

**FIRST QUARTERLY REPORT, SECOND QUARTERLY REPORT, THIRD QUARTERLY REPORT** (For Transitional MO HealthNet)

**PURPOSE:** To be used when a household is not longer eligible for MO HealthNet for Families but is eligible for Transitional MO HealthNet

**NUMBER OF COPIES AND DISPOSITION:** One copy must be sent to the participant. If there is an Authorized Representative a second copy must be mailed to them. The original must be scanned into the WorkSite.

**RETENTION:** Five (5) years

**REFERENCE:** IM Memorandum: IM-64 ACTIVE MEDES CASES IDENTIFIED AT REPORTED CHANGE AS ELIGIBLE TRANSITIONAL MO HEALTHNET 11/03/2014

**INSTRUCTIONS FOR COMPLETION:**

- Mail out Quarterly Reports as follows:
  - The first (1<sup>st</sup>) Transitional MO HealthNet Quarterly Report form [IM-55A](#), must be mailed within the first 10 days of the **third** month of TMH eligibility.
  - The second (2<sup>nd</sup>) Transitional MO HealthNet Quarterly Report form [IM-55B](#), must be mailed within the first 10 days of the **sixth** month of TMH eligibility.
  - The third (3<sup>rd</sup>) Transitional MO HealthNet Quarterly Report form [IM-55C](#), must be within the first 10 days of the **ninth** month of TMH eligibility.

**Body of the Form:**

- **FROM** Name and address of FSD Team Member taking action.
- **TO** Head of Household (HOH) full name as shown in MEDES or name of Authorized Representative, Case Name, mailing address, and HOH DCN
- **COMPLETE THE FORM AND RETURN IT TO US BY (blank):** Enter date as follows:
  - First Quarterly Report -21<sup>st</sup> day of the fourth month;
  - Second Quarterly Report -21<sup>st</sup> day of the seventh month; and
  - Third Quarterly Report -21<sup>st</sup> day of the tenth month.

- **IN ORDER FOR YOUR HEALTH CARE COVERAGE TO CONTINUE BEYOND (blank):** Enter date as follows:
  - First Quarterly Report -21<sup>st</sup> day of the fourth month;
  - Second Quarterly Report -21<sup>st</sup> day of the seventh month; and
  - Third Quarterly Report -21<sup>st</sup> day of the tenth month.
  
- **IF YOU DO NOT SEND THE COMPLETED REPORT BY THE DATE SHOWN, WE WILL STOP YOUR HEALTH CARE BENEFITS EFFECTIVE (blank):**  
Enter date as follows:
  - First Quarterly Report –last day of the sixth month;
  - Second Quarterly Report -22<sup>nd</sup> day of the seventh month; and
  - Third Quarterly Report -22<sup>nd</sup> day of the tenth month.
  
- **ENTER GROSS EARNED INCOME RECEIVED IN THE MONTHS OF (blank), (blank), AND (blank):** Enter dates as follows:  
First Quarterly Report –months 1 – 3 of TMH eligibility;  
Second Quarterly Report –months 4 – 6 of TMH eligibility; and  
Third Quarterly Report - months 7 – 9 of TMH eligibility

**The rest of the form is completed by the participant.**