

MANDATORY PASSAGES AND LANGUAGE FOR
MO HEALTHNET MANAGED CARE HEALTH PLAN
MEMBER HANDBOOKS

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WELCOME TO MO HEALTHNET MANAGED CARE

You live in an area of the state where you get most of your benefits from a MO HealthNet Managed Care health plan. Each MO HealthNet Managed Care health plan member must have a Primary Care Provider (PCP). A PCP manages a member's health care. In non-Managed Care areas of the state, individuals eligible for MO HealthNet receive health care services through MO HealthNet Fee-for-Service. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. MO HealthNet Fee-for-Service members must go to a MO HealthNet approved provider. You can do an on-line search to find a MO HealthNet approved provider at <https://dssapp.dss.mo.gov/ProviderList/sprovider.asp> or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.

KEEPING YOUR INSURANCE

It is very important you call the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at www.dss.mo.gov to access the FSD Program Enrollment System online to let them know when your address changes. Important letters and information will be mailed to the address you have provided. You or your children could lose your MO HealthNet coverage if you do not respond to State requests for information. Please make sure that you answer all mail from the State.

INTERPRETER SERVICES

If you do not speak or understand English call **PLAN PHONE NUMBER** to ask for help. We can help if you do not speak or understand English.

- We will get you a translator when needed.
- We may have this book in your language.
- We will get a copy of the grievance and appeal rules in your language.

[PRINT IN SPANISH AS WELL AS ENGLISH and in prevalent languages \(Bosnian, Vietnamese, others\)](#)

VISUALLY AND HEARING IMPAIRED MEMBERS

We have this handbook in an easy to read form for people with poor eyesight. Please call us at **PLAN PHONE NUMBER** for help. We have a special phone number for people with poor hearing. Members who use a Telecommunications Device for the Deaf (TDD) can call **PLAN PHONE NUMBER**.

[PRINT IN A LARGER FONT](#)

PRINT THE ABOVE INFORMATION ON THE FIRST PAGE OF THE HANDBOOK.

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WEBSITE INFORMATION

You can get up-to-date information about your MO HealthNet Managed Care health plan on our website at: (HEALTH PLAN WEBSITE ADDRESS). You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers and e-mail addresses.

You may also get information about the MO HealthNet Program at www.dss.mo.gov/mhd.

MEDICAL DISABILITY/MO HEALTHNET FEE-FOR-SERVICE

If you get Supplemental Security Income (SSI), meet the SSI medical disability definition, or get adoption subsidy benefits you may stay in MO HealthNet Managed Care or you may choose to get MO HealthNet Fee-for-Service using MO HealthNet approved providers. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for information and to make your choice.

CHANGING TO ANOTHER MO HEALTHNET MANAGED CARE HEALTH PLAN

You may change MO HealthNet Managed Care health plans for any reason during the first 90 days after you become a MO HealthNet Managed Care health plan member. You will also be able to change during your annual open enrollment time. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for help in changing MO HealthNet Managed Care health plans.

You may be able to change MO HealthNet Managed Care health plans after 90 days. Some reasons for changing include but are not limited to the following:

- you have moved out of the MO HealthNet Managed Care area; or
- your PCP or specialist who has been your main source of services for the previous year is no longer with HEALTH PLAN and is in another MO HealthNet Managed Care health plan.

NAME OF PLAN cannot make you leave our MO HealthNet Managed Care health plan because of a health problem.

NEWBORN COVERAGE

If you have a baby you must:

- call the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at www.dss.mo.gov to access the FSD Program Enrollment System online as soon as possible to report the birth of your child. The State will give your baby an identification number, known as a DCN or MO HealthNet number;

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- call **NAME OF PLAN** at **PLAN PHONE NUMBER**; and
- pick a PCP for your baby in **NAME OF PLAN** network.

Your baby will be enrolled in **NAME OF PLAN**. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 if you want a different MO HealthNet Managed Care health plan for your baby. This is the only phone number you can use to change your baby's MO HealthNet Managed Care health plan. You cannot enroll the baby before birth. You cannot change MO HealthNet Managed Care health plans for your baby until after your baby is born and has a MO HealthNet number. The Family Support Division staff cannot change your baby's MO HealthNet Managed Care health plan.

To be sure your baby gets all the services he or she needs, continue to use your current MO HealthNet Managed Care health plan and PCP until the new MO HealthNet Managed Care health plan is effective. If you want to change your baby's MO HealthNet Managed Care health plan it will be, at most, 15 days before the new MO HealthNet Managed Care health plan is effective.

CHANGES YOU NEED TO REPORT

If you move, it is important that you **report your new address** by calling the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at www.dss.mo.gov to access the FSD Program Enrollment System online, and the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627. Then call **NAME OF PLAN** at **PLAN PHONE NUMBER**. Your MO HealthNet Managed Care coverage may be affected. If we do not know where you live, you will miss important information about your coverage. Changes you need to report to the FSD Information Center at 1-855-373-4636 include:

- family size (including the birth of any babies);
- income;
- address;
- phone number; and
- availability of insurance.

INSURANCE

You have MO HealthNet Managed Care health care coverage through **NAME OF PLAN**. You may have other health insurance, too. This may be from a job, an absent parent, union, or other source. If you have other health insurance besides MO HealthNet Managed Care, that insurance company must pay for most of your health services before **NAME OF PLAN** pays. If your other health insurance covers a service not covered by MO HealthNet Managed Care, you will owe your provider what your insurance does not pay. It is important that you show all your insurance ID cards to your health care provider.

All adults must show their red or white MO HealthNet card and their MO HealthNet Managed Care health plan card to receive non-emergency care.

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NAME OF PLAN and your other health insurance policy have rules about getting health care. You must follow the rules for each policy. There are rules about going out-of-network. Some services need prior approval. You may have to pay for the service if you don't follow the rules. For help, call **NAME OF PLAN** at **PLAN PHONE NUMBER**.

If you have health insurance other than MO HealthNet Managed Care or your insurance changes, details about your insurance are needed. Have your insurance card with you when you call the following numbers.

