Your Guide to MANAGED CARE
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Welcome to MO HealthNet Managed Care. This guide will give you the basic information you need to manage your healthcare benefit. Visit, https://dss.mo.gov/mhd/healthcare-benefit.htm to learn more or contact:

MO HealthNet Managed Care Enrollment Helpline - 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 - 800-392-2161
Call for questions about eligibility, pharmacy, or premium payments.

MO HealthNet Health Plans
Call if you need help finding a provider or if you have questions about your coverage or any unpaid medical bills.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Blue</td>
<td>1-833-388-1407</td>
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<tr>
<td></td>
<td><a href="http://www.healthybluemo.com">www.healthybluemo.com</a></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>1-866-292-0359</td>
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<tr>
<td></td>
<td><a href="http://www.uhc.com">www.uhc.com</a></td>
</tr>
<tr>
<td>Home State Health</td>
<td>1-855-694-4663</td>
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<tr>
<td></td>
<td><a href="http://www.homestatehealth.com">www.homestatehealth.com</a></td>
</tr>
</tbody>
</table>

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)
About Managed Care

You will get your health care services through MO HealthNet Managed Care. The Managed Care eligibility groups are:

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

How it Works

After you are approved, you will be assigned to a MO HealthNet Managed Care health plan. You will then get a MO HealthNet ID card and a health plan Member ID card in the mail. **You will need to bring both ID cards with you to each of your appointments.** You will also get a letter that gives you information on your new health plan and when services began.

You will continue to get healthcare coverage through Managed Care as long as you are eligible. Each year you will be required to:

1. **Complete an annual review** – This review will make sure you are still eligible for healthcare coverage. If your eligibility changes at any time, your coverage may end.

2. **Review your enrollment** – You will get an annual open enrollment packet where you will have a chance to change your health plan if you want to. If you are happy with your current health plan, you do not have to change anything. If you do not change anything you will stay in your current health plan.
Do I have to be in Managed Care?
You may choose to opt out, or not enroll in Managed Care if you meet one of the following:
- Eligible for Supplemental Security Income (SSI) benefits
- Meet the SSI medical disability definition
- A child with special health care needs
- Disabled and 18 or younger
If you have questions or would like to opt out of Managed Care, please call 800-348-6627.

What if I have other insurance?
If you have other health insurance, MO HealthNet needs to know so your claims can be paid correctly. Please call 800-348-6627 to report your other health insurance. You can also report this to the Family Support Division by calling 855-373-4636.

Health Risk Assessment
The Health Risk Assessment form helps your health plan understand your health care needs. You will need to fill out the form for each person in your household and return it in the pre-paid envelope provided. If you request to change health plans online or by phone, you do not need to complete this form.
Do I have to pay a premium?

Based on your family’s income and family size, you may need to pay a monthly premium. The letter you get from the Family Support Division about your eligibility will tell you if you need to pay a premium. If you have any questions about premiums, call 800-392-2161.

You may not be required to pay a premium if your child is a member of a federally-recognized American Indian or Native Alaskan tribe and you provide proof of membership.

To prove your child is a member, please send a copy of their tribal membership card or official letter issued by the tribe that is recognized by the United States Department of the Interior, Bureau of Indian Affairs by mail, fax, or email to:

MO HealthNet Division
Constituent Services
PO Box 6500
Jefferson City, MO 65102
Fax: 573-526-2471
Email: Ask.MHD@dss.mo.gov

NOTE: Please use “Premium Payments” in the subject line of your email.
Member Rights

As a MO HealthNet Managed Care health plan member, 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 primary care provider
- 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
  - 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
Member Responsibilities

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

- Report any important changes to the Family Support Division online at mydss.mo.gov or by calling 855-373-4636:
  - The birth of a baby
  - A new dependent
  - A change in your income
  - A new address
  - A new phone number
- Be knowledgeable about your medical coverage
- Get routine and ongoing care from your providers
- Contact your primary care provider first when needing care
- Only use the emergency room in an emergency
- Make and keep appointments, or call ahead to cancel
- Carry your current MO HealthNet ID Card and your MO HealthNet Managed Care health plan card at all times and present them at your appointments
Managed Care Health Plans

You were automatically enrolled into a MO HealthNet Managed Care health plan the day you were approved for MO HealthNet. You can have one health plan for the whole family or you can have a different health plan for each family member. Each health plan offers the same services and benefits and has a network of doctors, hospitals, and other providers across the state of Missouri that you may see for care.

