



MICHAEL L. PARSON, GOVERNOR • STEVE CORSI, Psy.D., DIRECTOR

TODD RICHARDSON, DIRECTOR
MO HEALTHNET DIVISION
P.O. BOX 6500 • JEFFERSON CITY, MO 65102-6500
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February 28, 2019

Honorable Scott Sifton
Missouri State Capitol
201 West Capitol Ave.
Jefferson City, MO 65101

Dear ~~Senator Sifton~~ ^{Scott}:

Thank you for your letter dated February 11, 2019 with questions regarding Medicaid Eligibility in Missouri. In order to make certain we were able to provide you as complete and accurate information as possible, I forwarded your letter on to Pat Luebbering, Director of the Family Support Division. Family Support Division handles eligibility determination and enrollment for the Department of Social Services. Mo HealthNet assisted in addressing items in questions 13, 14 and 15.

I am happy to discuss these issues further if you would like. We also stand ready to provide any other information you need.

Again, thank you for your letter.

Sincerely,

Todd Richardson
Director
Mo HealthNet

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.
Servicios Intreprative están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

Missouri Department of Social Services is an Equal Opportunity Employer/Program.



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PATRICK LUEBBERING, DIRECTOR
FAMILY SUPPORT DIVISION
P.O. BOX 2320 • JEFFERSON CITY, MO 65102-2320
WWW.DSS.MO.GOV • 573-751-3221 • 573-751-0507 FAX

February 28, 2019

The Honorable Scott Sifton
Missouri Senate
201 West Capitol Avenue
Jefferson City, MO 65101

Dear Senator Sifton:

Thank you for your February 11, 2019, letter concerning Medicaid Eligibility in Missouri. As you know, the Family Support Division (FSD) is committed to running the state's Medicaid program in accordance with state and federal law, and in a way that serves the mission of this vitally important program.

Over the past year, there has been significant caseload decreases in the state's Medicaid program. The Family Support Division attributes this decline to a number of factors, including:

- An improving economy in Missouri
- The decreased emphasis on the Federal Marketplace open enrollment period and the repeal of the individual mandate
- New technology allowing the state to better track and issue annual reviews. The state was only able to conduct manual annual renewals since 2014, which limited the capacity and number of renewals conducted.

To add to this point, the SNAP (Food Stamp) program has seen a similar decline in Missouri, and has seen a similar decline nationwide. Public assistance programs are often counter-cyclical to economic conditions. Missouri observed significant caseload increases during the 2008 financial crisis and its aftermath.

In addition to specifically addressing the questions in your letter, below is an overview of the Medicaid enrollment and recertification process. Once an individual applies for and is approved for Medicaid, they are eligible to receive coverage through the program for (in most cases) one year – unless FSD receives information during that period that they are ineligible. If a participant reports changes during the one year period that results in a new eligibility determination, their certification period is extended, and they will not receive an annual renewal for that time period. If FSD has not taken a case action resulting in a new determination during that initial year, the participant must complete an annual review. Basically we are checking with the individual to make sure they are still eligible for Medicaid. Conducting annual reviews is a requirement of both state and federal law. It is a condition of

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continued eligibility that participants cooperate with these annual reviews, much like an individual on private insurance might need to complete certain documents during open enrollment.

Another important part of this picture is the state's relatively new case management system. This system and accompanying functionality was started during the Nixon administration in Calendar Year 2013. Due to development issues with the first vendor, the system took longer than expected to implement. Over the past five years, the state has been developing this new technology to replace our outdated legacy system. The new system, MEDES (Missouri Eligibility Determination and Enrollment System), brings significant new functionality to our state. After several years of work, the state completed functionality for Family Medicaid processes in the MEDES system in 2018. Among other features, these final updates introduced the ability to automate some of our work with annual reviews.