You must call

- **NAME OF PLAN** at **PLAN PHONE NUMBER**; and
- the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627; or
- the Family Support Division (FSD) Information Center at 1-855-373-4636, or you may visit our website at www.dss.mo.gov to access the FSD Program Enrollment System online.

You must report insurance you get through your job or you could lose your MO HealthNet benefits. MO HealthNet has a program that can pay the cost of other health insurance. The name of the program is Health Insurance Premium Payment (HIPP).

- Call the Family Support Division (FSD) Information Center at 1-855-373-4636, or you may visit our website at www.dss.mo.gov to access the FSD Program Enrollment System online if your job has health insurance.
- Call Third Party Liability (TPL) at 573-751-2005 to ask about the HIPP program.

You must call **NAME OF PLAN** at **PLAN PHONE NUMBER** or the Family Support Division (FSD) Information Center at 1-855-373-4636, or you may visit our website at www.dss.mo.gov to access the FSD Program Enrollment System online within 30 days if:

- you get hurt in a car wreck;
- you get hurt at work;
- you get hurt and have a lawyer; or
- you get money because of an accident.

YOUR RIGHTS AS A MO HEALTHNET MANAGED CARE HEALTH PLAN MEMBER

You have the right to:

- Be treated with respect and dignity.
- Receive needed medical services.
- Privacy and confidentiality (including minors) subject to state and federal laws.
- Select your own PCP.
- Refuse treatment.
- Receive information about your health care and treatment options.

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- Participate in decision-making about your health care.
- Have access to your medical records and to request changes, if necessary.
- Have someone act on your behalf if you are unable to do so.
- Get information on our Physician Incentive Plan, if any, by calling **PLAN PHONE NUMBER**.
- Be free of restraint or seclusion from a provider who wants to:
 - make you do something you should not do;
 - punish you;
 - get back at you; or
 - make things easier for him or her.
- Be free to exercise these rights without retaliation.
- Receive one copy of your medical records once a year at no cost to you.

YOUR HEALTH BENEFITS IN MO HEALTHNET MANAGED CARE

Some benefits are limited based on your eligibility group or age. The benefits that may be limited have an "*" next to them. Some services need prior approval before getting them. Call **NAME OF PLAN** at **PLAN PHONE NUMBER** for information about your health benefits.

- Ambulance
- Ambulatory surgical center, birthing center
- Behavioral health and substance abuse
- Cancer screenings
- Dental services related to trauma to the mouth, jaw, teeth or other contiguous sites as a result of injury. Dental services when the absence of dental treatment would adversely affect a pre-existing medical condition
- Durable medical equipment (DME)
- Emergency medical, behavioral health, and substance abuse services and post-stabilization services
- Family planning
- Home health services
- Hospice, if you are in the last six months of your life. Children may receive hospice services and treatment for their illness at the same time. The hospice will provide all services for pain relief and support
- Hospital, when an overnight stay is required
- Laboratory tests and x-rays
- Maternity benefits, including certified nurse midwife
- Optical, services include one comprehensive or one limited eye examination every two years for refractive error, services related to trauma or treatment of disease/medical condition (including eye prosthetics), and one pair eyeglasses every two years (during any 24 month period of time). Replacements within the 24 month period may be available under certain conditions
- Outpatient hospital, when an overnight stay is not required
- Personal care

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- Podiatry, limited medical services for your feet
- Primary Care Provider (PCP) services
- Specialty care with PCP referral <omit words “with PCP referral” if do not require PCP referral to access specialty care>
- Transplant related services
- Transportation to medical appointments* <omit * if health plan provides transportation to ME code 73-75 as additional benefit>

You may get these services from your MO HealthNet Managed Care health plan or a local public health agency.

- Screening, testing, and treatment for sexually transmitted diseases
- Screening and testing for HIV
- Screening, testing, and treatment for tuberculosis
- Immunizations (shots) for children
- Screening, testing, and treatment for lead poisoning

MORE BENEFITS FOR CHILDREN AND WOMEN IN A MO HEALTHNET CATEGORY OF ASSISTANCE FOR PREGNANT WOMEN

A child is anyone less than twenty-one (21) years of age. Some services need prior approval before getting them. Call **PLAN PHONE NUMBER** to check. Women must be in a MO HealthNet category of assistance for pregnant women to get these extra benefits.

- Comprehensive day rehabilitation, services to help you recover from a serious head injury.
- Dental services.
- Diabetes education and self management training.
- Hearing aids and related services.
- Podiatry, medical services for your feet.
- Vision – Children get all their vision care from the health plan. Some pregnant women will get their vision care from the health plan which includes one (1) comprehensive or one (1) limited eye exam per year for refractive error, and one (1) pair of eyeglasses every two years (during any 24 month period of time). Replacements within the 24 month period may be available under certain conditions.
- MO HealthNet has a special program to provide medically necessary services to children. The program is called Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Healthy Children and Youth (HCY). Your Primary Care Provider (PCP) can give your child these EPSDT/HCY services.

Some examples of EPSDT/HCY services include:

- Child’s medical history.
- An unclothed physical exam.

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- Blood and/or urine tests.
- Immunizations (shots).
- Screening and testing lead levels in blood.
- Checking the growth and progress of the child.
- Vision, hearing, and dental screens.
- Dental care and braces for teeth when needed for health reasons.
- Private duty nurses in the home.
- Special therapies such as physical, occupational, and speech.
- Aids to help disabled children talk.
- Personal care to help take care of a sick or disabled child.
- Health care management.
- Psychology/counseling.
- Health education.

