

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Member Guide

CONTINUOUS COVERAGE REQUIREMENT UNWIND PLAN
2023

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Overview

This is a guide for Iowa Medicaid members to help them understand the Continuous Coverage Unwind Plan and what it means for their healthcare. Included in this guide are:

- An explanation of the plan's phases and what to expect in each phase.
- Examples upcoming mailings that will be sent to the member.
- Resources for if a member is decided to be ineligible for Medicaid.
- Medicaid resources.
- Important contacts for members.

UNWIND PHASES

The Continuous Coverage Unwind is split into four different parts. The part of the plan you find yourself in may be different from someone else.

- **GREEN PHASE**

Update your contact information with Iowa HHS and your MCO, if applicable. This makes sure that you get important information about your health coverage.

- **BLUE PHASE**

Prepare yourself for what to expect during the Unwind Plan. Learn about the Unwind Plan on our website and keep an eye out on your mailbox for your renewal form or any other mail from Iowa HHS.

- **RED PHASE**

Once you get your renewal form in the mail, fill it out and send it back to Iowa HHS. If you need help with your form, call 1-800-338-8366. Then make sure you check your mail in case Iowa HHS needs any other information from you. Make sure you respond quickly to avoid any delays in your health coverage.

- **YELLOW PHASE**

After you turn in your renewal form, you can check to see your status on the HHS member portal, or you can wait for your eligibility decision to come in the mail. If you learn that you no longer qualify for Medicaid, visit our website [resource page](#) and learn where you can find other affordable health insurance in Iowa.

Mailing Examples

You've been told to wait for your renewal letter in the mail – but what should you do when it arrives? Below are some mailings that will be coming your way soon, and how you should respond to each of them.

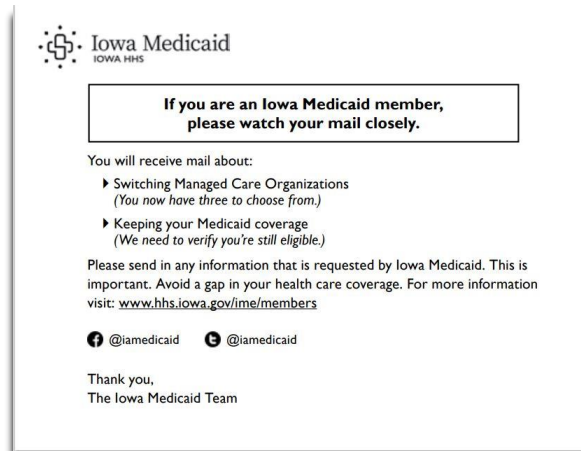
OPEN ENROLLMENT/UNWIND POSTCARD

This postcard is a notice to members to remind them to watch their mail closely over the next few months, so they don't miss any important information from Iowa HHS.

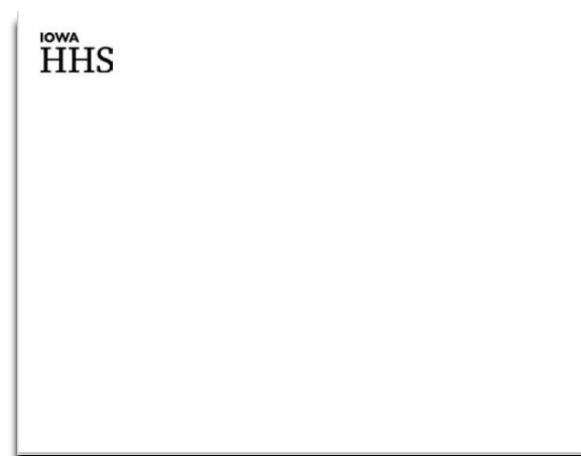
In the next few months, members will receive their open enrollment mailing and their renewal forms. Both will need to be filled out and sent to Iowa HHS when the member receives them.

When you receive this postcard, you do not need to respond to it. However, you should keep a careful eye on your mailbox.

