

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 17, 2021	January 1, 2022
January 19, 2022	February 1, 2022
February 16, 2022	March 1, 2022
March 17, 2022	April 1, 2022
April 18, 2022	May 1, 2022
May 19, 2022	June 1, 2022
June 16, 2022	July 1, 2022
July 19, 2022	August 1, 2022
August 18, 2022	September 1, 2022
September 16, 2022	October 1, 2022
October 19, 2022	November 1, 2022
November 17, 2022	December 1, 2022

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.