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An EPSDT/HCY Health Screen helps children stay healthy or find problems that may need medical treatment. Your child needs to get regular checkups. Children between 6 months and 6 years old need to get checked for lead poisoning. You may use the chart below to record when your child gets a health screen or lead poison screen.

| Health Screen & Lead Poison Assessment Record | | |
|---|-----------------------|---|
| Age | Date of Health Screen | Date of Lead Poison Screen |
| Newborn | | |
| By one month | | |
| 2-3 months | | |
| 4-5 months | | |
| 6-8 months | | |
| 9-11 months | | |
| 12-14 months | | Your child needs a Blood Lead Level at 12 and 24 months |
| 15-17 months | | |
| 18-23 months | | |
| 24 months | | |
| 3 years | | Your child needs a Blood Lead Level each year until age 6 if in a high-risk area. |
| 4 years | | |
| 5 years | | |
| 6-7 years | | |
| 8-9 years | | |
| 10-11 years | | |
| 12-13 years | | A Blood Lead Level is recommended for women of child-bearing age. |
| 14-15 years | | |
| 16-17 years | | |
| 18-19 years | | |
| 20 years | | |

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Important tests your child needs are shown on the chart below. Please note these are not all the tests your child may need. Talk with your child's PCP.

| Age | Test |
|-----------|---|
| Birth | PKU Test |
| 1-2 Weeks | PKU and Thyroid Tests |
| 12 months | TB Test, Blood Count, Blood Lead Level |
| 2 years | Blood Lead Level Test |
| 3 years | Blood Lead Level Test if in a high-risk area. |
| 4 years | Blood Lead Level Test if in a high-risk area. |
| 5 years | Blood Lead Level Test if in a high-risk area. |
| 6 years | Blood Lead Level Test if in a high-risk area. |

LEAD SCREENING FOR CHILDREN & PREGNANT WOMEN

Your child may be at risk for lead poisoning if:

- you live in or visit a house built before 1978 or
- someone in your house works as a
 - plumber,
 - auto mechanic,
 - printer,
 - steel worker,
 - battery manufacturer,
 - gas station attendant, or
 - other jobs that contain lead.

There are other ways your child can be poisoned. Call **PLAN PHONE NUMBER** if you have questions about lead poisoning.

High levels of lead can cause brain damage or even death. Lead in children is a common health concern.

- All children through six years of age must be tested annually if they live in a high-risk area (Missouri state law requirement).
- All children through six years of age must be tested if they have been exposed to lead.
- Children must be tested at one year and two years of age if the child lives in a non-high risk area.

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- Children between one and six years of age must be tested if they have not been previously tested.

A lead screen has two parts. First, the Primary Care Provider (PCP) will ask questions to see if your child may have been exposed to lead. Then the PCP may take some blood from your child to check for lead. This is called a blood lead level test. Children at one year old and again at two years old must have a blood lead level test. Children with high lead levels in their blood must have follow up services for lead poisoning.

High lead levels in a pregnant woman can harm her unborn child. If you are pregnant, talk with your PCP or obstetrician to see if you may have been exposed to lead.

IMMUNIZATION (SHOT) SCHEDULE FOR CHILDREN

Immunizations (shots) help prevent serious illness. This record will help keep track when your child is immunized. If your child did not get their shots at the age shown, they still need to get that shot. Talk to your PCP about your child's immunizations (shots). Children must have their immunizations (shots) to enter school.

| Immunization Record | | |
|-------------------------|---------------------------------------|---------------|
| Age | Shot (Immunization) | Date Received |
| Birth | HepB* | |
| 2 months | DTaP, Hib, IPV, PCV, RV, HepB | |
| 4 months | DTaP, Hib, IPV, PCV, RV, HepB* | |
| 6 months | DTaP, Hib, IPV, PCV, RV, HepB | |
| 12-15 months | Hib, PCV, MMR, Varicella, HepA | |
| 15-18 months | DTaP** | |
| 19-23 months | HepA | |
| 4 - 6 years | DTaP, IPV, MMR, Varicella | |
| 7-10 years Catch-Up | Tdap, HepB, IPV, MMR, Varicella, HepA | |
| 11-12 years | Tdap, MCV4 (1 dose), HPV (3 doses) | |
| 11-12 years Catch-Up | HepB, IPV, MMR, Varicella, HepA | |

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| | | |
|-------------------------|--|--|
| 13-18 years Catch-Up | Tdap, MCV4 (1 dose, Booster at 16), HPV, HepB, IPV, MMR, Varicella, HepA | |
| 19 years | HPV -females (3 doses) HPV-males (3 doses) MMR*** | |
| Every year | Influenza (after 6 months) | |

**If the birth dose of HepB is given, the 4 month dose may be omitted.*

***Can be given as early as 12 months, if there are six months since third dose.*

****Recommended for those who lack documentation of vaccination or have no evidence of previous infection.*

NURSE VISITS FOR YOU AND YOUR BABY

You and your Primary Care Provider (PCP) may agree for you to go home early after having a baby. If you do, you may get two nurse visits in your home. You may get the home health nurse visits if you leave the hospital less than 48 hours after having your baby, or less than 96 hours after a C-Section. The first nurse visit will be within two days of leaving the hospital. The second nurse visit is within two weeks of leaving the hospital. You may be able to get more nurse visits if you need them.

At a home visit, the nurse will:

- check your health and your baby;
- talk to you about how things are going;
- answer your questions;
- teach you how to do things such as breastfeeding; and
- do lab tests if your PCP orders them.

SPECIAL HEALTH CARE NEEDS

If you have a special health care need, call **NAME OF PLAN** at **PLAN PHONE NUMBER**. **NAME OF PLAN** will work with you to make sure you get the care you need. If you have a chronic illness and are seeing a specialist for your medical care, you may ask **NAME OF PLAN** for a specialist to be your PCP.

CASE MANAGEMENT SERVICES

NAME OF PLAN will offer case management services for members who are

- pregnant or
- children ages 6 years or younger with elevated blood lead levels.

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Within thirty (30) days of enrollment, **NAME OF PLAN** will offer a case management assessment for new members with the following conditions:

- cancer,
- cardiac disease,
- chronic pain,
- hepatitis C,
- HIV/AIDS,
- children with special health care needs including autism spectrum disorder, sickle cell anemia,
- anxiety disorders, and
- pervasive developmental disorder.

You may ask for an assessment for case management services at any time by calling **NAME OF PLAN** at **PLAN PHONE NUMBER**.

BEHAVIORAL HEALTH CARE

NAME OF PLAN will cover your behavioral health needs. A PCP referral is not needed for behavioral health care. You may go to any behavioral health provider on **NAME OF PLAN's** list of providers. You may get four visits in a year without our okay. Be sure to go to a behavioral health provider in our network. Behavioral health care includes care for people who abuse drugs or alcohol or need other behavioral health services. Call **PLAN PHONE NUMBER** to get behavioral health services and for help finding a provider within our network.