The process for the annual renewal is as follows:

1. *The annual renewal process existed prior to the implementation of MEDES. It was disrupted during the development of MEDES due to the lack of system functionality. The timelines noted below are similar to those that existed in the system prior to 2014.*
2. MEDES selects the cases which are due for renewal 65 days before the renewal is due.
3. MEDES sends this file to the Federal Hub to match and return information on citizenship, IRS tax return, Social Security income employment income, Medicare and death matches from the Social Security database. It can take up to 10 days for the information to be returned to MEDES.
4. If all data is matched with the Federal Hub, then MEDES will complete the renewal and take the appropriate action. An average of 2,200 cases each month are renewed through this process, eliminating the necessity for a participant response and increasing FSD efficiency.
5. If some of the data cannot be matched, the system will generate and mail a populated annual renewal form (IM1U) with the current information from the system.
6. Text messages, postcards and robo calls are generated at this time to alert individuals that they will be receiving information from the agency that is time sensitive.
7. Individuals have 54 days to review, sign, and return the pre-populated form. They may report changes on this form. Ten days before the end of the month of certification MEDES will generate an Adverse Action to individuals who have not returned their pre-populated form to the agency. This notice gives the individual 10 days to return the form to the agency or their case will close.
8. On the last day of the month of certification and the annual renewal form has not been returned or the individual has not called and completed a phone annual renewal, the system will close the coverage and send a closing notice.
9. If the participant returns the annual renewal form within 30 days of closing (84 days since the participant was sent an annual renewal), their eligibility will be reinstated back to the point at which they received coverage.
10. If the participant contacts FSD after that 30 days but before 90 days, the case will have closed and FSD will process the annual renewal as a new application while exploring prior quarter coverage to minimize any gaps in coverage.

In addition to notices that the system generates as outlined above, we have also engaged in other outreach efforts. We have posted flyers regarding the annual review process on our social media, through our email distribution lists, and we have sent calls and texts to clients when possible (some clients do not have emails on file with us or have indicated they do not want to receive text messages from us). We have also sent tens of thousands of reminder post cards out to our participants letting them know about the new notices they can expect to see from us, and why they are important.

We know there are many reasons why an individual might not complete an annual review. If we hear from the individual before their case closes and are able to confirm their continued eligibility, we work hard to ensure they do not experience a lapse in coverage.

If we receive someone's notice back as undeliverable, we check our legacy system to see if we have any more current address where we can try to reach them. We know that our population moves more often than the general population and includes individuals that may be homeless or that find themselves in difficult situations regarding housing. We strive to work with these participants and can have them list authorized representatives or other people helping them as contacts for us to work with. However, this does not alleviate our obligation under the law to conduct annual reviews, nor does it alleviate the personal responsibility of individuals to keep us up to date on their personal information.

When individuals need to contact the Family Support Division, they can reach us through a centralized call center number or the FSD Resource offices located in every county. There have been challenges with the call center handling questions and reviews, and wait time averages over the last quarter of 2018 was 28 minutes and 43 seconds. FSD is working with a vendor to bring more staff on the phones and leverage more efficient processes to meet the needs of our call centers. Additionally, for the Medicaid eligibility and enrollment line, the average wait time in January was only 1 minute and 24 seconds.

Below are the answers to the questions listed in your February 11, 2019, letter and the total number of participants who lost coverage for Calendar Year 2013 and Calendar Year 2018 for comparison.

Family Medicaid Information	Calendar Year 2013	Calendar Year 2018
Individuals closed	280,966	296,253

Questions and Answers

1. How many of the ~977,000 enrolled as of January 2018 were sent letters?

102,550 annual renewals have been mailed. Please note that the 977,000 number is based on individuals and the 102,550 number reflects "cases" (a case can include several household members). Only individuals who have not had a case action resulting in a redetermination over a one-year period will receive an annual renewal letter.

- 2. Of the roughly 71,000 dropped, how many were dropped simply because they failed to respond to a letter sent to them by the State?**

43,200 individuals failed to return requested information. It is important to point out that failure to return the information can be for various reasons such as they have other coverage or know they are no longer eligible.

- 3. How many letters were returned as undeliverable and resulted in the intended recipient losing coverage?**

The system shows closings on 20,095 individuals due to "Unable to Locate". This includes all notifications resulting in a closing from annual renewals and other requests.

