MO HealthNet Managed Care

Your Guide to Enrollment
Welcome to MO HealthNet Managed Care

Inside this guide, there is information about the MO HealthNet Managed Care Program. Managed Care is a way for you to get the health care services that you need. Please read the information in this guide and complete the steps for enrollment. If you have any questions visit MO HealthNet online at http://dss.mo.gov/mhd/participants/mc/ or call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627.

Important Contact Information

MO HealthNet Managed Care Enrollment Helpline—1-800-348-6627
Call for help with changing a health plan or finding a Primary Care Provider. The Enrollment Helpline is open from 7:00 A.M. to 6:00 P.M., Monday through Friday (except holidays).

MO HealthNet Participant Services Unit—1-800-392-2161
Call for questions about eligibility, pharmacy, or premium payments.

MO HealthNet Health Plans—(see page 6 for phone numbers)
Call for help in finding a provider, questions on coverage or any unpaid medical bills.

Hearing or Speech Impaired
If you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Missouri
- 1-800-735-2466 (Voice)
- 1-800-735-2966 (Text Phone)

MO HealthNet Online
Visit http://dss.mo.gov/mhd/participants/mc/ to subscribe for Managed Care updates. You can also get helpful resources, forms, and more information about Managed Care.

@DSS_Missouri  @MOSocialServices
Why do I need to enroll in a health plan?

You have been automatically enrolled in a MO HealthNet Managed Care health plan to get health care services because you are in one of the eligibility groups below. A letter is included in this packet that gives you information on your new health plan and when services will began.

The Managed Care eligibility groups are:
- MO HealthNet for Families
- Children in care and custody of the State
- Children receiving adoption subsidy
- Children’s Health Insurance Program (CHIP)
- MO HealthNet for Kids
- MO HealthNet for Pregnant Women
- Individuals in the refugee assistance program

If you are not in one of these eligibility groups or have Medicare coverage, you cannot be in MO HealthNet Managed Care. You would get services from the MO HealthNet Fee-For-Service program.

If you change to an eligibility group not listed above or get Medicare coverage, your coverage in your MO HealthNet Managed Care health plan will stop.

Do I have to be in Managed Care?

You may choose to be in the MO HealthNet Fee-For-Service program instead of the Managed Care program (known as opting-out) if you:

- Are eligible for Supplemental Security Income (SSI) benefits,
- Meet the SSI medical disability definition,
- Are a child with special health care needs,
- Are disabled and 18 or younger,
- Are receiving foster care or adoption assistance, or
- Are in foster care or out-of-home placement.

If you have questions, contact the **MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627.**
Do I have to pay a premium?

Based on your family’s income and family size, your family may need to pay a monthly premium. The letter you received from the Family Support Division about your eligibility should have told you if you need to pay a premium. If you have any questions about premiums, call MO HealthNet Participant Services at 1-800-392-2161.

Adopted, in foster care, or in care and custody of the state
If your MO HealthNet child is receiving adoption subsidy, is in foster care, or in care and custody of the state, you do not have to pay a premium for your child’s health care services.

American Indian/Native Alaskan tribe members
If your child is a member of a federally-recognized American Indian or Native Alaskan tribe, you do not have to pay a premium for your child’s health care coverage. You must provide proof of membership to not pay a premium. Send a copy of the proof of your child’s tribal membership and your child’s MO HealthNet identification card to MO HealthNet Constituent Services by mail, fax, or 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.

- **Mail**
  MO HealthNet Division
  Constituent Services
  P.O. Box 6500
  Jefferson City, MO 65102-6500

- **Fax**
  (573) 526-2471

- **Email**
  Ask.MHD@dss.mo.gov

If you email your scanned records, use “Premium Payments” for the subject line.
Step 1  Changing health plans

You were automatically enrolled into a MO HealthNet Managed Care health plan the day you were determined eligible for Managed Care. You have the option to change to another health plan or stay with the health plan selected for you. When changing your MO HealthNet Managed Care health plan, you may want to think about the doctors, providers, hospitals and clinics you use now. If that doctor is with one of the health plans, that plan may be a good match for you. You can have one health plan for the whole family or you can have a different health plan for each family member.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MissouriCare</td>
<td>Phone: 1-800-322-6027&lt;br&gt;www.wellcare.com/missouri/</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>Phone: 1-866-292-0359&lt;br&gt;www.uhc.com</td>
</tr>
<tr>
<td>Home State Health</td>
<td>Phone: 1-855-694-4663&lt;br&gt;www.homestatehealth.com/</td>
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How do I change health plans?

