

## **IM-29 Out of Pocket Expenses Instructions**

**PURPOSE:** To provide an explanation of eligible and ineligible out-of-pocket expenses submitted by spend down participants who paid-in their spend down and then pay medical expenses in the same month. The form will also be used by FSD staff to enter eligible out-of-pocket expenses on the MO HEALTHNET DIVISION ADD OUT OF POCKET EXPENSES (MSPO) screen. The expenses entered on the form require supporting documentation such as a paid receipt. It will be necessary to view the MO HEALTHNET DIVISION PREMIUM INQUIRY (MPNI) screen to determine if participant has paid-in their spend down for the months for which paid bills are submitted.

**NUMBER OF COPIES AND DISTRIBUTION:** Within 2 business days from receipt of documentation, complete the form and make two copies. Scan the completed form and supporting documentation to the ES supervisor for submission to the regional policy liaison for entry into the MSPO screen. When the entries have been completed and the eligibility specialist is notified that the entries have been made, mail one copy to the participant and file one copy in the IM case record.

OR

When it is determined the participant did not pay for an eligible medical expense, the eligibility specialist will complete the IM-29OPE, noting No to eligible expense and the reason not eligible. Make one copy of the form. Mail the original to the participant and file one copy in the IM case record. Do not send the IM-29OPE for ineligible medical expenses to the ES Supervisor or the regional policy liaison.

**MANUAL REFERENCE:** 0810.010.20.20 Out-of-Pocket Expenses for Spend down Cases

### **INSTRUCTIONS FOR COMPLETION:**

**FROM:**

**FAMILY SUPPORT DIVISION OFFICE:** The name of the FSD office the case record is located in.

**TELEPHONE NUMBER:** The telephone number of the FSD office the case record is located in.

**DATE:** The date the form is being completed.

**ADDRESS:** The address of the county office the form is originating from.

**TO:**

NAME: The name of the head of eligibility unit.

ADDRESS: The mailing address of the head of eligibility unit.

RE:

CASE NAME/DCN: The name of the head of eligibility unit and their Departmental Client Number (DCN).

ELIGIBLE SPOUSE/DCN: The name of the spouse of the head of eligibility unit (if a couple spend down case) and their Departmental Client Number (DCN).

FORM BODY COMPLETION:

This is to advise that you (and your spouse if listed above) have paid in your spend down expense in the amount of \_\_\_\_\_: Enter dollar amount of spend down for the month for which out of pocket expense have been submitted.

for \_\_\_\_\_: Enter month the out of pocket expenses were incurred/paid

and have submitted \_\_\_\_\_: Enter total amount of out of pocket expenses submitted (eligible or ineligible)

**PAID** out of pocket expenses for consideration to offset unpaid invoices for up to the next three months of service. The three month period is \_\_\_\_\_ through \_\_\_\_\_: Enter the three consecutive months immediately following the month the submitted bills were incurred/paid. If multiple months of paid bills are submitted at one time, it will be necessary to complete an IM-29OPE for each month's paid bills. If additional sheets are necessary for a month, number pages consecutively with pen and ink on top right corner.

DATE OF SERVICE: Enter each paid bill's date of service.

PROVIDER: The physician, hospital, or other healthcare facility who provided the service.

AMOUNT YOU PAID: Evaluate the expense provided to determine the amount participant paid out of pocket for the service.

ELIGIBLE EXPENSE YES OR NO: Evaluate the expense; enter "Yes" if it is an eligible expense and "No" if it is not an eligible expense.

REASON IF NOT ELIGIBLE: Enter the reason the expense is not eligible for consideration. (ie: documentation of paid expense not submitted timely; documentation does not verify amount you paid out of pocket)

FREE LEGAL SERVICE: Enter the telephone number of the legal service office serving the county in which participant resides.

ELIGIBILITY SPECIALIST: The name of the worker completing the form.

LOAD: Enter the load number of the worker completing the form.