Department of Social Services
Frequently Asked Questions:
Choosing a Managed Care Health Plan

**What if my doctor does not accept a MO HealthNet Managed Care Health Plan?**

If your Primary Care Provider (doctor) is not currently working with a MO HealthNet Managed Care Health Plan, you can ask them to join. If they would like to begin working with one, they can contact a health plan to begin.

If your doctor does not want to work with a MO HealthNet Managed Care health plan, you will need to find one that does. After you are assigned to a health plan, you will receive information from them about how to pick or change your Primary Care Provider.

If you cannot decide on a doctor in your health plan network, your MO HealthNet Managed Care health plan can help you find one.

**What is the difference between the MO HealthNet Managed Care health plans?**

All of the MO HealthNet Managed Care health plans are required to provide the same benefits and services.

MO HealthNet has three general health plans managed by United Healthcare, Healthy Blue, and Home State Health. Home State Health also manages Show Me Healthy Kids, which is for specific eligibility groups.

The biggest difference between the health plans is which doctor works with each plan. Doctors may work with only one, with a few, or with all of the health plans. This is why it is important to see which health plan your current doctor works with if you would like to keep getting health care services through them.

If you are eligible for Show Me Healthy Kids, you will be automatically enrolled. Eligibility groups include:

- Children in the care and custody of the Missouri Department of Social Services
- Children or youth in alternative care
- Children receiving adoption or legal guardianship subsidy
- Former foster care youth under the age of 26, who were in foster care on their 18th birthday and covered by MO HealthNet (Missouri Medicaid), and who meet other eligibility criteria
- Former foster care youth under the age of 26, who were in foster care on their 18th birthday and covered by Medicaid from another state, and who are not currently eligible for Medicaid coverage under another program

If you are not in one of these groups or have Medicare, you cannot be in Show Me Healthy Kids. You will be covered by one of the general MO HealthNet Managed Care health plans or through the MO HealthNet Fee-For-Service program.
Can I change my MO HealthNet Managed Care health plan?

The health plan you are enrolled in determines this. If you are enrolled in Show Me Healthy Kids you are not able to change health plans.

You can only change your health plan at certain times, including:
- Within 90 days of when your coverage begins
- During your annual open enrollment period
- When a Managed Care health plan changes
- Any time you have a “just cause” reason

You can change your health plan:
- Requesting a change online at: [https://apps.dss.mo.gov/mhdOnlineEnroll/](https://apps.dss.mo.gov/mhdOnlineEnroll/) (you will need your PIN number and MO HealthNet ID Number)
- Calling 800-348-6627 (TTY: 711) Monday—Friday from 7 AM - 6 PM
- Mailing your signed and completed health plan change form(s) to:
  MO HealthNet Division
  PO Box 104928
  Jefferson City, MO 65110

IMPORTANT: If you choose to change health plans, you will need to submit a change request form that includes each family member’s health plan choice.

When can I start getting care with my MO HealthNet Managed Care health plan?

Your benefits start the day you are assigned to a Managed Care health plan. Once you have been assigned, you will receive an assignment letter in the mail about your health plan and the date your services began. Please contact your health plan if you have questions.

What if I have a special health care need?

If you have a special health care need, call your MO HealthNet Managed Care health plan. They 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 your MO HealthNet Managed Care health plan for a specialist as your Primary Care Provider.

Does every eligible member of my family have to pick the same health plan?

If a member of your family is eligible for Show Me Healthy Kids (SMHK) they will be automatically enrolled. However, other family members not in SMHK can choose the health plan that best fits their individual needs.

What happens if I do not choose a Primary Care Provider?

If you do not choose a Primary Care Provider (doctor), your health plan will contact you to select one. If you do not choose, one will be chosen for you by your health plan.
It is my open enrollment period. Can I keep the same health plan and Primary Care Provider?

If you are happy with your current health plan and Primary Care Provider (doctor), you do not have to do anything during the annual open enrollment. If you are not happy with your current health plan or Primary Care Provider, you can choose a new one.

If your current health plan is no longer available, you will need to choose a new health plan.

If you would like to choose a new Primary Care Provider, you can search for one online or call the Enrollment Helpline at 1-800-348-6627.

If you are in Show Me Healthy Kids (SMHK), you will not be able to change health plans. You can change your Primary Care Provider, to another one enrolled with SMHK, with or without cause at any time. To do this, call SMHK at 1-877-236-1020.

What is a Federally Qualified Health Center?

You may also choose a Federally Qualified Health Center (FQHC) as your Primary Care Provider (doctor). An FQHC is a center or clinic that provides primary care and other services, such as:

- Preventive (wellness) health services from a physician, physician assistant, nurse practitioner, and/or social worker
- Mental health services
- Immunizations (shots)
- Home nurse visits