You can change health plans by the following methods.

- **Online***:  [https://apps.dss.mo.gov/mhdOnlineEnroll/](https://apps.dss.mo.gov/mhdOnlineEnroll/)
- **Phone***:  Call the MO HealthNet Managed Care Enrollment Helpline 1-800-348-6627
- **Mail**: Complete and return the Health Plan Change Form and Health Risk Assessment in the pre-paid envelope included in this packet.

*If changing online or by phone, you must report any corrections to the FSD Information Center at 1-855-373-4636.

Need help changing health plans?

If you need help selecting another health plan or want more information, please go to the MO HealthNet Managed Care Participant webpage at: [http://dss.mo.gov/mhd/participants/mc/](http://dss.mo.gov/mhd/participants/mc/).

You can also call the **MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627** for assistance in choosing a new Managed Care health plan. Choice counseling includes answering member questions about each MO HealthNet Managed Care health plan such as:

- Is my provider in the health plan network?
- Does the health plan have more services that would benefit me?
How often can I change health plans?

Changing health plans during the first 90 calendar days
When you were assigned to a health plan, you received a letter in the mail that has the date when your coverage with the health plan started. You have 90 calendar days from that date to change health plans for any reason.

Example: Jane gets a letter in the mail that shows she will start getting health care coverage on April 12, 2020. Jane has until July 11, 2020 (90 calendar days from the start date) to change to a different health plan for any reason.

Changing health plans after the first 90 calendar days
After 90 calendar days have passed, you can change to a different health plan if you have “just cause.” Some reasons for “just cause” are:

- Because of a complaint or appeal,
- If you or your child has a doctor you want to keep, but the doctor is with a different health plan, you can change to the same plan as your doctor,
- If your doctor is culturally insensitive and the health plan cannot fix the issue,
- If the enrollment broker or state agency makes a mistake during a previous assignment process,
- To allow your whole family to be with the same health plan,
- If the state agency puts sanctions on a health plan for not following contract requirements,
- Poor quality of care,
- Because there are no covered health care services in your area,
- Because there are no doctors in your area who are skilled in dealing with your health care needs, or
- If the health plan does not cover services the member sees because of moral or religious reasons.

Adopted, in foster care, or in care and custody of the state
If your MO HealthNet child is receiving adoption subsidy, in foster care, or in care and custody of the state, you can change health plans whenever necessary. Foster parents usually decide which health plan the foster child will have, but sometimes the social services worker or courts will decide.

For help with changing MO HealthNet Managed Care health plans, call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627.
Step 2  Choose a Primary Care Provider

Your Primary Care Provider (PCP) is the doctor, nurse practitioner, or clinic you call when you need health care services, unless it is an emergency. You must choose a PCP that is with the same health plan you are enrolled in. If you have a chronic illness, special needs, or are pregnant, your PCP may be a specialist.

You can also choose a Federally Qualified Health Center (FQHC) as your PCP. FQHC’s provide primary care and other core services such as: health care, preventive (wellness), behavioral health, immunizations (shots), home nurse visits, and other services.

Ask your current doctors, hospitals, or clinics (including FQHCs) if they are MO HealthNet Managed Care provider. You can call your health plan or visit their website to search for a PCP or specialist (page 6).

Can I change my Primary Care Provider?
If you need to change your Primary Care Provider (PCP), you can do so by contacting your health plan directly. It is best to work with the health plan when making important changes so they can be updated in the system. Health plan contact information can be found on the back of your health plan ID card or on page 6 of this guide.
Step 3  Other Insurance

Do you have other insurance? If so, this is called Third Party Liability (TPL) insurance. The MO HealthNet Division needs this information to make sure your claims are paid correctly. There are two ways of providing this information by contacting:

- The MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627; or

- The FSD Information Center at 1-855-373-4636.

Step 4  Health Risk Assessment

The Health Risk Assessment form(s) is included in the assignment packet. Please fill out the form for each person in your household. The answers to the health questions will help your MO HealthNet Managed Care health plan understand your health care needs. Return the Health Risk Assessment with your Health Plan Change form in the pre-paid envelope. If you are requesting to change health plans online or by phone, you do not need to complete and return this form.
Step 5 Once enrolled

You should have received a confirmation letter in the mail with this guide about your assigned MO HealthNet Managed Care health plan and the date your services began. Your MO HealthNet Managed Care health plan will mail you a member packet that will contain your new ID card and member handbook. When receiving services, present this card along with your MO HealthNet ID card. Samples of the ID cards are below.
As a member of the MO HealthNet Managed Care program, you will receive benefits through a MO HealthNet Managed Care health plan. Services marked with the * symbol on the next page are limited based on your eligibility group or age. Some services need prior approval before getting them. Some services not covered by your MO HealthNet Managed Care health plan are covered by the MO HealthNet Fee-For-Service program using MO HealthNet approved providers. Please work with your health care provider to determine if the specific service you need is covered. You may contact your health plan to find a PCP. All three health plans offer these same benefits.

