

TRANSITIONAL MO HEALTHNET QUARTERLY REPORTS

PURPOSE: To provide a form for participants to report their income quarterly while receiving Transitional MO HealthNet (TMH) benefits.

NUMBER OF COPIES AND DISPOSITION: One copy must be sent to the participant as follows:

- First Quarterly Report – must be mailed to participant by the 21st day of the third month of TMH eligibility
- Second Quarterly Report – must be mailed to participant by the 21st day of the sixth month of TMH eligibility
- Third Quarterly Report – must be mailed to participant by the 21st day of the ninth month of TMH eligibility

If there is an Authorized Representative a second copy must be mailed to them at the same time. The original must be scanned into the WorkSite.

RETENTION: Five (5) years

REFERENCE: [1820.050.00 QUARTERLY REPORT REQUIREMENTS \(TMH\)](#)

INSTRUCTIONS FOR COMPLETION:

Before mailing out quarterly reports to participant, enter the following information:

- **Attach FSD Office label** at top of page to provide address to which form should be mailed back.
- **Primary Applicant Name and Address-** enter name and mailing address
- **Complete the form and return it to us by (blank)**
 - **For 1st Quarterly Report (IM-55A)-** enter the 21st day of the fourth month of TMH eligibility
 - **For 2nd Quarterly Report (IM-55B)-** enter the 21st day of the seventh month of TMH eligibility
 - **For 3rd Quarterly Report (IM-55C)-** enter the 21st day of the tenth month of TMH eligibility

- **In order for your health care coverage to continue beyond (blank)**
 - **For 1st Quarterly Report** - enter the last day of the sixth month of TMH eligibility
 - **For 2nd Quarterly Report** - enter the last day of the seventh month of TMH eligibility
 - **For 3rd Quarterly Report** - enter the last day of the tenth month of TMH eligibility

- **If you do not send the completed report by the date shown, we will suspend your health care benefits effective (blank)**
 - **For 1st Quarterly Report** - enter the first day of the seventh month of TMH eligibility
 - **For 2nd Quarterly Report** - enter the first day of the eighth month of TMH eligibility
 - **For 3rd Quarterly Report** - enter the first day of the eleventh month of TMH eligibility

- **Enter gross earned income received in the months of: (blank), (blank), and (blank)**
 - **For 1st Quarterly Report** - enter the first, second, and third months of TMH eligibility
 - **For 2nd Quarterly Report** - enter the fourth, fifth, and sixth months of TMH eligibility
 - **For 3rd Quarterly Report** - enter the seventh, eighth, and ninth months of TMH eligibility