Front



Back



MEDICAID/HAWKI RENEWAL FORM

On December 31, 2023, the Consolidated Appropriations Act was signed into law. This ends the requirement that Iowa Medicaid must keep all members enrolled no matter their eligibility status.

Over the next 12 months, members will receive a renewal form in the mail from Iowa HHS. This form is required to determine if members continue to be eligible for Medicaid.

There are two separate renewal forms. You will receive either the Medicaid/Hawki Review form or the Medicaid/State Supp Review form depending on which type of Medicaid coverage you currently have. Most families and children will receive a Medicaid/Hawki review. Below is an image of the first page of the Medicaid/Hawki review form members will receive in the mail. To see what the entire form looks like, you can view it [here](#).

IOWA DEPT. OF HUMAN SERVICES

Iowa Department of Human Services

Medicaid/Hawki Review

Para traducción al español: 1-877-347-5678
USE ONLY BLUE OR BLACK INK.

IOWA DEPT. OF HUMAN SERVICES

Due Date	Case Number	County Number	Worker Name
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It's time to review your case. This information will be used to decide if you will continue to get Medicaid/Hawki.

You can provide the information in this form in any one of these ways

- **By mail:** Complete and mail this form using the envelope that was included. Be sure to mail it to the address above.
- **In-person:** Bring the completed form to your local DHS office.

How to Complete this Form

1. Answer all of the questions on the form.
2. Read the information about you and each member of your household. Add any missing information. If any information has changed, write in the new information.
3. Sign the form on page 8.
4. **Return this form by** . If you do not return the form by this deadline, you may lose your Medicaid or Hawki coverage.

What We Need

We need information about each person living in your household and listed on your tax return, including:

- Those who get Medicaid or Hawki now.
- Those who do not get Medicaid or Hawki now but would like to apply, **and**
- Others who live in the household and do not get Medicaid or Hawki but do not want to apply.

We will check your answers using information from electronic data sources. If the information does not match, we may ask you to send more information.

If you do not qualify for Medicaid or Hawki

If you do not qualify for Medicaid or Hawki, we may refer you to the federal market place to see if you qualify for other kinds of health coverage.

What if I have questions?

Call your worker at _____ or _____.

Your Contact Information

Review your contact information here.	Correct any wrong or missing information here.
	Name (first, middle, last & suffix)
Home Address	Home Address
	City (home) State ZIP Code
	Mailing Address
Mailing Address	City (mailing) State ZIP Code
	Best phone number to reach you: <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Email address, if you have one:

MEDICAID/STATE SUPPLEMENTAL ASSISTANCE REVIEW FORM

The alternate review form shown below is the Medicaid/State Supp Review. This review is issued to members who receive Medicaid based on eligibility due to being aged, blind, or disabled.

If you receive this form, fill it out and send it back right away. Otherwise, it could delay your health coverage. To view the entire Medicaid/State Supplemental Review form, click [here](#).

Iowa Department of Human Services Medicaid/State Supp Review			
Para traducción al español: 1-877-347-5678 USE ONLY BLUE OR BLACK INK.			
IOWA DEPT. OF HUMAN SERVICES			
Due Date	Case Number	County Number	Worker Name
It is time for your eligibility for Medicaid or State Supplementary Assistance to be reviewed. This information will be used to decide if you will continue to get Medicaid.			
You can provide the information in this form in any one of these ways			
<ul style="list-style-type: none"> • By mail: Complete and mail this form using the envelope that was included. Be sure to mail it to the address above. • In-person: Bring the completed form to your local DHS office. 			
How to Complete this Form			
<ol style="list-style-type: none"> 1. Answer all of the questions on the form. 2. Read the information about you and each member of your household. Add any missing information. If any information has changed, write in the new information. 3. If you have proof of your income, expenses, and resources/assets, you may send it with this review. This may speed up the processing of your review. Send copies because we cannot return the originals to you. 3. Sign the form on page 5. Your signature is required for the form to be considered complete. 4. Return this form by . If you do not return the form by this deadline, you may lose your Medicaid or State Supplementary Assistance coverage. 			
What if I have questions?			
Call your worker at or .			
Your Contact Information			
Review your contact information here.		Correct any wrong or missing information here.	
Home Address		Name <i>(first, middle, last & suffix)</i>	
Mailing Address		Home Address	
		City <i>(home)</i>	State ZIP Code
Mailing Address		Mailing Address	
		City <i>(mailing)</i>	State ZIP Code
		Best phone number to reach you: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
		Email address, if you have one:	
470-5482(M) (Rev. 02/22) Page 1			