- 4. What efforts were made, if any, to contact enrollees whose letters were undeliverable?**

Starting in November 2018, FSD sent postcards, robo calls, and text messages to individuals alerting them that information was being mailed to them at the same time that the annual renewal form was sent. The message stated that they would be receiving time sensitive information. Individuals whose letters were returned undeliverable were checked against the FAMIS system to see if a new address had been reported. If so, FSD resends the form and updates MEDES to use the newer address.

If no new information is available, staff sets the system to "unable to locate". This generates a 10 day adverse action to close. The coverage closes on the day after the adverse action expires.

- 5. If, as was indicated in the Post-Dispatch, the Division does not know how many letters were sent or how many responded, who would have or be able to ascertain that information?**

The number of annual renewals mailed from January 2018 to January 2019 was 102,550. Participants returned 37,778 paper renewals. FSD averages 3,225 telephone renewals each month.

- 6. How many were dropped because they reported an income level that was inconsistent with continued eligibility?**

Data from January 2018 to January 2019 shows 82,425 individuals lost coverage due to excessive income. This will include individuals who lose coverage in one category but may move to another category that would require a premium.

- 7. Could you please provide me with an example of the letter sent? I would like to know what information those who received the letter needed to provide within 10 days of when they received the letter.**

Please find the annual renewal, request for information, an adverse action and closing letters attached.

8. How many were removed from the rolls despite responding after the 10-day response period allotted them by the State with Information demonstrating they were otherwise eligible?

FSD does not track this specific information. As outlined above, participants receive several notifications before ultimately receiving a ten-day adverse action notice.

If the participant returns the annual renewal form within 30 days of closing, their eligibility will be reinstated back to the point at which they received coverage. If the participant contacts FSD after the 30 days but before 90 days, the case will have closed and FSD will process the annual renewal as a new application while exploring prior quarter coverage to minimize any gaps in coverage.

9. I understand the State's new automated verification system was used to identify those who were potentially ineligible. What criteria did the State use to determine who might potentially need to be removed from the rolls?

The automated annual review process does not systematically seek out potentially ineligible participants. Rather, it tracks cases that have not received a redetermination in at least one year and begins an annual review of eligibility. When conducting annual reviews, the state uses Social Security data, IRS income data, data from Equifax, and the Missouri Department of Labor and Industrial Relations.

10. The Post-Dispatch reported that "(i)n Missouri, people faced hours-long waits on the state's phone lines to get help in enrolling." Is there any other information you can provide to either corroborate or contradict the Post-Dispatch's claim regarding hold times?

In the call center designated for family Medicaid information requests and renewals, the abandonment rate was 47 percent and the average wait time over the last quarter of 2018 was 28 minutes, 43 seconds. FSD did see a higher than average wait time in January 2019 of 42 minutes, and attributes this to weather, holidays, and the partial federal government shutdown.

11. How many Individuals does the State employ full-time and/or part-time to staff phone lines for the purposes of assisting citizens with processing Medicaid eligibility?

There are 73 vendor staff dedicated to answering calls on Medicaid.

12. Does the State or its service provider have a means of ascertaining hold times? If so, how long are Missourians having to wait to connect with a live person to help them with Medicaid eligibility?

The average wait for Medicaid related calls during the last quarter of 2018 was 28 minutes, 43 seconds.

13. How many Missourians have appealed or attempted to appeal their removal from Medicaid eligibility since January 1, 2018?

Medicaid Hearing Requests from January 1, 2018 - February 13, 2019 (per month)														
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Total Requested	356	370	416	421	393	342	333	379	349	344	260	267	290	119
Granted	231	234	249	230	187	166	139	174	125	123	99	90	66	10
Rejected	125	136	167	191	199	161	186	187	175	158	105	92	30	3
Pending					7	15	8	18	49	63	56	85	194	106

Granted: Agency withdrew/rescinded their action, agency was reversed

Rejected: Agency's action was affirmed, client's appeal dismissed due to failure to appear at hearing, client withdrew their hearing request

