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|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **SPEND DOWN NOTICE** | | | |
| **FROM** | FSD OFFICE  **Spend Down Unit** | | TELEPHONE NUMBER  **855**-**600**-**4412** | | DATE  **1/19/2017** |
|  | FSD OFFICE ADDRESS (STREET)  **16798 Oak Hill Dr, Suite 600** | | | | |
|  | (CITY, STATE, ZIP CODE)  **Houston, MO 65483** | | | | |
| **TO** | NAME | | | | |
|  | ADDRESS (STREET) | | | | |
|  | (CITY, STATE, ZIP CODE)  , | | | | |
| **RE** | MO HealthNet Eligible Individual(s): | | | DCN:  0  0 | |

Welcome to MO HealthNet (Medicaid in Missouri). If your spouse’s name is listed with yours above, they can also get MO HealthNet coverage. Your income is over the MO HealthNet limit, so you must “spend down” your income each month to get MO HealthNet coverage. To do this, you can either:

* **Make a payment:** You can send a payment each month (see how on page 4), or
* **Send medical bills:** You can send bills showing costs for medical care that you and your spouse received within the past 3 months. They must be bills you personally have to pay and must add up to your spend down amount for MO HealthNet to start. If your bills add up to more than your monthly spend down amount, you can use the extra bills to meet spend down in future months (see how on page 3).

Recently, our office received medical bills you sent to help meet your spend down. If you met spend down, the “YES” box below is marked with an X. If you did not meet it, the “NOT YET” box is marked.

**Did I/we meet spend down?**

**YES**, you met spend down for the months shown below because your medical bills added up to your monthly spend down amount. This means MO HealthNet will pay for the medical services you (and your spouse, if listed above,) get during these months. At least part of your spend down amount has been met on the date your coverage started. We will deduct the part of your spend down amount that was met on the date your coverage starts from claims submitted for services received on your start date.

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| Month | Date your coverage will start (it continues to end of the month) | Your monthly  spend down amount | Amount of spend down  you met on the start date  (Do **not** send payment for this amount) |
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**NOT YET.** If this chart lists some of your medical bills, you have met **part of** your spend down. To fully meet your spend down, you may submit more expenses, or **send a payment** for the amount you still need to meet it (see how on page 4).

* These medical bills **DID** count toward spend down:

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| Month | Your monthly spend down amount | Medical service you or your spouse received | | Provider of the  medical service | | Partial payment  you sent, if any | **Amount you still need to meet your spend down for the month** |
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| MO 866-3132 (12/16) | | | Page 1 of 4 | | IM-29 (SPND) | | |

* These medical bills did **NOT** count toward spend down:

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| Month | Date you got the medical service | Provider of the medical service | Reason this expense did not count toward your spend down |
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**Tips for using medical bills to meet spend down**

* Acceptable medical expenses that can count toward spend down are:
  + Costs for medical care that you and your spouse received in the past 3 months
  + Costs that you personally have to pay, and won’t be paid by other sources, such as insurance
* You can send medical bills that you’ve already paid and ones that you haven’t yet paid. They can be doctor bills or receipts, prescription receipts, or itemized hospital bills. If a doctor or other medical provider can’t give you a bill or receipt, ask them to send a MO HealthNet Spend Down Provider Form to FSD showing which medical services you received.
* You still need to pay for the medical bills you send in to meet your spend down. MO HealthNet will only pay for medical services you get **after** you’ve met your spend down. Take this notice to any medical providers who treated you after you met your spend down, so they know to send the claim to MO HealthNet.

**Additional medical expenses?** If you believe you have medical costs that have not been considered, please provide documentation of the costs to an FSD office or the Spend Down Unit. This may be additional expenses, or expenses you have already submitted. The legal reason for this decision is found in 42 CFR 435.121; 42 CFR 435.121 (f) (1) (iii) and 13 CSR 70-4.100.