OPEN ENROLLMENT MAILING

Iowa Medicaid is welcoming a new MCO into our Iowa Health Link program. Because of this, all Medicaid members will have an open enrollment period in the spring of 2023 instead of their normal open choice period.

This mailing will be going out to members at approximately the same time as some of the unwind renewal forms. Note that these are two different mailings that each need to be completed and returned to Iowa HHS as soon as you are able.

See the forms that will be included in the open enrollment mailings below:

Iowa Health Link

Form Number/Name	Visual
<p>470-5356: MCO Change Form</p>	
<p>470-5440: New Choice Form</p>	

**Comm123: Estate
Recovery Form**



**Important Information for you and Your Family
Members About the Estate Recovery Program**

Iowa Medicaid is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a monthly fee, referred to as a capitation fee, to manage and pay for your medical services. Iowa Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. When you received Medicaid benefits, which includes capitation fees paid to managed care organizations, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. The state will never ask for more money back than it paid. Estate recovery laws were passed by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Iowa Department of Health and Human Services (IOWA HHS).

Who does estate recovery impact?

Estate recovery only applies to Medicaid recipients who:

- ▶ Are age 55 or older, or
- ▶ Are under age 55 and live in a medical facility and will probably not return home.

What part of an "estate" can be recovered?

An "estate" includes all:

- ▶ Real property, such as your house, land, etc.
- ▶ Personal property, such as household goods, personal effects, cars, etc. or
- ▶ Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and retained life estates.

Can repayment be delayed?

Medicaid repayment can be delayed if the repayment will create a hardship for your family. DHS decides, on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery and repayment. Your family will have 30 days from when the letter is received to apply for hardship. Hardship exists for a person applying for the waiver when:

- ▶ The total household income is less than 200% of the federal poverty level for the size of the household, and
- ▶ The total household resources are not more than \$10,000, and
- ▶ Recovering the resources of the "estate" denies your family of food, clothing, shelter or medical care that might put a person's life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under age 21, blind or disabled at your death.

**For more information, call Iowa Medicaid Member Services
Toll Free: 800-338-8366 515-256-4606 (Des Moines area)
8:00 a.m. – 5:00 p.m., Monday – Friday**

Comm123 (Rev.01/23)

ESTATE RECOVERY FREQUENTLY ASKED QUESTIONS (FAQ)

What is Medicaid estate recovery?

According to federal and state law, the money that the Medicaid program pays on behalf of a Medicaid recipient, who was age 55 or older or in a long-term care facility, is a debt owed back to the state. Upon the death of the Medicaid recipient, the Medicaid program contacts heirs or files a claim against the decedent's estate to seek reimbursement for the amount owed.

What costs will be recovered?

The debt includes all payments made by the State for services or goods when the recipient was age 55 years or older or of any age and living in a long-term care facility, except for some payments made under the Medicare Cost Sharing program. The recovery includes the full amount of capitation payments made to a managed care organization, including medical and dental, even if the plan did not pay for any services.

The recovery includes the full amount of capitation payments made to a managed care organization, including medical and dental, even if the plan did not pay for any services.

What part of the estate can be recovered?

Any assets owned by the deceased member or any interest in an asset that the member had at the moment before death are subject to recovery.

Court costs, the cost of administering the estate, funeral expenses, medical bills of the last illness, federal and state taxes can be paid prior to the estate recovery claim. The State's Medicaid claim must be satisfied before any lower-class creditors or heirs receive any assets or money.