Pending: A hearing decision has not been issued

14. How many appeals made since that date have been granted, how many have been rejected and how many remain pending?

Medicaid Hearing Requests from January 1, 2018 - February 13, 2019 (per month)														
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Total Requested	356	370	416	421	393	342	333	379	349	344	260	267	290	119
Granted	231	234	249	230	187	166	139	174	125	123	99	90	66	10
Rejected	125	136	167	191	199	161	186	187	175	158	105	92	30	3
Pending					7	15	8	18	49	63	56	85	194	106

Granted: Agency withdrew/rescinded their action, agency was reversed

Rejected: Agency's action was affirmed, client's appeal dismissed due to failure to appear at hearing, client withdrew their hearing request

Pending: A hearing decision has not been issued

15. Have any cases of Medicaid eligibility fraud been identified in connection with the eligibility verification efforts in the last year?

The Division of Legal Services Welfare Investigation Unit has received no referrals from FSD concerning Medicaid eligibility fraud through the annual review process the last year.

16. Finally, if the Division is unable to answer any of the questions above, who else might have the information requested?

The information in this letter should answer the questions above. If you need additional information, please let us know.

Any change in the trend of our Medicaid caseload is rightfully a matter of public interest. The Department is committed to transparency on this issue and values our relationship with the people of the state and our stakeholder community. Fortunately for our Medicaid participants, Missouri has an engaged and passionate group of stakeholders that work to hold their program accountable. Trends in large programs like this are complicated and resistant to simple explanations from any one sole causal factor.

As we continue to work towards understanding of the trends we are seeing in the state's Medicaid program, please do not hesitate to contact me at your convenience. I can be reached by email at Patrick.Luebbering@dss.mo.gov or by phone at 573-751-5222. Thank you.

Sincerely,



Patrick Luebbering
Director

PL:dk

Attachments

Missouri Family Support Division
PO Box 2700
Jefferson City, MO 65102

12/10/2018



John Doe
100 Test St, LEES SUMMIT, MO
64081-1984

DCN: 99999999

MO HealthNet Review Form

Date: 12/10/2018

IMPORTANT! Return this form by 01/08/2019 to the address listed below. FSD will review it and call or send you a letter if more information is needed. If you do not return this form MO HealthNet coverage will end.

Jefferson City Processing Center
PO Box 2700
Jefferson City, MO 65102

Family Support Division must review information for everyone who has MO HealthNet, at least once a year. We need to complete the review to determine if you or your family members remain eligible for MO HealthNet. When answering the questions, please answer for every member of your household. Listed below are the type(s) of benefits you currently receive and a list of sections you should complete. If your name appears next to a program below, you need to complete the sections listed in the right hand column. If you don't have enough room to answer all of the questions, complete section E or attach pages.

If you have questions or need help with this form please call the Family Support Division Contact Center at 855-373-9994.

The Social Security Number is needed only for those who have MO HealthNet or are applying for MO HealthNet. Race and ethnicity information is used in our reports. You do not have to give us that information.

We have prepopulated this form with the information that we currently have on your MO HealthNet case. Please review and make any changes necessary to reflect your current circumstances. **Cross out any information that is no longer correct and add any new information.**

After you fill out the form, please sign on the last page where it says "Signature/Affidavit/Mark."

If additional information is needed we will send a letter telling you what information is needed and the letter will have a date that you must return the information to avoid changes in your medical coverage.

Do you want to register to vote? If, so just fill out the voter registration form included with the review form and return it to the local Family Support office. If you don't fill out the form, MO HealthNet coverage will not be affected.

Current Benefits Received For Members Of Your Household

DCN: 99999999

Household Members	MO HealthNet Program	You must complete sections:
John Doe		A,B,D
Jane Doe	MO HealthNet for Kids	A,B,D
Jim Doe		A,B,D
Jake Doe	MO HealthNet for Kids	A,B,D

MO HEALTHNET ELIGIBILITY REVIEW FORM

Complete and return by: 01/08/2019

SECTION A: Complete For All MO HealthNet Programs

Head of Eligibility Unit John Doe		DCN 99999999	
Street Address 100 Test St	City LEES SUMMIT	State MO	Zip 64081-1984
Current Phone	Work Phone	Cell/Message Phone	