Children who are in Alternative Care or get Adoption Subsidy get behavioral health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers. These children get their physical health care from **NAME OF PLAN**.

FAMILY PLANNING

All MO HealthNet Managed Care health plan members can get family planning services no matter what age. These services will be kept private. You may go to a **NAME OF PLAN** provider or a MO HealthNet Fee-for-Service approved provider to get family planning services. You do not need to ask **NAME OF PLAN** first. **NAME OF PLAN** will pay for your family planning services.

CARE YOU GET USING THE RED OR WHITE MO HEALTHNET CARD

You can get some health care that is not covered by **NAME OF PLAN**. These services are covered by MO HealthNet Fee-for-Service using MO HealthNet approved providers. **NAME OF PLAN** can help you find a MO HealthNet approved provider for that care. Please let your Primary Care Provider (PCP) know about the care you get. This helps your PCP take care of you. This care may include the following:

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- Pharmacy.
- School based services including physical therapy (PT), occupational therapy (OT), speech therapy (ST), hearing aid, personal care, private duty nursing, or psychology/counseling services included in an Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP). Parents, the school, or the Department of Mental Health may start an IEP or IFSP.
- Visits by a health worker to see if lead is in your home.
- Bone marrow and organ transplants.
- SAFE/CARE exams for abused children.
- Children who are in Alternative Care or get Adoption Subsidy get behavioral health/substance abuse care through MO HealthNet Fee-for Service using MO HealthNet approved providers. These children get their physical health care from **NAME OF PLAN**.
- Community Psychiatric Rehabilitation is a special program run by the Missouri Department of Mental Health for the seriously mentally ill or seriously emotionally disturbed.
- Drug and alcohol treatment from a Comprehensive Substance Treatment and Rehabilitation (CSTAR) provider. Call **NAME OF PLAN** Member Services at **PLAN PHONE NUMBER** for a list of CSTAR providers.
- Targeted case management for behavioral health services.
- Abortion - (termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life).
- Smoking cessation.

GETTING MEDICAL CARE

Call your Primary Care Provider (PCP) when you need health care. Your PCP's phone number is on your **NAME OF PLAN** card. Your PCP will help you get the care you need or refer you to a specialist.

These services do not need a PCP referral:

- Birth control or family planning - you may go to our providers or a MO HealthNet approved provider. We will pay for this care, even if the provider is not in **NAME OF PLAN**.
- Behavioral health care - you may go to any of our behavioral health providers. Just call this toll free number **PLAN PHONE NUMBER**.
- Local public health agencies - Children may go to local public health agencies for shots. Members may go to local public health agencies for tests and treatment of sexually transmitted diseases and tuberculosis; HIV/AIDS tests; or for lead poisoning screening, testing and treatment.
- Women's health service - You may go to any of our GYN providers.
- **NOTE: Plan must add any other services that do not require PCP referral: (i.e. dental, vision and others) with phone numbers.**

MANDATORY PASSAGES AND LANGUAGE FOR MO HEALTHNET MANAGED CARE HEALTH PLAN MEMBER HANDBOOKS

You may have to pay for services you get if:

- you go to another health care provider without a referral from your PCP <Omit if health plan does not require PCP referrals>;
- you choose to get medical services that are not covered by MO HealthNet Managed Care;
- you go to a provider that is not a NAME OF PLAN provider without prior approval;
- you do not have prior approval for services that need it.

HEALTH CARE AWAY FROM HOME

- If you need urgent health care when you are away from home, call your PCP or NAME OF PLAN at PLAN PHONE NUMBER for help.
- In an emergency, you do not need to call your PCP first. Go to the nearest emergency room or call 911.
- Call your PCP after an emergency room visit.
- Get your follow up care from your PCP.
- Routine health care services must be received from your PCP when you get back home.
- All services outside the United States and its Territories are not covered.

PHARMACY DISPENSING FEES

Pharmacy Dispensing Fees - Children under age 19 do not have to pay a pharmacy dispensing fee. Members age 19 and older pay a pharmacy dispensing fee for each drug they get. This fee is \$0.50 up to \$2.00 for each drug. The amount of this fee is based on the cost of the drug. You should never pay a fee of more than \$2.00 for each drug. Remember, if you get more than one drug at the same time, you will pay these fees for each drug you get.

You will not pay a dispensing fee when the medicine is for an emergency, family planning, a foster child, EPSDT/HCY services, or a pregnancy related reason.

To ask what you have to pay call MO HealthNet Division Participant Services, at 1-800-392-2161.

You will be able to get your prescription even if you cannot pay. You will still owe the fee and must pay it like your other bills.

MANDATORY PASSAGES AND LANGUAGE FOR MO HEALTHNET MANAGED CARE HEALTH PLAN MEMBER HANDBOOKS

NON- EMERGENCY MEDICAL TRANSPORTATION (NEMT)

NEMT stands for Non-Emergency Medical Transportation. NEMT can be used when you do not have a way to get to your health care appointment without charge. We may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary to get you to your health care appointment. **NAME OF PLAN** will give you a ride that meets your needs. You do not get to choose what kind of car or van or the company that will give you the ride. You may be able to get help with gas costs if you have a friend or a neighbor who can take you. This must be approved before your appointment.

Who can get NEMT services?

- You must be in **NAME OF PLAN** on the day of your appointment.
- Some people do not get NEMT as part of their benefits. To check, call member services at **PLAN PHONE NUMBER**.
- Children who are under age 17 must have an adult ride with them.
- We will only pay for one child and one parent/guardian and/or an attendant if your child is under age 21 and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.
- Your medical appointment requires an overnight stay.
- Volunteer, community, or other ancillary services are not available at no cost to you.

What health care services can I get NEMT to take me to?