Will Medicaid take the house?

No, Medicaid does not "take houses". Medicaid is a potential claimant in the estate. Houses may need to be sold to pay the debts of an estate, regardless of whether Medicaid has a claim in an estate.

Are there circumstances for which Medicaid would not collect its claim?

Waivers of the claims for spouses, disabled children, and minor children delay payment until the death of a spouse or disabled child, or until a minor child turns 21. If there are enough assets to pay the claim when it is due, then the claim must be paid in full.

Can Estate Recovery Program waive its claim if there is a hardship?

Any person who receives assets from the estate may request a hardship waiver if recovery would create a hardship. The guidelines for a hardship waiver are in the Iowa Administrative Code for income, assets, and if the heir would be deprived of food, clothing, shelter, or medical care such that life or health would be endangered. An heir's reduced inheritance due to recovery is not considered a hardship.

MORE INFORMATION

Iowa Estate Recovery Program at 877-463-7887

**Medicaid Member Services
Toll Free: 800-338-8366 515-256-4606 (Des Moines area)
8:00 a.m. – 5:00 p.m., Monday – Friday**

Comm504: MCO
Summary Insert

Iowa Health Link
IOWA HHS

	Amerigroup	iowa total care	MOLINA HEALTHCARE
Website Features members portal, provider search directory and more.	MyAmerigroup.com/IA	iowaTotalCare.com	WelcomeToMolina.com/IA
Member Services For questions about your coverage and assistance accessing benefits.	1-800-600-4441 (TTY 711)	1-833-404-1061 (TTY 711)	1-844-236-0894

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

	Amerigroup	iowa total care	MOLINA HEALTHCARE
Preventive Services	■	■	■
Telehealth Services	■	■	■
Primary Care	■	■	■
Hospital Services	■	■	■
Emergency Care	■	■	■
Behavioral Health	■	■	■
Outpatient Therapy	■	■	■
Prescription Drugs	■	■	■
Long Term Services and Supports (LTSS)	●	●	●

*Iowa Health and Wellness Plan (IHAWP) members have limited behavioral health benefits. Detailed benefit information by coverage groups available at iAHHSlink.org

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: 如果您需要语言协助, 我们提供免费的语言协助服务。请致电: 1-800-338-8366 (TTY: 1-800-735-2942)。