Once enrolled with a MO HealthNet Managed Care health plan, the health plan will send you a member handbook that will have information about your benefits. Please read it carefully and keep it in a safe place. If you have questions about your health plan’s guidelines, call your health plan or visit their website listed on page 6 of this guide.
List of benefits

- 24-hour access by phone
- Ambulance
- Ambulatory surgical center and birthing centers
- *Asthma
- Behavioral health and Substance Use Disorders (including emergency)
- *Chiropractic Services
- *Complementary Health and Alternative Therapy for Chronic Pain Management Services
- *Comprehensive Day Rehab (recovery from serious head injury)
- *Diabetes education and self-management training
- *Diabetes Prevention Program (DPP) Services
- *Dental services
- *Durable Medical Equipment (DME)
- Emergency medical and post-stabilization services
- Family planning services
- Healthy Children and Youth (HCY) services, also called Early, Periodic Screening, Diagnosis, and Treatment (EPSDT). Examples include:
  - Physical exams
  - Immunizations (shots)
  - Testing lead levels in blood
- *Hearing aids and related services
- *Home health services
- *Hospice (if you are in the last 6 months of life)
- Inpatient/outpatient services
- Laboratory tests and x-rays
- Maternity services
- Personal care
- **Pharmacy
- Preventative care, including:
  - Well checks
  - Mammograms
  - Cancer Screenings
- *Podiatry (medical services for your feet)
- Primary Care Provider (PCP) services
- Specialty care (with PCP referral)
- *Therapy Services (physical, occupational, and speech)
- Tobacco Cessation Counseling

(continued on next page)
List of benefits

- Transplant related services
- *Transportation to medical appointments
- Treat No Transport (TNT) Services
- Services provided by the local health department, including:
  - Immunizations (shots)
  - Screening, diagnosis and treatment of sexually transmitted diseases, HIV, tuberculosis and lead poisoning
- *Vision

*benefits that are limited based on your eligibility group or age.
**benefits are covered by MO HealthNet Fee-For-Service Program
**Additional Information About Your Benefits**

**Address/Phone Number Change** - If your address or phone number changes, call the **FSD Information Center at 1-855-373-4636**, Monday through Friday, 7:30 A.M. to 5:30 P.M. You can also report a change online at [https://mydss.mo.gov/healthcare](https://mydss.mo.gov/healthcare).

**Access to Care** - Please be aware that your health plan must make providers available close to where you live. The health plan must provide urgent care within 24 hours for physical or behavioral health illnesses, for routine care if you have symptoms within five business days, and routine check-ups within 30 calendar days. There are special requirements for maternity care. Check your member handbook under ‘Access to Care’ for more details.

**Grievance or Appeal** - To make a grievance or appeal, call or write to your MO HealthNet Managed Care health plan.

**Identification (ID) Cards** - MO HealthNet Managed Care members will receive a MO HealthNet ID card and a Managed Care health plan ID card. Always carry both cards with you and show them every time you get care. If you lose your MO HealthNet ID card, call the **FSD Information Center at 1-855-373-4636**. If you lose your Managed Care health plan card, call your health plan.

**New Baby** - If you have a new baby, you must call the **FSD Information Center at 1-855-373-4636** to let them know.

**Pharmacy Dispensing Fee** - Members age 19 and older must pay a dispensing fee for each prescription. 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. If you cannot pay the dispensing fee, you will still be able to get your prescription; however, you will still owe the fee and should pay it like your other bills.

**Release for Moral or Religious Reasons** - Your MO HealthNet Managed Care health plan may not provide or pay for a service for moral or religious reasons. If so, your health plan will let you know how and where else to get the service.

**Sick Child** - If your child gets sick, you should call your PCP first unless it is an emergency. If it is an emergency, call 911 or go to the nearest emergency room, even if it is not in your health plan network.

