

DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
P.O. BOX 6500
JEFFERSON CITY, MO 65102-6500



Date:

Participant name:

DCN:

Start Date:

Dear

Your Hospice Election Statement has been processed by the MO HealthNet Division. Based on your request, starting _____ you began to receive hospice services from _____

As a result of the hospice enrollment, the way in which you obtain MO HealthNet services has been changed effective on the above date as follows:

Under the terms of hospice election, a participant agrees to waive MO HealthNet fee-for-service payments for services related to his/her terminal illness, including medications, medical equipment, hospital services, etc. MO HealthNet will reimburse the hospice provider for these services, and the hospice will reimburse the actual provider of the services.

The participant does, however, retain eligibility for regular MO HealthNet (fee-for-service) payments to other providers for services not related to his/her terminal illness. In this case, MO HealthNet will pay the provider of services in the usual manner.

Providers who have questions concerning your hospice enrollment status should contact the hospice provider, the MO HealthNet Provider Communications Unit at 1-573-751-2896, or the MO HealthNet Interactive Voice Response system at 1-573-635-8908.

CC: Hospice

RELAY MISSOURI
FOR HEARING AND SPEECH IMPAIRED
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