BELOW ARE ALL MEMBERS OF THE HOUSEHOLD

Name (First, Middle, Last) (Maiden)	Hispanic Yes or No	Race*/ Sex	Relationship to Primary Applicant
John Doe	Unanswered	White/Female	Self
Jane Doe	Unanswered	White/Female	Grandchild
Jim Doe		null/Male	Spouse
Jake Doe	Unanswered	White/Female	Grandchild

ADD MEMBERS OF YOUR HOUSEHOLD NOT LISTED ABOVE

Name (First, Middle, Last) (Maiden)	Hispanic Yes or No	Race*/ Sex	Relationship to Primary Applicant	Birth Date	Social Security Number

- | | | |
|------------------------------------|---------------|--|
| 1 White | 6 Chinese | 11 Other Asian |
| 2 Black/African American | 7 Filipino | 12 Guamanian or Chamorro |
| 3 American Indian/Alaska Native | 8 Japanese | 13 Samoan |
| 4 Asian | 9 Korean | 14 Other |
| 5 Native Hawaiian/Pacific Islander | 10 Vietnamese | 15 I prefer not to answer at this time |

Is anyone in your household temporarily away from home ?

☐ Yes ☐ No If Yes, who ? _____

If Yes, answer the following: Why is this person away ? _____

Date this person left home ? _____ Date this person is expected to return home ? _____

Current address where this person resides ? _____

Do you wish to start coverage for any of the above persons who are not currently covered by MO HealthNet ?

☐ Yes ☐ No If Yes, who ? _____

Is anyone in the household pregnant ? ☐ Yes ☐ No

If Yes, who ? _____ Expected due date ? _____

Is anyone in the household blind or disabled? ☐ Yes ☐ No

Do you have a guardian, family member, representative or someone who handles your money ? ☐ Yes ☐ No

If yes, who ? _____ Address and Telephone Number ? _____

Has there been any change in citizenship or immigration status for individuals currently receiving MO HealthNet ? ☐ Yes ☐ No

If Yes, list the individual whose status has changed with the current information in the blanks.

Name	Immigration Status	Registration Number	Date of Entry

INCOME AND EXPENSES: (Please include proof of all household income and expenses. This includes but is not limited to paycheck stubs for the last 30 days; letter from employer(s); copy of latest tax return or business records if self-employed; award letter for Social Security or pensions; and health insurance.)

Is anyone in your household employed? ☐ Yes ☐ No

If Yes, complete the following and attach proof:

NAME	EMPLOYER NAME	PAY RATE	PER*	NET PAY (IF SELF EMPLOYED)	MONTHLY GROSS INCOME	TIPS, ETC
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ADD MEMBERS OF YOUR HOUSEHOLD NOT LISTED ABOVE. ATTACH ADDITIONAL PAGES IF

NAME	EMPLOYER NAME	EMPLOYER PHONE	PAY RATE	PER*	NET PAY (IF SELF EMPLOYED)	START DATE	MONTHLY GROSS INCOME	TIPS, ETC

*Hour Day Week Every two weeks Twice monthly Month Year

SECTION A (continued): Complete For All MO HealthNet Programs		DCN: 99999999	
Do you plan to file a federal income tax return Next Year?			
<input type="checkbox"/> Yes. If yes, please answer 1-3		<input type="checkbox"/> No. If no, skip to question 3.	
1. Will you file jointly with a spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of spouse: _____			
2. Will you claim any dependents on your tax return?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list dependents: _____			
3. Will you be claimed as a dependent on someone's tax return?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list tax filer: _____		How are you related to the tax filer? _____	
Does anyone in your household operate a business or are self-employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, who? _____. If Yes, complete below and attach proof of income.			
Describe the type of self-employment (babysitting, farm income, other) _____.			
Enter amount earned _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice monthly <input type="checkbox"/> Month			
Do you expect any changes in your income or employment? (hours worked, employer or unearned income)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes explain: _____			
Is there anyone who plans to go to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who? _____			
Where? _____ When? _____			
<u>Other Income Sources :</u>			
• John doe has an income from Other in the amount of \$1500.0			

Do you or any other household member receive money from any of the following sources? Attach additional pages if needed.