Iowa Medicaid Member Services: 1-800-338-8366 | www.IAHealthLink.gov

Amerigroup	iowa total care	MOLINA HEALTHCARE
Value-Added Services** <ul style="list-style-type: none"> Healthy Rewards: Earn incentives and rewards for doing things that are good for your health. Dental hygiene kit. Community Resource Link: An online database on community resources and services to help your family. Home delivered meals program for members who have been recently discharged from the hospital. Post-Discharge Stabilization Kit: Education items for recently discharged members. Mobile phone program: Phone and service for eligible households. Mobile phone app: Amerigroup helps you manage your health, whenever you go. WVW (Wegge Watchers) for members 18 and older who meet participation requirements. Personal Exercise Kit: To help you get moving at home (for adult members with clinical diagnosis of obesity). HSET (high school equivalency test) Pays for preparation course/materials/tests for qualified members. Healthy families: Outreach and education for a healthier lifestyle for children ages 7-13. Comfort items: For members in foster care or subsidized adoption. Assistive Devices: To help keep you safe and independent, for qualified members participating in certain waiver program. Durable Medical Equipment: For qualified members participating in certain waiver programs. Additional Respite Care Services: For qualified members participating in certain waiver program. Financial Management Support: For qualified members participating in certain waiver program. Travel Training: For qualified members participating in certain waiver program. Help Finding a Job: Supported employment program for members participating in brain injury and intellectual disability waiver programs, above current policy guidelines. Self-Advocacy Memberships for qualified members participating in certain waiver program. 	Value-Added Services** <ul style="list-style-type: none"> Earn dollar rewards on your My Health PayIt! Via Card for healthy activities, such as annual visits and screenings with your doctor. Member Connection® Community Health Worker Program (CHW) provides a high touch, personal level of interaction with our members that builds strong relationships and trust. FREE education and support during and after pregnancy through the Start Smart for Your Baby program. You can even earn dollar rewards just by letting us know you're pregnant. FREE breast pump to eligible pregnant mothers close to delivering. FREE education and gifts at community baby showers. FREE access to 24/7 nurse line for answers to urgent health care questions. FREE Healthy Celebration Days: Events that allow members to receive dollar rewards by receiving preventive health checkups. FREE call phone program to qualified members. FREE education on flu and COVID-19 prevention. FREE online access to myStrength.com that provides resources to help manage stress, anxiety, depression and overuse of drugs and alcohol. FREE mobile app that provides access to rewards information, ID card, and much more. FREE text notification and reminders related to benefit awareness, value adds, and service support. FREE employment and support program for members participating in brain injury and intellectual disability waiver programs. FREE access to resource specialists to help members in need of general resources, such as food, housing or waiver wait list help. FREE access to FindHelp.org, an online link to help you find local community resources and services for you and your family. FREE access to extra support and resources to help you manage your health. FREE online access to Krames Health Library to thousands of health sheets on medical conditions and medications. One FREE bottle of insect repellent of plan-designated size during 2021 to eligible members. 	Value-Added Services <ul style="list-style-type: none"> Free Healthy Rewards Program: gift cards for completing various annual visits and screenings for eligible members. Free access to community resources on health, financial support, education, emergency resources, legal support, housing, employment opportunities, transportation, and food security. Free smartphone and service plan for eligible members. Free transportation services. Free long-term care caregiver transportation for eligible members (4 one-way trips). Free Healthy Living Benefit: Variety of Assistive Devices and Adaptive Aids for eligible members (\$60 per Limit). Free community transition move-in basket for eligible members (\$50 worth of items). Free home delivered meals for members who have been discharged from the hospital. Free healthy food program for eligible members. Free pregnancy rewards program. Free annual community baby shower events and education for eligible members. Free electronic breast pump for eligible members. Free Pacify gift package for new mothers. Free Doula services for eligible members (8 Doula visits). Free car or booster seat for eligible members. Free home delivered meals for high-risk pregnant women. Free over-the-counter-pharmacy products (\$30 worth of items). Free glucometer and test strips for Health and Blood Glucose Program for eligible members. Free smoking cessation products for eligible members (\$75 per Limit). Free 13 weeks of Weight Watchers services. Free sponsored membership fees for members under the age of 19 to Boys and Girls Clubs, YMCA, or Can Play. Free ACE Assessment for members under the age of 18. Free GED exam vouchers. Free gift card for passing GED exam. Free assistance to secure legal guardianship for eligible members (up to \$500 per eligible member). MolinaHelpFinder.com: Community resources.

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


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 telefónica.

The Iowa Department of Health and Human Services (IDHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Hawki

