

Family Healthcare Program Descriptions

Program	Services	Eligibility Requirements
<p>MO HealthNet for Kids (MHK) and Children’s Health Insurance Program (CHIP)</p> <p>Note: This description includes both SCHIP and non-SCHIP children. SCHIP children are those with Modified Adjusted Gross Income (MAGI) household income above the following:</p> <ul style="list-style-type: none"> • 196% FPL for children under age 1 • 148% FPL for ages 1-18 	<p>Healthcare coverage for children under 19 years of age.</p> <p>SCHIP children whose gross income is over 150% FPL are not eligible for non-emergency medical transportation.</p>	<p>Under 19. SSN. Missouri Resident. US Citizen/Eligible Qualified Non-Citizen. Parent cooperates in obtaining medical support. Gross family income less than 300% of Federal Poverty Level (FPL) for household size. Children with family MAGI above the following must be uninsured:</p> <ul style="list-style-type: none"> • 196% FPL for children under age 1 • 148% FPL for ages 1-18 <p>Uninsured children whose family MAGI is over 148% FPL and or below 150% FPL, may be eligible non-premium coverage.</p> <p>Children in families with gross income over 150% FPL cannot have access to affordable health insurance (\$82 to \$204/mo based on household size and income), and the family must pay a monthly premium. (The premium schedule changes yearly on July 1.)</p>

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MO HealthNet for Families (MHF)	Healthcare coverage for families using the MAGI equivalent standard based on the July 16, 1996 AFDC (current Temporary Assistance) income limits.	Eligible dependent child under 19 in the home. SSN. Missouri Resident. US Citizen/Eligible Qualified Non-Citizen. Cooperate in obtaining medical support for the children. MAGI household income does not exceed the July 16, 1996 AFDC (current Temporary Assistance) income limit for household size.
Transitional MO HealthNet (TMH)	Provides healthcare coverage to a family for up to 12 months, after they are determined ineligible for MHF due to increased earned income.	Received MHF 3 of last 6 months preceding ineligibility. Become ineligible for MHF due to employment or increased earned income of the parent/caretaker relative. Dependent child under 19 in the home. Return quarterly reports to be eligible for the second 6 months. To be eligible for months 7 through 12, MAGI cannot exceed 196% FPL for household size.

Program	Services	Eligibility Requirements
<p>MO HealthNet for Pregnant Women (MPW)</p>	<p>Healthcare coverage for pregnancy which may include:</p> <ul style="list-style-type: none"> • Two (2) months of postpartum coverage following the month the pregnancy ends, • Extended Women’s Health Services which is a waiver program that allows 12 months of family planning services for uninsured women at the conclusion of the postpartum period. 	<p>Self-attestation of pregnancy. SSN. Missouri resident. US Citizen/Eligible Qualified Non-Citizen. Individual must be pregnant. MAGI household income does not exceed 196% FPL for household size (including unborn child).</p>
<p>MO HealthNet for Newborns</p>	<p>Healthcare coverage through age 1.</p>	<p>Mother was eligible for and received a qualifying MO HealthNet when child was born. Missouri resident.</p>
<p>Show-Me Healthy Babies (SMHB)</p> <p>NOTE: This program is subject to funding appropriations.</p>	<p>Healthcare coverage for low income unborn children throughout the mother’s pregnancy and also insures these children receive no cost health coverage for the 1st year of life.</p>	<p>Parent self-attestation of pregnancy. Missouri resident. MAGI household income does not exceed 305% FPL for household size (including unborn child). Pregnant women in families with gross income over 150% FPL cannot have access to affordable health insurance (\$82 to \$204/mo based on household size and income). Pregnant woman cannot have employer sponsored or private insurance that covers all of the following:</p> <ul style="list-style-type: none"> • Pre-natal services; • Labor and Delivery; and • Post-partum coverage.

		If all three are included on other insurance coverage, the individual is not eligible for SMHB. If one of the three services are not covered, the individual is potentially eligible for SMHB.
Uninsured Women's Health Services (UWHS)	Healthcare coverage for women's health services to uninsured women ages 18 up to but not including age 56. Coverage is limited to family planning and testing and treatment of sexually transmitted diseases.	Women age 18 up to but not including age 56. Uninsured. SSN. Missouri Resident. Must be in need of family planning services. US Citizen/Eligible Qualified Non-Citizen. Family MAGI that does not exceed 201% FPL for household size. Ineligible for any other MO HealthNet program. No access to employer-sponsored insurance.