	Yes/ Amount	Name		Yes/ Amount	Name
Social Security			Union Funds or Pension Benefits		
Supplemental Security			Insurance Settlements		
Alimony			Rent received from Land/		
Money from others (friends, relatives, etc.)			Room and/or Board Received		
Veteran's Benefits			Armed Forces Allotment		
Worker's Compensation			Money from Sale of Property		
Unemployment			Interest from Savings/Checking		
Disability or Sick Benefits			Income received from Trusts		
Income from Training			Income received from Annuities		
Any other income Explain:			VA Aid and Attendance		

Has anyone recently applied for any of the above benefits? ☐ Yes ☐ No

If Yes, explain: _____

Do you or any other household member expect to pay for certain things that can be deducted on your next federal tax return?

☐ Yes ☐ No

If Yes, complete the following and attach verification:

Amount	Per*	Type (Alimony, student loan, other deductions)

* Week Every two weeks Twice monthly Month Year

SECTION B: Complete for MO HealthNet for Families and Kids				DCN: 99999999	
HEALTH INSURANCE (other than MO HealthNet):					
I/We have medical insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following:					
NAME OF INSURED	NAME OF COMPANY	POLICY NUMBER	POLICY HOLDER	COVERAGE TYPE (DOCTOR OR HOSPITAL) IF LIMITED, EXPLAIN	
ADD MEMBERS OF YOUR HOUSEHOLD NOT LISTED ABOVE. ATTACH ADDITIONAL PAGES IF NEEDED.					
NAME OF INSURED	NAME OF COMPANY	POLICY NUMBER	POLICY HOLDER	COVERAGE TYPE (DOCTOR OR HOSPITAL) IF LIMITED, EXPLAIN	
Does this insurance cover family planning services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has anyone in your home lost or dropped health insurance since approval or last review ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, provide name(s), date and reason coverage ended. _____					
Is health insurance available for any member of your family through an employer or other group membership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter name of employer or group _____					
Is the insurance available for: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children					
How much is the premium for the children? \$ _____ per month _____					
Are both parents of all the children in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list child (ren) and name of absent parent(s). Child: _____ Absent Parent: _____ Child: _____ Absent Parent: _____					

Do you practice joint custody with the other parent of any of the children listed above? ☐ Yes ☐ No

If Yes, complete the following

Child: _____ Absent Parent (AP): _____ AP SSN: _____

Child: _____ Absent Parent (AP): _____ AP SSN: _____

Send proof of the joint custody parent's income for the past month.

Do you have any new information about an absent parent(s)? ☐ Yes ☐ No

If Yes, please give details: _____

SECTION C: Complete for Uninsured Women's Health Services

Is health insurance available for any female member of your family, ages 18 up to 55 years old, through an employer or other group membership? ☐ Yes ☐ No

If yes, who? _____ If yes, name of employer or group? _____

Is any female member of your family, ages 18 up to 55 years old, insured? ☐ Yes ☐ No

If yes, who? _____ If yes, name of employer or group? _____

If yes, does the available health insurance cover family planning services? ☐ Yes ☐ No

Do you still need family planning services? ☐ Yes ☐ No _____

SECTION D: Complete for all MO HealthNet Programs

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage for future years, I agree to allow the Family Support Division to use income data, including information from tax returns. The Family Support Division will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next:

☐ 5 years (the maximum number of years allowed), or for a shorter number of years:

☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 years ☐ Do not use information from tax returns to renew my coverage.