Form Number/Name	Visual																								
<p>470-5570: MCO Change Form</p>	<p>Hawki Managed Care Organization Change</p> <p>Only fill out this form if you wish to change your MCO.</p> <p>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.</p> <p>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 wish to change MCOs during their initial enrollment period or during their annual choice period may use this form. Information about each MCO is available at www.dhs.iowa.gov/hawki. Only fill out this form if you wish to change your MCO. If you want to keep things just the way they are, you do not have to do anything.</p> <table border="1"> <thead> <tr> <th>Name of Person to Enroll*</th> <th>Date of Birth* (MM/DD/YYYY)</th> <th>ID Number*</th> <th>Check One MCO*</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="radio"/> Amerigroup Iowa, Inc. <input type="radio"/> Iowa Total Care <input type="radio"/> Molina Healthcare</td> </tr> </tbody> </table> <p>Reason for changing your MCO: _____</p> <p>Your name* _____ Your address: Street, City, Zip Code* _____ Your phone number _____</p> <p><input type="checkbox"/> *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.</p> <p>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.</p> <p>470-5570 (Rev. 1/23)</p>	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
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<p>470-5581: Hawki New Choice Form</p>	<p>Hawki Members Have a New Choice</p> <p>Starting July 1, Healthy and Well Kids in Iowa (Hawki) will have three Managed Care Organizations (MCOs) for members to enroll in: Molina Healthcare, Amerigroup and Iowa Total Care. All members in the Hawki program are now in an Open Choice Period through _____.</p> <p>This means you may choose which of the three MCOs you wish to enroll with for coverage starting July 1, 2023. Until then, you will remain with your current MCO. You may have been reassigned to a different MCO than the one you are currently enrolled with. On the back of this letter, you will find the current MCO assignment for you/your family.</p> <p>IF YOU ARE HAPPY WITH YOUR ASSIGNMENT, YOU DO NOT HAVE TO MAKE ANY CHANGES. During the Open Choice Period the person(s) listed on this letter can change their MCO for any reason. If you don't make a change by June 18, 2023, you will be enrolled with the MCO assigned to you. These are the MCOs that you can choose from:</p> <ul style="list-style-type: none"> ▶ Amerigroup Iowa, Inc. ▶ Iowa Total Care ▶ Molina Healthcare of Iowa <p>If you do not contact Hawki Member Services by _____ you will be enrolled with the MCO assigned to you on the back of this letter effective _____. After that you may change MCOs for any reason until _____. Throughout the year, you may change your MCO for reasons of "Good Cause."</p> <p>TO CHANGE YOUR MCO</p> <ul style="list-style-type: none"> Email: Hawki Member Services at hawki@dhs.state.ia.us. Mail: If you wish, you may return the MCO Enrollment form to: Member Services, PO Box 36510, Des Moines, IA 50315. Phone: Call Hawki Member Services at 1-800-257-8563 (Toll free). <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-257-8563 (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協助服務。請撥電 1-800-338-8366 (TTY: 1-800-735-2942).</p> <p>Hawki Member Services 1-800-257-8563 dhs.iowa.gov/hawki</p>																								

**Comm506: Hawki
Nondiscrimination Notice**



Discrimination is Against the Law

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

HHS

- ▶ 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 Hawki Member Services at 1-800-257-8563

If you believe that HHS 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 to HHS Office of Human Resources by emailing contact@ihs.state.ia.us or in writing to:

HHS 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, by mail or email. If you need help filing a grievance, the HHS 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>

Comm506 (Rev. 1/23)

**Comm514: Hawki MCO
Summary**






			
Website Features members portal, provider search directory and more.	MyAmerigroup.com/IA	IowaTotalCare.com	WelcomeToMolina.com/IA
Member Services For questions about your coverage and assistance accessing benefits.	1-800-400-4441 (TTY 711)	1-833-404-1061 (TTY 711)	1-844-236-0894
Covered Benefits			
Preventive Services	●	●	●
Telehealth Services	●	●	●
Routine Check-ups	●	●	●
Emergency Room	●*	●*	●*
Pharmacy/Medication	●	●	●
Allergy Testing	●	●	●
Routine Eye Exam	●**	●**	●**
Routine Hearing Exam	●	●	●
Inpatient Hospital Services	●	●	●

*Emergency services for non-emergent conditions are subject to a \$25 copay if the family pays a premium for the Hawki program.
**There is a \$100 annual limit on eyeglasses.


ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-257-8563 (TTY: 1-800-735-2942).
注意: 如果您使用繁体中文, 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).