- The appointment is to a health care provider that is in **NAME OF PLAN** or takes MO HealthNet Fee-for-Service.
- The appointment is to a service covered by **NAME OF PLAN** or MO HealthNet Fee-for-Service.
- The appointment is to a health care provider near where you live. If the provider is far away, you may need to say why and get a note from your PCP. There are rules about how far you can travel to a health care appointment and get a ride.
- Some services already include NEMT. We will not give you a ride to these services. Examples are: Some Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) services; hospice services; Developmental Disability (DD) Waiver services; some Community Psychiatric Rehabilitation (CPR) services; adult day health care services; and services provided in your home. School districts must supply a ride to a child's Individual Education Plan (IEP) services and IEP medical related services.
- The NEMT program can take you to a durable medical equipment (DME) provider only if the DME provider cannot mail or deliver your equipment to you.
- The NEMT program will not take you to a pharmacy. Many pharmacies will mail or deliver your medicine to you. **<omit if provide transportation to pharmacies as an additional benefit>**

How do I use the NEMT program?

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Call **PLAN PHONE NUMBER**. You must call at least **INSERT NUMBER** days before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your health care provider gives you an urgent care appointment. You can call this number **INSERT NUMBER**. If you have an emergency, dial 911, or the local emergency phone number.

EMERGENCY MEDICAL SERVICES

In an emergency, go to the nearest emergency room even if it is not in **NAME OF HEALTH PLAN** network or call 911. When you go to the emergency room a health care provider will check to see if you need emergency care. You can call the number listed on the back of your MO HealthNet Managed Care health plan card anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

An emergency is when you call 911 or go to the nearest emergency room for things like

- chest pain;
- stroke;
- difficulty breathing;
- bad burns;
- deep cuts/heavy bleeding; or
- gunshot wound.

If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call **NAME OF PLAN** Nurse Advice Helpline at **PLAN PHONE NUMBER**.

It's best to call or go to your PCP's office for things that are not emergencies, like:

- earaches;
- sore throat;
- backaches;
- small cuts; or
- cold/flu.

You should call your PCP to be treated for these things. If you go to the emergency room and it is not an emergency, you may have to pay for the care you get.

Emergency medical services are those health care items and services furnished that are required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical, behavioral health or substance abuse condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent lay person, possessing average knowledge of health and medicine, to result in:

- placing the patient's physical or behavioral health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or

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- serious impairment of bodily functions; or
- serious dysfunction of any bodily organ or part; or
- serious harm to self or others due to an alcohol or drug abuse emergency; or
- injury to self or bodily harm to others; or
- with respect to a pregnant woman who is having contractions:
 - there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - transfer may pose a threat to the health or safety of the woman or the unborn.

**** Health Plans must provide locations of where to receive or obtain ER services. Therefore, the health plan should supply a list of facilities and addresses in this slot.**

POST-STABILIZATION CARE

Post-stabilization care services means covered services, related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized conditions or to improve or resolve the member's condition.

EMERGENCY TRANSPORTATION

Call 911 or the closest ambulance.

REGULAR HEALTH CARE APPOINTMENTS

Your health care providers must see you within 30 days when you call for a regular health care and dental appointment. Call **PLAN PHONE NUMBER** if you need help.

Pregnant women can see a health care provider sooner. In the first six months of pregnancy, you must be seen within seven days of asking. In the last three months of your pregnancy, you must be seen within three days of asking.

You should not have to wait longer than one hour from the time of your appointment. For example, if your appointment time is 2:00 p.m., you should be seen by 3:00 p.m. Sometimes you may have to wait longer because of an emergency. Please call **NAME OF PLAN** at **PLAN PHONE NUMBER** if you have problems or need help with an appointment. It is always important that you take all your health insurance cards to your appointments.

URGENT HEALTH CARE APPOINTMENTS

Sometimes you need medical care soon, but it is not an emergency. Some examples of urgent care are

- a fever that won't go away;
- earaches;

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- a rash that won't go away;
- a pulled or strained muscle; or
- vomiting or diarrhea that doesn't stop.

For urgent health care appointments, you must be seen within the following time frames:

- for serious illnesses or injuries, appointments will be available at all times;
- for things like a high temperature and vomiting or diarrhea that won't stop, you must be seen within 24 hours;
- for things like a rash, non-life threatening pain or fever, your provider must see you within five business days or one week, whichever is earlier.

Your health care provider will treat you if he or she can. Your health care provider will send you to someone else if he or she is not able to see you that soon. It is always important that you take all your health insurance cards to your appointments.

BEHAVIORAL HEALTH CARE APPOINTMENTS

Appointments for behavioral health care are the same as for regular and urgent health care appointments.

You may see a **NAME OF PLAN** behavioral health care provider four times yearly without approval. Then after the four behavioral health visits, **NAME OF PLAN** must okay more visits. Call **PLAN PHONE NUMBER**. It is always important that you take all your health insurance cards to your appointments.

DENTAL APPOINTMENTS

Appointments for dental services are the same as for regular and urgent health care appointments.

SECOND OPINION AND THIRD OPINION

You may want an opinion from a different health care provider. In such cases, you must ask your PCP or **NAME OF PLAN** to get a second opinion. **NAME OF PLAN** will pay for it.

You may get an opinion from a third provider if your PCP and second opinion provider do not agree. **NAME OF PLAN** will pay for a third opinion. It is always important that you take all your health insurance cards to your appointments.

CHOOSING AND CHANGING YOUR PRIMARY CARE PROVIDER (PCP)

You must choose a PCP. If you do not, we will choose one for you. Your PCP will manage your health care. The PCP knows **NAME OF PLAN** network and can guide you to specialists if you need one. You may ask for a specialist as your PCP if you have a chronic illness or disabling condition. We will work out a plan to make sure you get the care you need.

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You have a right to change PCPs in our MO HealthNet Managed Care health plan. (ADD EXPLANATION OF PLAN'S POLICY ON HOW FREQUENTLY CHANGES ARE ALLOWED. NOTE: Contract requires a minimum of two each year without cause.) Children in state custody may change PCPs as often as needed. To do this, call us at PLAN PHONE NUMBER. (ADD LANGUAGE ABOUT HOW LONG IT TAKES TO GET A NEW PCP).