PLEASE READ CAREFULLY AND SIGN BELOW: (Signature of spouse in the home or the absent parent, if practicing joint custody, is also required)

- I/we agree to provide Social Security Numbers of all person applying for MO HealthNet as required by law. The Social Security Number is used to determine eligibility and verify information.
- I/we agree to be evaluated for the Health Insurance Premium Payment Program (HIPP) if I or members of the household are employed or lost employment in the last 30 days and the employer or former employer offers group health insurance.
- I/we agree that statements and information provided may be verified.
- I/we agree that by I/we will report any changes in circumstances within TEN (10) DAYS of when they happen.
- I/we know it is against the law to obtain or attempt to obtain benefits to which I am/we are not entitled. Any false claim, statement or concealment of any material fact whatsoever, in whole or in part, may subject me/us to criminal and/or civil prosecution.
- Being determined eligible for MO HealthNet for a child who is deprived of parental support, I/we have assigned all rights to medical support to the State of Missouri, and that I/we must cooperate in establishing paternity and obtaining medical support unless I/we have good cause. Failure to cooperate does not affect my child's eligibility.
- I/we understand acceptance of MO HealthNet constitutes an assignment of rights to the Department of Social Services, MO HealthNet Division for payment for medical care from a third party.
- If I am/we are found to be eligible for MO HealthNet, I/we know the State of Missouri will pay for covered services on my/our behalf and agree the state may file a claim against my/our estate to recover any assistance received.
- I/we agree that medical information about me and /or my family can be released if needed for treatment, payment of medical expenses, health care operations, and/or to administer this program.

ATTENTION: Federal regulations require that the Missouri Department of Social Services (DSS) maintain a publicly available "Notice of Privacy Practices" that describes our policy for handling protected health information. The department has implemented a privacy policy and prepared a Notice of Privacy Practices. You may obtain a copy of this notice on the DSS Web site at <http://www.dss.mo.gov/hipaa/hprivacy.pdf> or from any county DSS office.

My signature below certifies under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete to the best of my knowledge.

Your Signature/Affidavit/Mark : Date:	Spouse or Second Parent Signature/Affidavit/Mark: Date:
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Signature/Affidavit of Joint Custody Parent :	Date:
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SECTION E: Optional

ADDITIONAL INFORMATION: (If additional room is needed for any question please enter information here or attach an additional page. **Attach proof of information as requested.**)

Missouri Family Support Division
3675 S Noland Rd Ste 110
Independence MO 64055

02/01/2019



John Doe
100 Test St, LEES SUMMIT MO
64081-1984

DCN: 99999999

A Change in your coverage

A review of your Family MO HealthNet case has been completed and found the below member(s) do not qualify.

Jane Doe 99999999

Jim Doe 99999999

How we made the decision

- You have not sent the information we asked for, which was needed to decide whether you and/or your family qualify for MO HealthNet for Kids. Since you did not provide the information, Jane Doe does not qualify. The coverage will continue through 1/31/2019. RSMo 208.210, RSMo 208.147 and 208.010.1; RSMo 208.990.4; 13 CSR 40-2.010(2)(A)-(B)
- You have not sent the information we asked for, which was needed to decide whether you and/or your family qualify for MO HealthNet for Kids. Since you did not provide the information, Jim Doe does not qualify. The coverage will continue through 1/31/2019. RSMo 208.210, RSMo 208.147 and 208.010.1; RSMo 208.990.4; 13 CSR 40-2.010(2)(A)-(B)

If you think we are wrong

Call the Family Support Division (FSD) Information center toll free Monday through Friday from 7:30 am - 5:30 pm 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 FSD makes about your benefit.

To ask for a hearing, call the FSD Information Center toll free Monday through Friday from 7:30 am - 5:30 pm at 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.

A *hearing* is a meeting with you, someone from the FSD, and a hearing officer. At the hearing, you can explain why you think a mistake was made.

To get ready for your hearing:

- You can bring someone with you to the hearing if you want. That person can be a friend, relative, or lawyer. For free legal services, contact: LEGAL AID at 1-816-474-6750.
- You can also bring documents or information to support why you think a mistake was made.

If you have questions, please call the FSD Information Center toll free Monday through Friday from 7:30 am - 5:30 pm at 1-855-FSD-INFO (1-855-373-4636) to speak to a Customer Service Representative. We may be able to fix the issue over the phone.

If you are a former Foster Care youth who was in Missouri Children's Division custody at least thirty days prior to your 18th birthday and have not yet reached the age of 26, you may be eligible for medical coverage through the Children's Division. Please contact the Children's Division at <http://dss.mo.gov/cd/> or call 1-573-522-8024, only if you meet this criteria.

