



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Margaret T. Donnelly
Director

Jeremiah W. (Jay) Nixon
Governor

CURRENT DATE

(PARTICIPANT/FAMILY NAME)
(STREET ADDRESS)
(CITY, STATE, ZIP)

Dear Parent/Guardian:

(PARTICIPANT NAME) has been determined eligible for the Children with Special Health Care Needs (CSHCN) Program. Eligible medical conditions listed below will be considered for limited funding up to \$25,000 annually.

An Eligibility Card for the CSHCN Program is printed below. SHCN will only consider funding medically necessary services for the conditions listed on the card. You must present this card prior to receiving services from a SHCN provider.

Services and equipment must be prior authorized. You or the provider of services must contact SHCN regarding coverage and prior authorization guidelines. You have the right to appeal decisions regarding eligibility, the services received, or the services denied. For further information, contact SHCN at (SERVICE COORDINATOR TELEPHONE NUMBER), or toll free at 800-451-0669.

Sincerely,
(SERVICE COORDINATOR NAME)
Service Coordinator

FROM MOHSAIC SYSTEM ONLY

Department of Health and Senior Services
Special Health Care Needs (SHCN)
Children with Special Health Care Needs (CSHCN) Program

ELIGIBILITY CARD

Present to provider before service is received.

ATTENTION: Providers of Services

Only services related to the approved medical condition(s) will be reimbursed to providers enrolled in SHCN.

PARTICIPANT: (PARTICIPANT NAME FROM MOHSAIC)
DCN: (PARTICIPANT DCN FROM MOHSAIC)
DOB: (PARTICIPANT DATE OF BIRTH FROM MOHSAIC)
COVERAGE PERIOD: (MOHSAIC EFFECTIVE AND END DATES)

Emergency services must be reported to SHCN within 72 hours of delivery.

SHCN is payer of last resort. All other sources of payment must be used before CSHCN will consider payment. Supplemental funding up to a limit of \$25,000 will be considered for those eligible medical conditions listed.

SHCN will discontinue reimbursement when the participant becomes ineligible. The participant will be responsible for all bills incurred after SHCN eligibility ends.

Limited Diagnostic Services for:
(INserted from MOHSAIC SERVICES SCREEN)

Send all bills to:
Special Health Care Needs
PO Box 570
Jefferson City, MO 65102
FAX: 573-522-2107

Approved Medical Condition(s):
(INserted from THE MOHSAIC MEDICAL SCREEN)

To verify service coverage call:
(SERVICE COORDINATOR PHONE NUMBER
INserted BY MOHSAIC)

www.dhss.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.