IF YOU ARE BILLED

NAME OF PLAN will pay for all covered MO HealthNet Managed Care services. You should not be getting a bill if the medical service you got is a covered MO HealthNet Managed Care benefit. If you choose to pay for a service, you must agree in writing that you will be responsible for the payment before getting the service. The written agreement must show the date and service. It must be signed and dated by you and the provider. The agreement must be made before you receive the service. A copy of the agreement must be kept in your medical record.

You will not have to pay for covered health care services even if:

- the State does not pay your MO HealthNet Managed Care health plan;
- your MO HealthNet Managed Care health plan does not pay your provider;
- your provider's bill is more than your MO HealthNet Managed Care health plan will pay;
- your MO HealthNet Managed Care health plan cannot pay its bills.

You may have to pay for services you get if:

- you go to another health care provider without a referral from your PCP <Omit if health plan does not require PCP referrals>;
- you choose to get medical services that are not covered by MO HealthNet Managed Care; or
- you go to a provider that is not a NAME OF PLAN provider without prior approval.

If you get a bill, do not wait! Call our Member Services office at PLAN PHONE NUMBER. NAME OF PLAN will look into this for you.

FRAUD AND ABUSE

Committing fraud or abuse is against the law.

Fraud is a dishonest act done on purpose.

Examples of member fraud are:

- Letting someone else use your MO HealthNet Managed Care health plan card(s) or red card or white MO HealthNet card.
- Getting prescriptions with the intent of abusing or selling drugs.

An example of provider fraud is:

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- Billing for services not provided.

Abuse is an act that does not follow good practices.

An example of member abuse is:

- Going to the emergency room for a condition that is not an emergency.

An example of provider abuse is:

- Prescribing a more expensive item than is necessary.

You should report instances of fraud and abuse to:

(Health Plan Name)
(Health Plan Phone Number)

or

MO HealthNet Division
Participant Services
1 (800) 392-2161

or

For Participant Fraud or Abuse
Department of Social Services
Division of Legal Services, Investigation Unit
1 (573) 751-3285

Send email to MMAC.reportfraud@dss.mo.gov
or

For Provider Fraud or Abuse
Missouri Medicaid Audit & Compliance Investigations
1 (573) 751-3285 or 1 (573) 751-3399
Send email to MMAC.reportfraud@dss.mo.gov

GRIEVANCES AND APPEALS

You may not always be happy with **NAME OF PLAN**. We want to hear from you. **NAME OF PLAN** has people who can help you. **NAME OF PLAN cannot take your benefits away because you make a grievance, appeal, or ask for a State Fair Hearing.**

There are two ways to tell **NAME OF PLAN** about a problem:

GRIEVANCE or APPEAL

A Grievance is a way for you to show dissatisfaction about things like:

- the quality of care or services you received;
- the way you were treated by a provider;

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- a disagreement you may have with a MO HealthNet Managed Care health plan policy; or
- you do not agree to extend the time for a decision of a grievance or an appeal.

An Appeal is a way for you to ask for a review when your MO HealthNet Managed Care health plan:

Takes action to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service;

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within thirty (30) days of receipt of request;
- Make an expedited decision within three (3) days of receipt of request;
- Make an appeal decision within forty-five (45) days of receipt of request.

NAME OF PLAN must give you a written Notice of Action if any of these actions happen. The Notice of Action will tell you what we did and why and give you your rights to appeal or ask for a State Fair Hearing.

YOU HAVE SOME SPECIAL RIGHTS WHEN MAKING A GRIEVANCE OR APPEAL

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **PLAN PHONE NUMBER** to get help from someone who speaks your language.
3. You may ask anyone such as a family member, your minister, a friend, or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within 3 working days or sooner. This is called an expedited review. Call **NAME OF PLAN** and tell **NAME OF PLAN** if you think you need an expedited review.
5. **NAME OF PLAN** may take up to 14 days longer to decide if you request the change of time or if we think it is in your best interest. If **NAME OF PLAN** changes the time we must tell you in writing the reason for the delay.
6. If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision you must appeal within 10 days from the date the notice of action was mailed and tell us not to stop the service while you appeal. If you do not win your appeal you may have to pay for the medical care you got during this time.
7. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.

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HOW TO MAKE A GRIEVANCE OR APPEAL OR ASK FOR A STATE FAIR HEARING

1. GRIEVANCE - You may file a grievance on the telephone, in person, or in writing. Call **NAME OF PLAN** at **PLAN PHONE NUMBER** to file a grievance.
 - **NAME OF PLAN** will write you within 10 days and let you know we got your grievance.
 - **NAME OF PLAN** must give written notice of a decision within 30 days.

2. APPEAL - You may file an appeal orally or in writing to **NAME OF PLAN**. Unless you need an expedited review, you must complete a written request even if you filed orally.
 - You must appeal within 90 days from the date of our Notice of Action.
 - For help on how to make an appeal, call **NAME OF PLAN** at **PLAN PHONE NUMBER**.
 - Send your written appeal to: **PLAN ADDRESS**
 - **NAME OF PLAN** must write you within 10 days and let you know we got your appeal.
 - **NAME OF PLAN** must give written notice of a decision within 45 days unless it is an expedited review.

3. STATE FAIR HEARING – You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan takes an action or when your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review you must complete a written request even if you asked orally.
 - You must ask for a State Fair Hearing within 90 days from the date of the MO HealthNet Managed Care health plan's written Notice of Action or Appeal Decision Letter.
 - For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at 1-800-392-2161.
 - If you do not speak or understand English, call 1-800-392-2161 to get help from someone who speaks your language.
 - You can send your written request to Participant Services Unit, MO HealthNet Division, P.O. Box 6500, Jefferson City, MO 65102-6500.
 - You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
 - You may ask anyone such as a family member, your minister, a friend, or an attorney to help you with a State Fair Hearing.
 - A decision will be made within 90 days from the date you asked for a hearing.