John Doe
99999999

Your Secure User Account

mydss.mo.gov keeps all important information about your applications and benefits. To create an account, go to mydss.mo.gov and click "Apply for Healthcare".

Sincerely,

Missouri Family Support Division

Please Note: We will keep your information secure and private.

Missouri Family Support Division
3675 S Noland Rd Ste 110
Independence MO 64055

01/18/2019



John Doe
100 Test St, LEES SUMMIT, MO
64081-1984

DCN: 99999999

A change in your coverage

A review of your Family MO HealthNet case has been completed and found the below members do not qualify.

- Jane Doe 99999999
- Jim Doe 99999999

How we made the decision

- You have not sent the information we asked for, which was needed to decide whether you and/or your family qualify for MO HealthNet for Kids. Since you did not provide the information, Jane Doe does not qualify. The coverage will continue through 1/31/2019. RSMo 208.210, RSMo 208.147 and 208.010.1; RSMo 208.990.4; 13 CSR 40-2.010(2)(A)-(B)
- You have not sent the information we asked for, which was needed to decide whether you and/or your family qualify for MO HealthNet for Kids. Since you did not provide the information, Jim Doe does not qualify. The coverage will continue through 1/31/2019. RSMo 208.210, RSMo 208.147 and 208.010.1; RSMo 208.990.4; 13 CSR 40-2.010(2)(A)-(B)

If you think we are wrong

Call the Family Support Division (FSD) Information center toll free Monday through Friday from 7:30 am - 5:30 pm 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 FSD makes about your benefit.

If you provide information that you believe will prove your need to continue your present benefit you have until 01/28/2019 to provide the information or to request a hearing.

To ask for a hearing, call the FSD Information Center toll free Monday through Friday from 7:30 am - 5:30 pm at 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 by 01/28/2019 you may choose to continue to receive benefits pending the results of the hearing.



A *hearing* is a meeting with you, someone from the FSD, and a hearing officer. At the hearing, you can explain why you think a mistake was made.

To get ready for your hearing:

- You can bring someone with you to the hearing if you want. That person can be a friend, relative, or lawyer.
- For free legal services, contact: LEGAL AID at 1-816-474-6750.
- You can also bring documents or information to support why you think a mistake was made.

The result of the hearing could change your health coverage. If the hearing decision shows that the plan to reduce your health coverage or close your case was correct, your household will be responsible for repaying the amount of benefits you received and were not entitled to receive while your hearing was pending. On the other hand, if you elect to discontinue receiving benefits while your hearing is pending and the hearing decision is in your favor, these lost benefits will be restored to you.

If you are required to pay a monthly premium and you choose to continue to receive your benefits, you must continue to pay your premium invoices at their current level. If the hearing decision shows that the plan to increase your premium amount is correct, your household will be responsible for paying the difference between the premium you paid and the increased premium you would have been responsible for while your hearing was pending. On the other hand, if you elect to discontinue receiving benefits while your hearing is pending and the hearing decision is ruled in your favor, any benefits you were eligible to receive will be restored to you upon payment of any owed premiums.

If you have questions, please call the FSD Information Center toll free Monday through Friday from 7:30 am - 5:30 pm at 1-855-FSD-INFO (1-855-373-4636) to speak to a Customer Service Representative. We may be able to fix the issue over the phone.

If you do not request a hearing we will proceed with the proposed action to discontinue, reduce your benefits or increase your premiums following the date indicated above.

If you are a former Foster Care youth who was in Missouri Children's Division custody at least thirty days prior to your 18th birthday and have not yet reached the age of 26, you may be eligible for medical coverage through the Children's Division. Please contact the Children's Division at <http://dss.mo.gov/cd/> or call 1-573-522-8024, only if you meet this criteria.

Your Secure User Account

mydss.mo.gov keeps all important information about your applications and benefits. To create an account, go to mydss.mo.gov and click "Apply for Healthcare".

Sincerely,

Missouri Family Support Division

Please Note: We will keep your information secure and private.