Your MO HealthNet Managed Care health plan will mail you a member packet that will include a member handbook and your member ID card.
Can I change my health plan?
You have the right to choose the health plan that best fits your health care needs. You can only change your health plan during certain times, including:

- Within 90 days of when your coverage begins
- During your annual open enrollment period
- When a Managed Care health plan changes

You can also request a new health plan anytime you have “just cause,” such as:

- A grievance or appeal
- You or your child’s provider is with a different health plan
- Your provider is culturally insensitive
- The enrollment broker or state agency makes a mistake during a previous assignment process
- You would like your whole family to be with the same health plan
- The state agency puts sanctions on a health plan for not following contract requirements
- Poor quality of care
- No covered health care services or providers in your area who are skilled in dealing with your health care needs
- The health plan does not cover services you or your child needs because of moral or religious reasons

How do I change health plans?
There are three ways you can change your health plan:

1. Request a change online at apps.dss.mo.gov/mhdOnlineEnroll (you will need your PIN number and MO HealthNet ID Number)
2. Call 800-348-6627 (TTY: 711) Monday—Friday from 7 AM - 6 PM
3. Mail your signed and completed health plan change form(s) and Health Risk Assessment in the pre-paid envelope provided to:
   MO HealthNet Division
   PO Box 104928
   Jefferson City, MO 65110

IMPORTANT: You will need to submit a change request form with each family member’s health plan choice.
Covered Services

The services below are covered by all Managed Care health plans. Some services are limited based on your age or eligibility group and other services may be available depending on your needs. Work with your provider to see if the service you need is covered.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-hour access by phone</td>
<td>Covered</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Covered</td>
</tr>
<tr>
<td>Ambulatory surgical center and birthing centers</td>
<td>Covered</td>
</tr>
<tr>
<td>Asthma</td>
<td>Covered*</td>
</tr>
<tr>
<td>Behavioral health and substance use disorders (including emergency)</td>
<td>Covered</td>
</tr>
<tr>
<td>Chiropractic services</td>
<td>Covered*</td>
</tr>
<tr>
<td>Complementary health and alternative therapy for chronic pain</td>
<td>Covered*</td>
</tr>
<tr>
<td>Management services</td>
<td>Covered</td>
</tr>
<tr>
<td>Comprehensive day rehab (recovery from serious head injury)</td>
<td>Covered*</td>
</tr>
<tr>
<td>Diabetes education and self-management training</td>
<td>Covered*</td>
</tr>
<tr>
<td>Diabetes Prevention Program (DPP) Services</td>
<td>Covered*</td>
</tr>
<tr>
<td>Dental services</td>
<td>Covered*</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME)</td>
<td>Covered*</td>
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<tr>
<td>Emergency medical and post-stabilization services</td>
<td>Covered</td>
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<tr>
<td>Family planning services</td>
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</tr>
<tr>
<td>Habilitative services</td>
<td>Covered*</td>
</tr>
<tr>
<td>Healthy Children and Youth (HCY) services. Examples include:</td>
<td>Covered</td>
</tr>
<tr>
<td>- Physical exams</td>
<td></td>
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<tr>
<td>- Immunizations (shots)</td>
<td></td>
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<tr>
<td>- Testing lead levels in blood</td>
<td></td>
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<tr>
<td>Service</td>
<td>Coverage</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Hearing aids and related services</td>
<td>Covered*</td>
</tr>
<tr>
<td>Home health services</td>
<td>Covered*</td>
</tr>
<tr>
<td>Hospice (if you are in the last 6 months of life)</td>
<td>Covered*</td>
</tr>
<tr>
<td>Inpatient/outpatient services</td>
<td>Covered</td>
</tr>
<tr>
<td>Laboratory tests and x-rays</td>
<td>Covered</td>
</tr>
<tr>
<td>Maternity services</td>
<td>Covered</td>
</tr>
<tr>
<td>Personal care</td>
<td>Covered</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Covered through MO HealthNet Fee-For-Service</td>
</tr>
<tr>
<td>Preventative care, including:</td>
<td>Covered</td>
</tr>
<tr>
<td>• Well checks</td>
<td></td>
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<tr>
<td>• Mammograms</td>
<td></td>
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<tr>
<td>• Cancer screenings</td>
<td></td>
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<tr>
<td>Podiatry (medical services for your feet)</td>
<td>Covered*</td>
</tr>
<tr>
<td>Primary care provider services</td>
<td>Covered</td>
</tr>
<tr>
<td>Specialist care (with your provider’s referral)</td>
<td>Covered</td>
</tr>
<tr>
<td>Therapy services (physical, occupational, and speech)</td>
<td>Covered*</td>
</tr>
<tr>
<td>Tobacco cessation counseling</td>
<td>Covered</td>
</tr>
<tr>
<td>Transplant related services</td>
<td>Covered</td>
</tr>
<tr>
<td>Transportation to medical appointments</td>
<td>Covered*</td>
</tr>
<tr>
<td>Treat No Transport services</td>
<td>Covered</td>
</tr>
<tr>
<td>Local health department services, including:</td>
<td>Covered</td>
</tr>
<tr>
<td>• Immunizations (shots)</td>
<td></td>
</tr>
<tr>
<td>• Screening, diagnosis and treatment of sexually transmitted diseases, HIV, tuberculosis and lead poisoning</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Covered*</td>
</tr>
</tbody>
</table>

