

Division of Medicaid
Post Office Box 83720
Boise, ID 83720-0009

<Date>

<Name>

<Address>

<City, State, Zip>

Dear<name>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-926-2588 (TTY: 1-208-332-7205).
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You received a letter in July explaining a new program, called Idaho Medicaid Plus (IMPlus), for Idaho Medicaid members that also have Medicare Parts A and B. This program is for dual eligible members who have elected not to enroll in the Medicare Medicaid Coordinated Plan (MMCP).

To ensure enough time to secure Federal approval of the IMPlus Program and support a successful launch, **the implementation date for Twin Falls County will be moved from October 1, 2018 to November 1, 2018.**

- If you are already enrolled in MMCP this change will not affect you.
- If you have already chosen a Health Plan for IMPlus, your Medicaid coverage with that Plan will begin on November 1, 2018.
- If you have not chosen a Health Plan for IMPlus, you now have extra time to decide which Health Plan you would like to choose to manage your IMPlus program.

An enrollment form is enclosed for your convenience.

You will receive a welcome packet from your Health Plan that will include your new identification card, information about the plan and their contact information.

For additional information on IMPlus or the MMCP, visit our website at mmcp.dhw.idaho.gov or call us toll free at (833) 814-8568.

Idaho Medicaid Plus Enrollment Form

If you have not enrolled in the Medicare Medicaid Coordinated Plan (MMCP), you have the opportunity to choose your provider for the **Idaho Medicaid Plus Plan**.

Participant Name	Medicaid ID Number	Birth Date
<MMIS populates>	<MMIS Populates>	<MMIS Populates>

Please select your provider for the **Idaho Medicaid Plus program** by checking one of the boxes below.

<input type="checkbox"/> Blue Cross of Idaho	<input type="checkbox"/> Molina Healthcare of Idaho
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If you choose not to make a selection, you will be randomly assigned to one of the health plans above.

Are you pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Due Date:
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Are you a Tribal Member? YES <input type="checkbox"/> NO <input type="checkbox"/>

If you would prefer to have your Medicare and Medicaid in a single coordinated plan, please contact one of health plans below for more information about the MMCP:

Molina Healthcare of Idaho (844)890-7009 www.molinahealthcare.com/members/id	Blue Cross of Idaho (800)289-7921 www.truebluesnp.com
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Person Completing this Form (Participant or Authorized Individual) Please print clearly

Name:

Address:

City:	State:	Zip:
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Phone Number:	E-Mail Address:
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I understand I am enrolling in the Idaho Medicaid Plus program and that I can make a change to my health plan within the first 90 days of coverage. After that I will not be able to change my health plan until the annual Open Enrollment period.

Signature: _____ Date: _____

Please return the completed form in the enclosed envelope or mail to:	Idaho Medicaid PO Box 83720 Boise, ID 83720-0009
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Idaho Medicaid Plus Contact Information

Phone: (833)814-8568 ~ Fax: (208) 332-7283 ~ E-Mail: IdahoMMCP@dhw.idaho.gov
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