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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **APPROVAL NOTICE** |

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| **FROM** | | | FSD TEAM MEMBER | | | | | | | TELEPHONE NUMBER     -   - | | | | | | | | | DATE  December 16, 2016 | | | |
|  | | | FSD OFFICE ADDRESS | | | | | | | CITY | | | | | | | STATE | | ZIP CODE | | | |
| **TO** | | | NAME | | | | | | | CASE NUMBER | | | | | | | | | | | | |
|  | | | ADDRESS (STREET) | | | | | | | CITY | | | | | | | STATE | | | ZIP CODE | | |
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|  | **This is to advise you the following person(s) are approved for the stated type of healthcare coverage:** | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | **TYPE OF HEALTHCARE** | | | | | | **MO HEALTHNET #** | | | | | | | **EFFECTIVE DATE** | | | **P/Q** | |
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| **\*P/Q Column indicates if effective date includes prior quarter coverage. If “N” indicated, please see back of this notice for further information.** | | | | | | | | | | | | | | | | | | | | | | |
|  | **If approved for MO HealthNet for Kids – Premium:** | | | | | | | | | | | | | | | | | | | | |  |
|  | Based on your family size | | | | |  | and monthly income of | | $     , | | | | | you are eligible to purchase MO HealthNet | | | | | | | |  |
|  | benefits for the children listed above. Coverage cannot begin until | | | | | | | | | | |  | | | | or the date your premium is | | | | | |  |
|  | received, whichever is later. Your income exceeds the maximum allowed to receive coverage prior to this date or  without paying a premium. You will be notified about payment information and the amount of your monthly  premium amount from the Premiums Collection Unit. | | | | | | | | | | | | | | | | | | | | |  |
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|  | **If approved for MO HealthNet for Pregnant Women:** | | | | | | | | | | | | | | | | | | | | |  |
|  | Your coverage includes a post-partum period. MO HealthNet coverage as a pregnant woman terminates on the  last day of the month containing the 60th day after the termination of the pregnancy for women who apply while  pregnant.  It is important that you notify us when your child is born, so he or she can receive MO HealthNet newborn coverage.  Please notify us if you move, because your healthcare providers may change. | | | | | | | | | | | | | | | | | | | | |  |
|  | **Persons listed below were determined not eligible for Medical Assistance for Families benefits:** | | | | | | | | | | | | | | | | | | | | |  |
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|  | because: | | |  | | | | | | | | | | | | | | | | | |  |
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|  | | **If you think we are wrong**, call the FSD Information Center toll free at 1-855-FSD-INFO (1-855-373-4636) and ask to speak to an eligibility specialist or supervisor to review your case.  **or**  You can request a hearing on any decision the Family Support Division makes about your health coverage.  To ask for a hearing, call the FSD Information Center 1-855-FSD-INFO (1-855-373-4636), visit any FSD office, or mail a written request to any FSD office. Remember you have 90 days from the date on this letter to ask for a hearing.  If you request a hearing you may present the information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses on your own behalf and to question witnesses who appear at the request of the Family Support Division. | | | | | | | | | | | | | | | | | | | |  |
|  | | For the possibility of free legal services, call | | | | | |  | | | | | . | | | | | | | | |  |
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| **You must report any change in situation within 10 days to the FSD Information Center at (855) 373-4636 or a FSD**  **Resource Center. The law provides penalties for any persons who receive benefits to which they are not entitled through misrepresenting the facts or not reporting full information about their situation.** | | | | | | | | | | | | | | | | | | | | | | |
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|  | **PRIOR QUARTER ELIGIBILITY** | |  |
|  | Applicants with a “N” in the P/Q column on the front are not eligible for prior quarter coverage because: **.** | |  |
|  | **HOW TO ACCESS HEALTHCARE** | |  |
|  | MO HealthNet cards for the above approved persons will be sent to you within five days from the date of this notice. If healthcare is required prior to receiving the card(s), use this letter to obtain services from a MO HealthNet approved healthcare providers. For information about approved providers in your area, call 1-800-392-2161.  Depending on where you live, you will access your family’s health insurance through either a health plan or approved healthcare providers. The persons listed above will receive services through:  A managed care healthcare plan; or  MO HealthNet approved healthcare providers.  If the “Managed care healthcare plan” is checked above, you will be mailed an information packet to help you choose a health plan in your area. Use MO HealthNet approved healthcare providers to obtain needed medical care until you receive a confirmation date of enrollment in a Managed care healthcare plan.  If “MO HealthNet approved healthcare providers” is checked, you will need to call 1-800-392-2161 about approved providers in your area | |  |
| Enclosure: Information Leaflet No. IM-4. | | | |
|  | | IM-32MAGI 10/2015 | |