


*** ALERT! ***

IMPORTANT NOTICE ABOUT MEDICAID

Over 90,000 children in Missouri have been dropped from MO HealthNet (Medicaid) since Jan. 2018. Your child may be one of them.

Did you get a yellow annual renewal form in the mail in an envelope with the word “time-sensitive?” It looks like this. 

Did you complete it and return it? Have you checked to make sure your child has insurance coverage? If not, your child may no longer have insurance coverage even if you submitted the form.

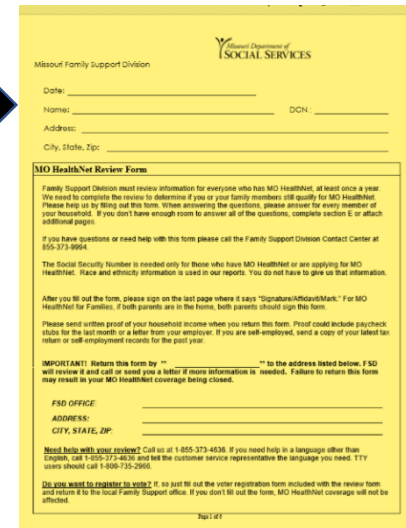
MO HealthNet/Medicaid includes the following companies – look at your child’s insurance card.

Home State Health

UnitedHealthcare

Missouri Care

MO HealthNet



Missouri Family Support Division
Date: _____
Name: _____ DCN: _____
Address: _____
City, State, Zip: _____

MO HealthNet Review Form

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 still qualify for MO HealthNet. Please fill out this form. When answering the questions, please answer for every member of your household. If you don't have enough room to answer all of the questions, complete section E or attach additional pages.

If you have questions or need help with this form please call the Family Support Division Contact Center at 855-373-3994.

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.

After you fill out the form, please sign on the last page where it says "Signature/Allowed Mark." For MO HealthNet for Families, if both parents are in the home, both parents should sign this form.

Please send written proof of your household income when you return this form. Proof could include paycheck stubs for the last month or a letter from your employer. If you are self-employed, send a copy of your latest tax return or self-employment records for the past year.

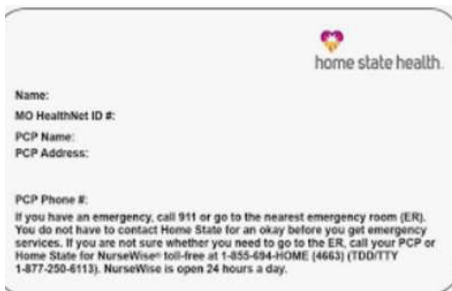
IMPORTANT! Return this form by _____ to the address listed below. I, SD, will review it and call or send you a letter if more information is needed. Failure to return this form may result in your MO HealthNet coverage being closed.

FSD OFFICE
ADDRESS: _____
CITY, STATE, ZIP: _____

Need help with your review? Call us at 1-855-373-4436. If you need help in a language other than English, call 1-855-373-2436 to reach the customer service representative in the language you need. TTY users should call 1-800-735-2960.

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.

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home state health.

Name: _____
MO HealthNet ID #: _____
PCP Name: _____
PCP Address: _____
PCP Phone #: _____

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Home State for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Home State for NurseWise toll-free at 1-855-694-HOME (4663) (TDD/TTY 1-877-250-6113). NurseWise is open 24 hours a day.



UnitedHealthcare Community Plan

Health Plan (80840)

Member ID: 000000001 Group Number: MOHN

Member: NEW M ENGLISH Payer ID: 86050
DCN #: 99999999

PCP Name: DOUGLAS GETWELL
PCP Phone: (717)851-6816

UnitedHealthcare Community Plan of Missouri
Administered by UnitedHealthcare of the Midwest, L.P.

0501



missouricare
A WellCare Company

DCN #: 12345678
Member ID #: 98765432
Member: John A. Doe
Date of Birth: 07/04/1952

PCP: Tom Smith
PCP Phone: 813-888-8888
www.missouricare.com
Effective Date: 05/01/2017

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.



MO HealthNet
Department of Social Services

MoHealthNet

Name of Participant _____

Date of Birth: XX-XX-XXXX
MO HealthNet ID Number: 999999999

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

WHAT TO DO: Go to the Department of Social Services Website to check your child's Medicaid status: <https://mydss.mo.gov/> and click on the "Check My Status" button.

If your child has lost insurance coverage, you **MUST** reapply online at <https://mydss.mo.gov/qualify>.

Call the Family Support Division at **1-855-373-9994** if your child has lost insurance / Medicaid coverage or if you need assistance with the online application. You can also go to your child's medical provider or school and ask to speak with **(insert contact name you prefer for your organization)** who can help you.