**You may ask for a hearing:** If you do not agree with the decision, to not allow certain expenses, you have the right to ask for a hearing within 90 days of the date of this letter. To request a hearing, call the FSD Information Center **toll free at 1-855-FSD-INFO (1-855-373-4636)** or ask in-person at an FSD office. If you request a hearing, we will schedule it for you and notify you of the time of the hearing. At the hearing, you may present your information yourself or you may ask someone to help you. You have the right to present witnesses on your behalf and to question witnesses who appear at the request of the Family Support Division. To see if you can get free legal services, call: 1-**800-****444-****4863**.

**Report changes in your household:** If your situation changes (such as your household income goes up), you are responsible under the law to report the change to the FSD within 10 days of when it happens. The law gives penalties to anyone who gets benefits by giving false information or not reporting full information about their situation.

**Learn more:**

* For questions about your MO HealthNet application, call the FSD Information Center toll free at **1-855-FSD-INFO (1-855-373-4636)**.
* For help with this notice or questions about spend down, call the FSD Spend Down Unit at **1-855-600-4412**

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| ELIGIBLITY SPECIALIST | | TELEPHONE NUMBER  **855-****600-****4412** | | |
| MO 866-3132 (12/16) | | Page 2 of 4 | | IM-29 (SPND) | |
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**If you’re sending extra medical bills, tell FSD when to count them toward your spend down**

If you have already met spend down for this month and you still have more medical bills to send, you can count them toward your spend down for any of the next 3 months. To be acceptable, they must be bills you personally have to pay, and won’t be paid by MO HealthNet or other sources.

**You need to tell us which months you want us to count them toward**. Once you choose the months, you cannot change them.

To tell us which months you want:

1. Fill out the boxes on this page and sign it at the bottom
2. Send this page and copies of your acceptable medical bills in any of these ways:

* Bring them to your local FSD office
* Mail them to: FSD Spend Down Unit, 16798 Oak Hill Drive, Suite 600, Houston, MO 65483
* Fax them to: 1-855-600-3754
* Email or scan them to: sesd@ip.sp.mo.gov

1. If you need help, call the FSD Spend Down Unit at **1-855-600-4412**

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| CASE NAME 0  DCN 0 | SPOUSE 0  DCN 0 |

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| Amount of  medical bills | | Date you got the medical service | | Which month (of the next 3 months) you want us to count the bills toward your spend down | | |
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| **Signature of participant (head of household) or your authorized representative** | | | | | Date | **Signature of spouse or authorized representative** | | | | Date |
| **X** |  | | | |  | **X** | |  | |  |
| MO 886-3132 (12/16) | | | Page 3 of 4 | | | | IM-29 (SPND) | |

**To make a payment toward your spend down amount**

Use this page when you make a full or partial payment toward your spend down amount. Here’s how:

1. Find out how much to pay:

* To find the amount for a full month, find your “Monthly spend down amount” on the chart at the bottom of page 1
* To find the amount for part of a month, find the “Amount you still need to meet your spend down for the month” on the chart at the bottom of page 1

1. Fill out the boxes on this page. Please write which month you want us to count your payment toward. If you don’t tell us, we will count your payment toward the **current month** (or the first month it can count toward, for up to the next 3 months).
2. Send this page and a check or money order (payable to *MO HealthNet*) to:

**MO HealthNet Division, Premium Payment (Spend Down), P.O. Box 808001, Kansas City, MO 64180-8001**

1. If you need help, call the FSD Spend Down Unit at **1-855-600-4412**

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| CASE NAME 0  DCN 0 | | SPOUSE 0  DCN 0 | |
| Which month (the current month or any of the next 3 months) you want us to count the payment toward your spend down | Amount you are paying | |
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| **Total amount  you are sending:** | $ | |

**Example:** Mr. Jones’s monthly spend down amount is $500. He’s already received medical care costing $450 in June, and he knows he will have more medical costs before the end of the month.

To meet his spend down and get MO HealthNet coverage for June, he sends a payment for the last $50.

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| MO 886-3132 (12/16) | Page 4 of 4 | IM-29 (SPND) |

        

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