**Specialist** - If you need a specialist, your PCP should refer you.
Need help with MO HealthNet Managed Care?

Advocates for Family Health is an ombudsman service. An ombudsman is a problem solver who can advise 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 nurse, PCP or your MO HealthNet Managed Care health plan.
- You need to talk to someone outside of your MO HealthNet Managed Care health plan.
- You are not sure how to make a grievance or need help filing.
- You need help when appealing a decision by your MO HealthNet Managed Care health plan.
- You need help requesting a State Fair Hearing.

You can get legal help at no cost to you by contacting the legal aid office for your county. For help, call or write to the Advocates for Family Health office for your county (page 15).
As a MO HealthNet Managed Care health plan participant, you have certain rights that protect the quality of care you receive from your health plan. 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.
- Participate in decision-making about your health care.
- Have access to your medical records and to request changes.
- Have someone act on your behalf if you are unable to do so.
- 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.
What are my responsibilities?

As a MO HealthNet Managed Care health plan participant, you also have certain responsibilities:

- Be knowledgeable about your medical coverage.
- Obtain routine and ongoing care from your provider in an office setting.
- Contact your PCP first when needing medical care.
- Only use the emergency room in an emergency.
- Make and keep appointments, or call ahead to cancel.
- To carry your current MO HealthNet ID Card and your MO HealthNet Managed Care health plan card at all times and present them when getting medical care.
- Keeping MO HealthNet up to date with any important life changes by reporting the following to the Family Support Division at 1-855-373-4636:
  - the birth of a baby,
  - a change in your income,
  - a new address, or
  - a new telephone number.
Non-discrimination notice

The MO HealthNet Division complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. MHD does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The MO HealthNet Division:

- Provides aids and services to people with disabilities at no cost, to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services at no cost, to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the **MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627**.

If you believe that MHD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Missouri DSS Office for Civil Rights at (800) 776-8014; or (866) 735-2460 (Voice); (800) 735-2966 (Text). Complaints may also be filed by writing to: Missouri DSS Office for Civil Rights, P.O. Box 1527, Jefferson City, MO 65102-1527.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Multi-Language Interpreter Services

**English - ATTENTION:** If you speak English, language assistance services, at no cost, are available to you. Call *1-800-348-6627.*

**Spanish - ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *1-800-348-6627.*

**Chinese - 注意：** 如果您使用中文，您可以免费获得语言援助服务。請致電 *1-800-348-6627.*

**Vietnamese - CHÚ Ý：** Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Hãy gọi số *1-800-348-6627.*

**Croatian - NAPOMENA:** Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Nazovite *1-800-348-6627.*

**Serbian - NAPOMENA:** Ako govorite srpski jezik, besplatno su vam dostupne usluge jezičke pomoći. Pozovite *1-800-348-6627.*

**German - ACHTUNG:** Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Wählen Sie die Rufnummer *1-800-348-6627.*
Multi-Language Interpreter Services

Arabic -
تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم 6627-348-800-1.

Korean - 주목해 주세요: 귀하의 언어가 <한국어>인 경우, 아래 번호에서 무료 언어 지원 서비스를 받으실 수 있습니다. 1-800-348-6627번으로 전화하십시오.

Russian - ВНИМАНИЕ! Если Вы говорите по-русски, то можете бесплатно воспользоваться услугами языкового сопровождения. Звоните по номеру 1-800-348-6627.

French - REMARQUE: Si vous parlez français, des services d’interprétation sont disponibles gratuitement. Appelez le 1-800-348-6627.

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng tulong sa wika nang walang gastos. Tumawag sa 1-800-348-6627.
**Multi-Language Interpreter Services**

**Dutch - LET OP:** Als u Nederlands spreekt, is gratis taalbegeleiding voor u beschikbaar. Bel 1-800-348-6627.

**Persian (Farsi) -**
توجه: اگر به زبان فارسی صحبت می کنید، سرویس های دستیار زبان به صورت رایگان در دسترس شما هستند. با شماره 7266-348-800 تماس بگیرید.

**Oromo - HUBACHIISA:** Afaan Oromo kan dubbattan yoo ta’e, tajaajilliwwan deeggarsa afaanii, kaffaltii irraa bilisa ta’an, isiniif ni jiraatu 1-800-348-6627 bilbilaa.

**Portuguese - ATENÇÃO:** Se fala português, tem ao seu dispor serviços linguísticos gratuitos. Ligue para o número 1-800-348-6627.

**Amharic - የሚናገሩ ይካላይ ያለ:** ኈማርኛ ያሆን ያስገኝ ያጠቃሚነት ከወጭ ያለ። መ ከ1-800-348-6627 ያደውል።