

Department of Social Services

Frequently Asked Questions: Managed Care Participants

How can I find out if I have MO HealthNet coverage?

You need to be approved for MO HealthNet before you can receive services. If you do not currently have health care through MO HealthNet, you will need to see if you [qualify and apply for services](#). Once your application has been processed, you will receive a letter from the Family Support Division. If you are eligible, you will receive a MO HealthNet Identification Card and information explaining the [medical services available to you](#).

If you have questions about your coverage or if you would like to check the status of your application, contact the Family Support Division at 1-855-373-4636 or [check your benefits online](#). You can also contact the MO HealthNet Participant Services Unit at 1-800-392-2161.

Who has to be enrolled with a Managed Care health plan?

You will be automatically enrolled with a MO HealthNet Managed Care health plan if you are approved in one of the following eligibility groups:

- MO HealthNet for Families
- Children's Health Insurance Program (CHIP)
- MO HealthNet for Kids
- MO HealthNet for Pregnant Women
- Show Me Healthy Babies
- Adults Age 19 to 64 Without Disabilities

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

You may choose to be in the MO HealthNet Fee-for-Service program instead of the Managed Care program if you:

- Are eligible for Supplemental Security Income (SSI) benefits
- Children who are enrolled in the Special Health Care Needs program
- Are disabled and 18 or younger

What happens if my eligibility group changes?

Your coverage in your MO HealthNet Managed Care health plan will stop if your eligibility for MO HealthNet changes and you:

- Are no longer in a group that needs to receive services through MO HealthNet Managed Care
- Get Medicare coverage
- Enter the Aids Waiver Program while you are in MO HealthNet Managed Care

If your coverage through the Managed Care Program stops, you will have services through the [MO HealthNet Fee-For-Service Program](#). Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for more information or if you have questions regarding your health care options.

What services are available?

After you are enrolled with a MO HealthNet Managed Care health plan, they will send you a member handbook that will tell you about your MO HealthNet Managed care benefits. All MO HealthNet Managed Care health plans are required to offer the [same services](#). Some of the services available include:

- Doctor visits
- Hospital stays and emergency care
- Referrals to specialists when needed
- Behavioral health and substance abuse services
- Coaching and services to help you quit smoking
- Other services, such as dental, eye care, medical equipment, and family planning

Services may be limited based on your eligibility group or age, and some services may require prior approval. It is important to work with your health care provider to find out if a service you need is covered. For more information about the MO HealthNet Managed Care Program and the services available, review your health plan's member handbook:

- [Healthy Blue](#)
- [United HealthCare](#)
- [Home State Health](#)
- [Show Me Healthy Kids](#)

When can I start getting services?

After you are enrolled in a MO HealthNet Managed Care health plan, you will get an assignment letter in the mail about the health plan you were assigned to and the date your services began. You can start getting care once you receive your assignment letter.

Your new health plan will send you a welcome packet, a Managed Care health plan card, and a member handbook with information about your services. You will also get a MO HealthNet ID Card. Always carry both cards with you and show them each time you get care. Call the phone number on your health plan card if you have any questions about your health plan.

If you need health care services, call your Primary Care Provider (doctor). They will refer you to specialists and to other health services, you need.

Do I need a referral to see a specialist?

You should check with your Primary Care Provider (PCP) or your MO HealthNet Managed Care health plan to see if you need a referral to see a specialist.

Can I get help with non-emergency medical transportation?

Contact the member services number on your MO HealthNet Managed Care health plan ID card to see if you can get assistance for non-emergency medical transportation. Some Managed Care health plans will have the phone number for transportation on your health plan card.

Can I get healthcare when I am away from home?

Emergency or Urgent Care:

- If you need urgent health care when you are away from home, call your Primary Care Provider (PCP) or your Managed Care health plan for help.
- If it is an emergency, you do not need to call your PCP or health plan first. You should:
 - 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

Once you return home, you must receive all routine health care services from your PCP. All services outside the United States and its Territories are not covered.

Non-Emergency:

If you need care out of state for a non-emergency service that is covered by MO HealthNet, it must be approved prior to you receiving services. Non-Emergency out of state service is defined as “not within the physical boundaries of Missouri or any of the states that border Missouri.” Your Primary Care Provider will need to contact your MO HealthNet Managed Care health plan for prior authorization.

Do I have to pay a premium?

Some families may need to pay a monthly premium. Premiums are based on a family's income. The letter you received from the Family Support Division about your eligibility should tell you if you need to pay a premium. If you have questions about premiums, call MO HealthNet Participant Services at 1-800-392-2161. (Does not apply to Show Me Healthy Kids Members)

You will not have to pay a premium for your child's health services if they are:

- A member of a federally recognized [American Indian or Native Alaskan Tribe.](#)

What should I do if I receive a bill or if there is a charge on my credit report?

Contact your MO HealthNet Managed Care health plan at the telephone number on the back of your Managed Care health plan ID card.

I don't think my claim should be denied. What can I do?

Contact the member services number on the back of your MO HealthNet Managed Care health plan ID card to file an appeal. You may also ask for a state fair hearing within 120 days from the date of your Notice of Appeal resolution letter from the Managed Care health plan.

How Do I Report a Change?

It is very important to report any changes in your circumstances as they may affect your eligibility. It is also important to report any changes to your contact information to be sure you get important notices about your eligibility and services.

If you have a change in circumstances or your address or phone number changes, you can report the change [online](#) or you can call the Family Support Division Information Center at 1-855-373-4636. Help is available through the Family Support Division Information Center from 7:30 a.m. to 5:30 p.m., Monday through Friday.

If you are in Show Me Healthy Kids and need to report a change in your address or contact information contact your or your child's Children's Division case manager or subsidy case manager. If you are a former foster care youth, please email CDMHNQuestions@dss.mo.gov.

How to find a doctor (PCP or Provider)?

If you are enrolled with a Managed Care health plan, you can find a doctor by using the provider search on the health plan's website or by calling your health plan directly.

Health Plan	Contact Information
 Healthy Blue	1-833-388-1407 www.healthybluemo.com
 UnitedHealthcare®	1-866-292-0359 https://www.uhc.com/
 home state health	1-855-694-4663 https://www.homestatehealth.com/
 Show Me Healthy Kids 	1-877-236-1020 https://www.homestatehealth.com/members/healthy-kids.html