Hawki Member Services: 1-800-257-8563 | ihs.iowa.gov/hawki

Comm514 (Rev.01/23)

		
<p>Value-Added Services**</p> <ul style="list-style-type: none"> ▶ Healthy Rewards: Earn incentives and rewards for doing things that are good for your health. ▶ Dental hygiene kit. ▶ Community Resource Link: An online database on community resources and services to help your family. ▶ Home delivered meals program for members who have been recently discharged from the hospital. ▶ Post-Discharge Stabilization Kit: Education items for recently discharged members. ▶ Mobile phone program: Phone and service for eligible households. ▶ Mobile phone app: Amerigroup helps you manage your health, wherever you go. ▶ Boys & Girls Club membership for members ages 4-18. ▶ Healthy families: Outreach and education for a healthier lifestyle for children ages 7-13. 	<p>Value-Added Services**</p> <ul style="list-style-type: none"> ▶ Earn dollar rewards on your My Health Pays® Visa Card for healthy activities, such as annual visits and screenings with your doctor. ▶ Member Connection(s): Community Health Worker Program(CHW) provides a high touch, personal level of interaction with our members that builds strong relationships and trust. ▶ FREE education and support during and after pregnancy through the Start Smart for Your Baby program. You can even earn dollar rewards just by letting us know you're pregnant. ▶ FREE breast pump to eligible pregnant mothers close to delivering. ▶ FREE education and gifts at community baby showers. ▶ FREE access to 24/7 nurse line for answers to urgent health care questions. ▶ FREE Healthy Celebration Days: Events that allow members to receive dollar rewards by receiving preventive health checkups. ▶ FREE cell phone program to qualified members. ▶ FREE education on flu and COVID-19 prevention. ▶ FREE online access to myStrength.com that provides resources to help manage stress, anxiety, depression and overuse of drugs and alcohol. ▶ FREE mobile app that provides access to rewards information, ID card, and much more. ▶ FREE text notification and reminders related to benefit awareness, value adds, and service support. ▶ FREE employment and support program for members participating in brain injury and intellectual disability waiver programs. ▶ FREE access to resource specialists to help members in need of general resources, such as food, housing or waiver work list help. ▶ FREE access to FindHelp.org, an online link to help you find local community resources and agencies for you and your family. ▶ FREE access to extra support and resources to help you manage your health. ▶ FREE online access to Krames Health Library to thousands of health sheets on medical conditions and medications. ▶ One FREE bottle of insect repellent of plan-designated size during 2021 to eligible members. 	<p>Value-Added Services</p> <ul style="list-style-type: none"> ▶ Free Healthy Rewards Program: gift cards for completing various annual visits and screenings for eligible members ▶ Free access to community resources on health, financial support, education, emergency resources, legal support, housing, employment opportunities, transportation, and food security. ▶ Free smartphone and service plan for eligible members ▶ Free transportation services ▶ Free long-term care caregiver transportation for eligible members (4 one-way trips) ▶ Free Healthy Living Benefits: Variety of Assistive Devices and Adaptive Aids for eligible members (\$60 per Unit) ▶ Free community transition move in basket for eligible members (\$50 worth of items) ▶ Free home delivered meals for members who have been discharged from the hospital ▶ Free healthy foods program for eligible members ▶ Free pregnancy rewards program ▶ Free annual community baby shower events and education for eligible members ▶ Free electronic breast pump for eligible members ▶ Free Pacify gift package for new mothers (8 Doula visits) ▶ Free car or booster seat for eligible members ▶ Free home delivered meals for high-risk pregnant women ▶ Free over-the-counter-pharmacy products (\$30 worth of items) ▶ Free glucometer and test strips for Insulin and Blood Glucose Program for eligible members ▶ Free smoking cessation products for eligible members (\$18 per Unit) ▶ Free 13 weeks of Weight Watchers services ▶ Free sponsored membership fees for members under the age of 19 to Boys and Girls Clubs, YMCA, or Can Play ▶ Free ACE Assessment for members under the age of 18 ▶ Free GED exam voucher ▶ Free gift card for passing GED exam ▶ Free assistance to secure legal guardianship for eligible members (up to \$500 per eligible member) ▶ MolinaHelpFinder.com: Community resources

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

 For telephonic 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 Health and Human Services (IHDHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Medicaid Resources

IF YOU ARE INELIGIBLE FOR MEDICAID

After you fill out your renewal form and send it into Iowa HHS, plus any additional requested information if applicable, you will receive your eligibility notice in the mail.

