Department of HUMAN SERVICES

ia health link

Comm. 499 (Rev. 11/19)

Managed Care Enrollment

Process

New Member Process

Initial and Ongoing Eligibility
Iowa Department of Human Services (DHS) determines eligibility.

Medicaid Eligibility Card
Approximately seven days after eligibility is determined an Iowa Medicaid eligibility card is sent to the member.

Choice Date Cut-Off	Effective Date
December 19, 2019	January 1, 2020
January 16, 2020	February 1, 2020
February 17, 2020	March 1, 2020
March 19, 2020	April 1, 2020
April 16, 2020	May 1, 2020
May 19, 2020	June 1, 2020
June 18, 2020	July 1, 2020
July 17, 2020	August 1, 2020
August 19, 2020	September 1, 2020
September 17, 2020	October 1, 2020
October 19, 2020	November 1, 2020
November 18, 2020	December 1, 2020

Choice Date Cut-off: Members must change their MCO by this date for the change to take effect by the Effective Date.

Effective Date: Date the MCO change will take effect.

IA Health Link Enrollment Packet
Approximately 1-2 weeks after eligibility is determined, members receive their IA Health Link enrollment packet which includes their Managed Care Organization (MCO) assignment, choice period end date, flyers for the MCOs and an enrollment form to change their MCO.

Choice (Optional)
Members may submit their choice to Iowa Medicaid Member Services by phone, fax, email or mail. Members are notified of their effective date.
(See choice dates to left.)

Confirmation of Coverage Letter
Confirmation of Coverage Letters are sent to members who change their MCO from their initial assignment. This letter includes the name of the MCO who will be providing their coverage and the effective date of that coverage with their MCO.

MCO Card
The member's MCO begins sending outreach materials and the MCO member ID card within seven days of receipt of enrollment information.

Coverage Begins
The member begins receiving coverage from their selected or assigned MCO.

Choice Continues
Members have 90 days from their choice period end date provided in their enrollment packet to change their MCO for any reason. After that, members may change their MCO for reasons of "Good Cause," such as their provider not being in their MCO's network. Members also have an annual choice period, which coincides with their initial enrollment in managed care.