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- If your physical or behavioral health is in danger, a decision will be made within 3 working days. This is called an expedited hearing. Call 1-800-392-2161 if you think you need an expedited hearing.
- If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop you must ask for a State Fair Hearing within 10 days of the date the written notice of action was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

ADVOCATES FOR FAMILY HEALTH

Advocates for Family Health is an ombudsman service. An ombudsman is a problem solver who can advise you and help you. Advocates for Family Health can help you if:

- You need help understanding your rights and benefits under MO HealthNet Managed Care.
- You feel your rights to health care are being denied.
- You are not able to solve the problem by talking to a PCP, a nurse, or your MO HealthNet Managed Care health plan.
- You need to talk to someone outside of your MO HealthNet Managed Care health plan.
- You want help when filing a grievance.
- You need help when appealing a decision by your MO HealthNet Managed Care health plan.
- You need help getting a State Fair Hearing.

You can get legal help at no cost to you by contacting the legal aid office for your county.

For Clay, Jackson and Platte counties:

Call Legal Aid of Western Missouri at (816) 474-6750.

Ask for Advocates for Family Health.

For Bates, Benton, Camden, Cass, Henry, Johnson, Lafayette, Linn, Morgan, Pettis, Ray, Saline, St. Clair and Vernon counties:

Call Legal Aid of Western Missouri at (816) 474-6750 or 1 (866) 897-0947.

Ask for Advocates for Family Health.

For Franklin, Jefferson, Lincoln, Macon, Madison, Marion, Monroe, Montgomery, Perry, Pike, Ralls, Shelby, St. Charles, St. Francois, St. Louis, Ste. Genevieve, Warren, and Washington counties, and St. Louis City:

Call Legal Services of Eastern Missouri at (314) 534-1263 or 1 (800) 444-0514.

Ask for Advocates for Family Health.

For Cedar, Gasconade, Laclede, Maries, Phelps, Polk, and Pulaski counties:

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Call Legal Services of Southern Missouri at (417) 881-1397 or 1 (800) 444-4863.
Ask for the Advocates for Family Health.

For *Audrain, Boone, Callaway, Chariton, Cole, Cooper, Howard, Miller, Moniteau, Osage, and Randolph* counties:

Call Mid-Missouri Legal Services Corp. at (573) 442-0116 or 1 (800) 568-4931.
Ask for Advocates for Family Health.

CONSUMER ADVISORY COMMITTEE

Would you like to make an impact on how services are provided?

- Would you like to be a part of a committee that offers advice on MO HealthNet Managed Care issues in Missouri?
- Have you ever wondered why certain decisions are made about MO HealthNet Managed Care services?
- Have you ever said, "If they would ask me, I could tell them what the solution is?"
- Would you like to share your experiences as being a member of MO HealthNet Managed Care?
- Would you like to hear about changes in MO HealthNet Managed Care and how they will affect you and your family?

If you answer yes to any of the above questions, please consider becoming a member of the MO HealthNet Managed Care Consumer Advisory Committee. The Committee meets only four times a year.

We want your help! Assistance with transportation or child care may be available. For more information about this committee, please call 1-800-392-2161.

ADVANCE HEALTH CARE DIRECTIVE

You have the right to accept or refuse any medical care. A time may come when you are too sick to talk to your PCP, family, or friends. You may not be able to tell anyone what health care you want. The law allows adults to do two things when this happens.

- An advance directive allows you to leave written directions about your medical treatment decisions.
- An advance directive also allows you to ask someone to decide your care for you.

If you do not have an advance health care directive, your PCP may not know what health care you want. Talk to your PCP or call **NAME OF PLAN** at **PLAN PHONE NUMBER** for information on an advance health care directive. Your PCP must keep a written and signed copy of what care you want. An advance directive becomes part of your medical record.

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If there is a problem with things not being done the way they should with an advance directive, you may file a complaint with the Missouri Department of Health and Senior Services (Office of General Counsel) at 573-751-6005 or write them at P.O. Box 570, Jefferson City, Missouri 65102. You may email at: info@health.mo.gov.

Advance Health Care Directives are available from the Missouri Bar, PO Box 119, 326 Monroe, Jefferson City, Missouri 65102 or you may call them at (573) 635-4128 or download forms from their website at: www.mobar.org.

FIRST STEPS

OPTIONAL - PLAN MAY INCLUDE IN HANDBOOK OR MAKE AN INFORMATION SHEET NAME OF PLAN can help your family get services from the First Steps Program. First Steps is Missouri's Early Intervention system for infants and toddlers, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities.

Children are eligible for First Steps if they have a significant delay (50% or greater delay in development) in one or more of the following areas:

- cognition (learning);
- communication (speech);
- adaptive (self help);
- physical (walking); or
- social-emotional (behaviors).

Children are referred to **First Steps** through:

- physicians;
- hospitals, including prenatal and postnatal care facilities;
- parents;
- child-care programs;
- local educational agencies, including school districts and Parents as Teachers;
- public health facilities;
- other social service agencies;
- other health care providers;
- public agencies and staff in the child welfare system, including foster care;
- homeless family shelters; or
- domestic violence shelters.

An assessment is done to establish eligibility and determine the needs of the child. The assessment is provided at no charge to the family and is arranged by the regional System Point of Entry (SPOE) office in which the child and family lives.

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Once a child is determined eligible, the services are determined by an Individualized Family Service Plan (IFSP) team. **NAME OF PLAN** can refer you to First Steps. First Steps and **NAME OF PLAN** will work together to manage your child's care.

IMPORTANT INFORMATION FOR MEMBERS OF A FEDERALLY-RECOGNIZED AMERICAN INDIAN OR NATIVE ALASKAN TRIBE

Is your child a member of a federally-recognized American Indian or Native Alaskan tribe? If so, you will not have to pay a premium for your child's health care coverage.

To stop owing a premium, send a copy of the proof of your child's tribal membership to the Premium Collections Unit by mail, fax, or email. Be sure to include your child's name and MO HealthNet identification number with your proof.

MAIL:

MO HealthNet Division
Premium Collections Unit
P.O. Box 6500
Jefferson City, MO 65102-6500

FAX: (573) 526-2471

EMAIL: Scan your records and email to Ask.MHD@dss.mo.gov. Type the words *Premium Collections Unit* in the subject line of your email.

Proof of membership can be a copy of a tribal membership card or letter issued by a tribe that is recognized by the United States Department of the Interior, Bureau of Indian Affairs.

