, or communication issues with your primary care physician.

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 must appeal in writing 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?

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 of a decision or
- 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. The 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 515-243-1193.

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 – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

Right to Submit a Grievance

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in an HMO, please contact the HMO and work through their grievance process. If you feel that the HMO is not acting on your complaint, you may contact the Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

If you want to file a complaint involving access to care, quality of care, communication issues with your primary care provider, or unpaid medical bills and you are enrolled in the Iowa Wellness Plan, please contact the Member Services Call Center at 1-800-338-8366 toll free or 515-256-4606 in the Des Moines area.

Questions

If you have questions about Iowa Medicaid or the Iowa Wellness Plan you may contact the Member Services Call Center. If you have questions about the HMO, you may contact the HMO 24 hour phone number listed below.

Important Contact Information

Use this page to keep track of important phone numbers for all your health care needs. Keep this near your phone for use in contacting the right people to help you with your health care.

Member Services Call Center

Toll Free: 1-800-338-8366

In the Des Moines area: 515-256-4606

Email: IMEMemberServices@dhs.state.ia.us

Hours of operation: Monday through Friday 8:00am to 5:00pm

Mental Health and Substance Abuse

Toll Free: 1-800-317-3738 (24 hours per day)

Meridian HMO

Toll Free: 1-877-204-9132 (24 hours per day)

Iowa Wellness Plan

Primary Care Provider: _____

Hospital: _____

Emergency: 911

Website: www.ime.state.ia.us Email: IMEMemberServices@dhs.state.us