## About Hearings . . .

If you think you have been denied benefits unfairly for any reason, you can call, write, or come in to the Family Support Division office and request a hearing within 90 days after the decision. You will get a letter telling you the time, date and place of the hearing. You can tell your story or have it told by an attorney, a relative, or a friend. If you wish, you may also have a hearing before your case is closed.

If you think you have been denied benefits unfairly because of your age, race, color, handicap, sex, religious creed, national origin or political belief, you can send a written complaint to the county office, the State Family Support Division in Jefferson City or the Federal Department of Health and Human Services in Washington DC, stating the details of how and when you were discriminated against.

You will need to contact your eligibility specialist from time to time to report changes or ask questions. Write the name and phone number below so they will be handy.

Eligibility Specialist: _____

Telephone No.: _____

**KEEP THIS FOLDER FOR FUTURE REFERENCE**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis
THIS PROGRAM IS FUNDED WITH BOTH STATE AND FEDERAL DOLLARS

IM-4 Medical Assistance (9/06)

DEPARTMENT OF SOCIAL SERVICES
Family Support Division
P.O. Box 2320
Jefferson City, Missouri 65102

# Important Information About Your

# Medical Assistance

# Benefits

**MEDICAL ASSISTANCE helps needy persons who are not eligible for other cash public assistance programs pay their medical bills.**

## About your card . . .

Your permanent Medicaid identification card will be mailed within about 3 days of your application's approval. It is to be used to get medical care from doctors, hospitals, and pharmacists that accept Medicaid.

1) If you move, you must make sure your eligibility specialist has your new address. Medicaid cards cannot be forwarded.

2) If you are out of the state to make your home in another state, you will be ineligible for Medical Assistance in Missouri.

3) If your name is spelled wrong or your birthdate is wrong, notify your eligibility specialist.

4) If your card is lost, destroyed, or stolen, call your eligibility specialist immediately.

## About Getting Medical Care . . .

1) You may go to any doctor (M.D. or D.O.), hospital, or pharmacist you want so long as he or she accepts Medicaid patients, unless you are enrolled in a managed care plan; then, you must contact your health plan to obtain services.

2) When you go for medical care, take your Medicaid card with you. The provider must see the card to verify that you are eligible for Medicaid on the date you obtain the medical service.

3) It is against the law to lend, sell, or otherwise misuse your Medicaid card. You could be fined or go to jail if you do so.

## About Eligibility . . .

If any of the following things change, **YOU ARE REQUIRED BY LAW** to notify the county office since this may change eligibility for Medical Assistance.

1) If your income increases, decreases, or comes from a different place.

2) If there is a change in your resources (if you buy, sell, or inherit real estate or get cash, bonds, notes or mortgages).

3) If you change your address.

4) If you get divorced, married or become widowed.

5) If you get a job, lose your job, or change jobs.

6) If you are disabled and later regain your health, or get better.

**IF YOU FAIL TO REPORT ANY OF THE CHANGES LISTED ABOVE OR ANYTHING ELSE WHICH MIGHT CHANGE YOUR ELIGIBILITY, YOU ARE BREAKING THE LAW AND YOU COULD BE FINED OR GO TO JAIL.**

## About Reinvestigations . . .

Reinvestigations of Medical Assistance are done annually. A reinvestigation can be completed based on information from another program such as a food stamp application. If there is no other program, you will get a letter from the county office about every 12 months telling you to complete a reinvestigation form to make sure you are still eligible. In some cases, the eligibility specialist might come to your home to help complete the form. You must cooperate in this check of your continued eligibility.

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If your adjusted monthly income is higher than the current Medical Assistance income limit, you would be a spenddown. You will receive information regarding spenddown and how it is met from your eligibility specialist.