GLOSSARY

Adoption Subsidy - subsidy services supporting a family adopting a child. Financial, medical, and support services for the child until age 18 or in some cases until age 21. These children may choose to get their health care as a MO HealthNet Managed Care health plan member or may choose to get health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers.

Advance Directive - An advance directive allows you to leave written directions about your medical treatment decisions and/or ask someone to decide your care for you.

DCN - Departmental Client Number - also known as your MO HealthNet number. This is your identification number for MO HealthNet.

Eligibility Group - members who receive benefits based on age, family size, and income.

EPSDT - Early Periodic Screening, Diagnosis, and Treatment, also known as HCY.

HCY Program - Healthy Children and Youth, also known as EPSDT.

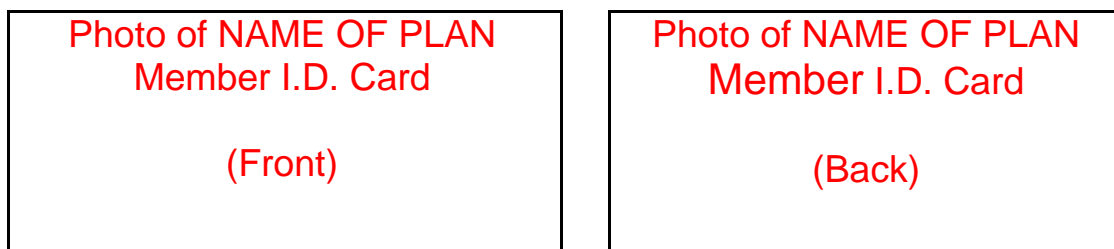
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MO HealthNet Approved Provider - a doctor, nurse, clinic, pharmacy, hospital, or other providers enrolled with the MO HealthNet Division as a MO HealthNet approved provider. MO HealthNet approved providers provide services in MO HealthNet Fee-for-Service. You will show them your red or your white MO HealthNet card. MO HealthNet approved providers are sometimes also called MO HealthNet providers. You can do an on-line search to find a MO HealthNet approved provider at: <https://dssapp.dss.mo.gov/ProviderList/sprovider.asp> or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.

MO HealthNet Fee-for-Service - a way to get some health care services that are not covered by **NAME OF PLAN**. These services may be covered by MO HealthNet Fee-for-Service. You can go to any approved provider that takes MO HealthNet Fee-for-Service. Use only your red or white MO HealthNet card. You may call 1-800-392-2161 to check on how to get these services.

MO HealthNet Managed Care - a way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan in certain counties of the State. You must choose a MO HealthNet Managed Care health plan or one will be chosen for you. You must also choose a Primary Care Provider. Use your MO HealthNet Managed Care card and your red or white MO HealthNet card to get services. While you are waiting to get in a MO HealthNet Managed Care health plan for health care, you get services from MO HealthNet Fee-for-Service. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. You may call 1-800-392-2161 to check on how to get services.

MO HealthNet Managed Care Card - the card sent to you by your MO HealthNet Managed Care health plan.



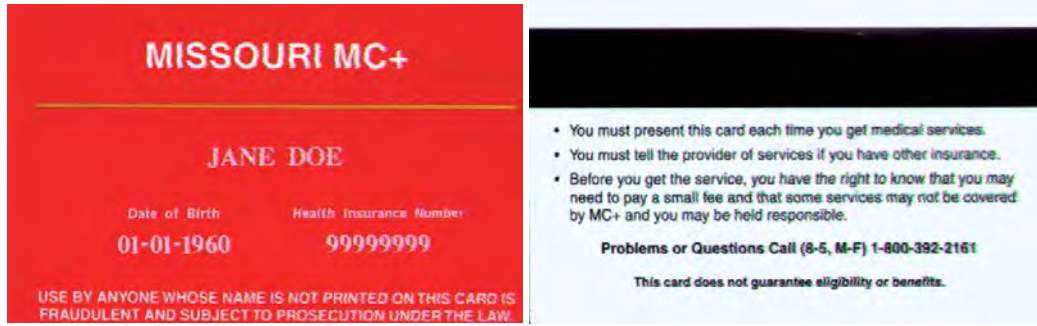
Out of Home Care/Alternative Care Services (Foster Care) - Alternative Care is the care of children living in a home other than their birth parents. The juvenile court removes the child from their home. The Children's Division then sets a plan of services.

PCP - a Primary Care Provider is a health care provider who manages a member's health care.

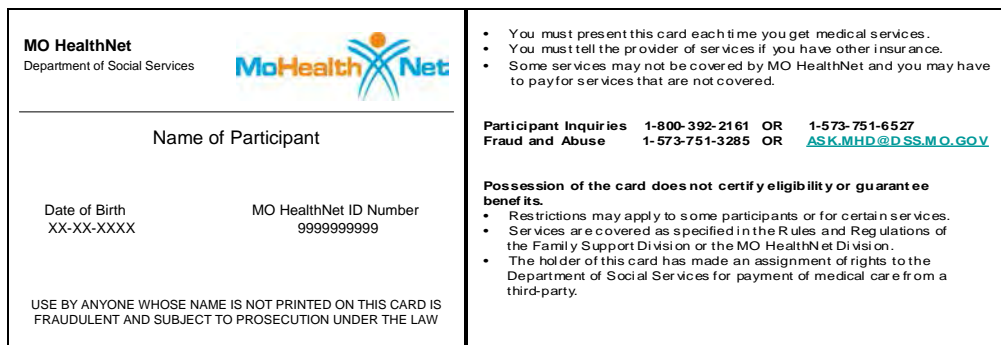
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Prior Authorization – your MO HealthNet Managed Care health plan’s method of pre-approving certain services.

Red MO HealthNet Card - the card sent to you before January 2008 when you are eligible for MO HealthNet.



White MO HealthNet Card (effective January 2008) – the card sent to you when you are eligible for MO HealthNet.



Referrals - a process used by a PCP to let you get health care from another health care provider usually for specialty treatment. **If a health plan does not require referrals, add sentence: NAME OF HEALTH PLAN does not require a referral to see a specialist that is in the NAME OF HEALTH PLAN network.**