



**STATE OF MISSOURI**

**MO HealthNet Managed Care Confirmation**

Date: 00/00/0000  
Case DCN: 00000000

NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

**SAMPLE**

Dear MO HealthNet Managed Care Participant:

Listed below are the case members you recently enrolled, as well as the health plan(s) and Primary Care Provider(s) (PCPs) you have chosen. Please review this information carefully. If the PCP is missing, please call the health plan right away to choose a PCP, or one will be chosen for you. If the PCP listed is incorrect, please call the health plan and they will help you.

<b><u>DCN:</u></b>	<b><u>Name:</u></b>	<b><u>Health Plan Name:</u></b>	<b><u>Primary Care Provider (PCP):</u></b>
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**BENEFITS WITH THE HEALTH PLAN START ON: 00/00/0000.** If you have any questions about this health plan or your benefits, please call the health plan and they will help you. The telephone numbers for the health plans are:

<b>AETNA BETTER HEALTH OF MISSOURI LLC (Ends 04/30/2017)</b>	<b>800-566-6444</b>
<b>HOME STATE HEALTH PLAN INC</b>	<b>855-694-4663</b>
<b>MISSOURI CARE HEALTH PLAN</b>	<b>800-322-6027</b>
<b>UNITEDHEALTHCARE OF THE MIDWEST INC (Starts 05/01/2017)</b>	<b>800-627-0687</b>

You may change health plans for any reason until: 00/00/0000. If you change your health plan you will receive a letter telling you when services with the new health plan will begin. It may take several weeks until the new health plan starts and you will continue to receive services from the health plan listed above until then. If you do not change health plans, you will stay in this health plan for one year. **Services will continue as long as the participant remains eligible to receive MO HealthNet Managed Care services.**

After 00/00/0000, you may change health plans for good reason if approved by the State. If you have questions about enrollment or if you want to change health plans, please call the **MO HEALTHNET ENROLLMENT HELPLINE at 1-800-348-6627.**

**KEEP THIS LETTER FOR YOUR RECORDS!**

P.O. Box 104928 Jefferson City, MO 65110-4928 (phone) 1-800-348-6627 (fax) 573-635-7917

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.  
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.  
Servicios Intreprative están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED 1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

*An Equal Opportunity Employer, services provided on a nondiscriminatory basis.*

