MISSOURI DEPARTMENT OF SOCIAL SERVICES

FAMILY SUPPORT DIVISION

# MO HEALTHNET PRESUMPTIVE ELIGIBILITY AUTHORIZATION

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|       | **(Name)** |
|       | **(Address)** |
|       | **(City, State, Zip Code)** |

Dear       ,

The following individuals are presumptively eligible for MO HealthNet coverage based upon household and income information provided.\*

Coverage will continue until:

* a decision is made on eligibility for ongoing MO HealthNet benefits; or
* the last day of the month following the month of presumptive eligibility determination.

NOTE: MO HealthNet can pay for covered medical services only when the medical provider accepts MO HealthNet payment on a fee-for-service basis.

If you completed an application for regular MO HealthNet, it has been forwarded to the Family Support Division for evaluation. You will be notified of the decision for on-going coverage.

You will receive a white MO HealthNet card approximately five days after your application is approved for each eligible individual listed below. Until you receive the white card(s), use this letter when you go to your doctor, pharmacy or other medical service provider. If you have questions about MO HealthNet providers or how to get MO HealthNet services, please call the MO HealthNet Participant Services Unit toll-free number at 1-800-392-2161.

If you have questions pertaining to continuing MO HealthNet eligibility, please contact the FSD Information Center’s toll free number at 1-855-FSD-INFO (1-855-373-4636).

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| Qualified Entity:      | Date:       |
| QE Provider Number:      | QE Telephone Number:      |
| Approved Individual’s Name | MO HealthNet Number | Beginning Date of Coverage | PE Category Approved  |
|       |       |       | [ ]  Child[ ]  Parent/Caretaker Relative[ ]  Former Foster Care Youth |
|       |       |       | [ ]  Child[ ]  Parent/Caretaker Relative[ ]  Former Foster Care Youth |
|       |       |       | [ ]  Child[ ]  Parent/Caretaker Relative[ ]  Former Foster Care Youth |
|       |       |       | [ ]  Child[ ]  Parent/Caretaker Relative[ ]  Former Foster Care Youth |
| MO HealthNet Provider: If more than 5 days from the beginning date of coverage, use the MO HealthNet Participants Services Unit number listed to check to see if the individual is eligible.\*See back for Spanish translation (\*Lea la traducción al español al reverso) |

Las personas de la página uno presuntamente cumplen los requisitos de la cobertura de MO HealthNet, de acuerdo a la información que proporcionaron sobre sus ingresos y hogar.

La cobertura continuará hasta:

* que se tome una decisión sobre la elegibilidad para recibir beneficios continuos de MO HealthNet, o;
* el último día del mes posterior al mes de la determinación de presunta elegibilidad.

NOTA: MO HealthNet puede pagar los servicios médicos con cobertura únicamente cuando el proveedor de servicios médicos acepte el pago de MO HealthNet bajo el criterio de pago por servicio.

Si usted completó una solicitud para recibir el servicio regular de MO HealthNet, ésta ha sido enviada a la División de Apoyo a la Familia para su evaluación. Se le notificará sobre la decisión para recibir la cobertura continua.

Recibirá una tarjeta blanca de MO HealthNet aproximadamente cinco días después de que se apruebe la solicitud de cada uno de los individuos elegibles mencionados a continuación. Hasta que reciba la(s) tarjeta(s) blanca(s), utilice este documento cuando visite a su doctor, farmacia o cualquier otro proveedor de servicios médicos. Si tiene preguntas sobre los proveedores de MO HealthNet o sobre cómo obtener servicios de MO HealthNet, por favor llame sin costo a la Unidad de Servicios para los Participantes de MO HealthNet, al

1-800-392-2161.

Si tiene preguntas relacionadas con la continuidad de su elegibilidad para recibir servicios de MO HealthNet, por favor llame gratis al número del Centro de Información de la FSD, al 1-855-FSD-INFO (1-855-373-4636).

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