If you were found eligible for Medicaid, no further action is needed. However, if you were found ineligible, Iowa Medicaid will refer you to local assistance and the Healthcare Marketplace to find other affordable health care coverage.

- Click [here](#) to find local healthcare assistance near you.
- Click [here](#) to be directed to the Medicare resource website.
- Click [here](#) to view other affordable health care plans.

OTHER MEDICAID RESOURCES

Resource	Description
Unwind Plan Homepage	The main unwind webpage with a high-level overview of the end of the continuous coverage requirement and several member resources.
Unwind Updates	A page that contains recent unwind updates, important releases from CMS and other notable updates.
Unwind Resource Library	A resource page with links to unwind tools, guidance, flyers, FAQs, necessary services and more.
Unwind Contact	A contact form for unwind-related questions not answered by the FAQs.
About Iowa Medicaid Medicaid Application (paper) Waiver Application*	Medicaid application: A downloadable application for Medicaid services you can print out, complete and send into your local HHS office. *Waiver application: The HHS waiver application is in Appendix A of the Medicaid application .
Other Healthcare Resources SHIIP Marketplace Directory	SHIIP: A Medicare resource. Marketplace Directory: An online marketplace to look for available healthcare options.
Unwind Dashboard	A live dashboard on the HHS website that visually shows data throughout the unwind process, including medical assistance enrollments, medical assistance applications, medical assistance renewals and the unwinding workload.
Public Notices	Notices to the public on important events and announcements.

<p><u>Informational Letters</u></p>	<p>Informational letters for providers on Medicaid programs, policies and procedures.</p>
<p><u>Iowa Medicaid e-Newsletters & Sign-Up</u></p>	<p>Iowa Medicaid e-newsletters are sent out monthly and cover topics and relay information for all Medicaid audiences, including members, providers, stakeholders and managed care plans (MCPs).</p>
<p><u>Sign-Up for Unwind Notifications</u></p>	<p>Sign-up for high priority releases about the unwind and notices when new resources are published to the unwind webpages.</p>
<p><u>Monthly Town Halls</u></p>	<p>Sign-up, find resources and join Iowa Medicaid's monthly virtual town halls for providers and members.</p>
<p>Iowa Medicaid Social Media <u>Facebook</u> <u>Twitter</u></p>	<p>Follow Iowa Medicaid on social media for current news, events and information.</p>
<p><u>HealthCare Marketplace</u></p>	<p>Find other affordable health insurance plans if you are discontinued from Medicaid.</p>

Contacts

If you have questions regarding the Member Guide or its contents, reach out to the contacts below. If you have an unwind specific question, please submit feedback on our [contact webpage](#).

MEMBER SERVICES

Member Services can help Medicaid members with their questions about their healthcare during the unwind. They can also assist with applying for Medicaid services.

Phone: 1-800-338-8366 toll free or 515-256-4606 in Des Moines

Email: IMEMemberServices@dhs.state.ia.us

HAWKI MEMBER SERVICES

Hawki Member Services can help the guardians of Hawki members with their questions about their child's healthcare during the unwind. They can also assist with applying for Hawki services.

Phone: 1-800-257-8563

Email: hawki@dhs.state.ia.us

HHS CONTACT CENTER

The HHS contact center is available for those who offer HHS services beyond healthcare. This includes, but is not limited to, food programs, cash assistance, mental health services and rental assistance. You can also receive assistance in filling out your Medicaid application.

Phone: 1-855-889-7985

INCOME MAINTENANCE CUSTOMER SERVICE CENTER (IMCSC)

Medicaid members may call the IMCSC to report a change in contact information (address, phone, email, etc.) for their Medicaid case.

Phone: 1-877-347-5678

Email: IMCustomerSC@dhs.state.ia.us

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