* Limited benefit. Refer to health plan handbook for more information.
Your primary care provider is the doctor, nurse practitioner, or clinic you call when you need health care services, unless it is an emergency.

You must choose a primary care provider that is with the same health plan you are enrolled in. If you have a chronic illness, special needs, or are pregnant, your primary care provider may be a specialist. You can also choose a Federally Qualified Health Center (FQHC) as your primary care provider. FQHCs provide primary care and other core services such as: health care, preventive (wellness), behavioral health, immunizations (shots), home nurse visits, and other services.

You need to make sure your primary care provider accepts your Managed Care health plan. If they do not, you will need to either choose a new provider or a change health plans.

If you still need to find a primary care provider, contact your health plan directly for help. If you do not choose a provider, the health plan will choose one for you.

**How do I change my primary care provider?**

If you need to change your primary care provider, contact your health plan directly. It is best to work with the health plan when making important changes so they can be updated in their system.
Helpful Information

**Reporting Changes** - If you have changes in your income, address or phone number, or have a new baby, report them online at [mydss.mo.gov](http://mydss.mo.gov) or call the Family Support Division at 855-373-4636.

**Access to Care** - Your health plan must make providers available close to where you live. The health plan must provide urgent care for physical or behavioral health illnesses within 24 hours, regular care if you have symptoms within five business days, and regular check-ups within 30 calendar days. There are special requirements for maternity care.

**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 Family Support Division at 855-373-4636. If you lose your managed care health plan card, call your health plan.

**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, Healthy Children and Youth 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** - The health plan may not cover services you or your child needs because of moral or religious reasons. If this happens, 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 primary care provider 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 primary care provider should refer you.
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, primary care provider 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 health plan
- You need help requesting a State Fair Hearing

For help, call or write to the Advocates for Family Health office for your county.
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. The MO HealthNet Division 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 800-348-6627.

If you believe the MO HealthNet Division 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 the Missouri Department of Social Services, 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: 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, 800-368-1019, or TDD at 800-537-7697. Complaint forms are available at: www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html
Multi-language Interpreter Services

**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，您可以免费获得語言援助服務。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 Sprachassistentzdienste zur Verfügung. Wählen Sie die Rufnummer **1-800-348-6627.**
Arabic -
إذا اتبعت اللغة فلأتصل بمعدْك 1-800-348-6627.

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

**Persian (Farsi)** -
سپند امشه په هجوته: رگه‌بهنگی پیداچین، پیک‌سورس یاه رلندلزه یاد وروص نگیل. رد هرامش 6627-348-800 سمت. هیبگ.

**Oromo** - **HUBACHIISA:** Afaan Oromo kan dub-battan 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** - የሚስር ውስጥ ከተነር ከምር ከበር ያስም በማስተካከል ከንግድ እንከታት ከቋንቋ ያጋቹ መው ከመው በማስተካከል ከቋንቋ ያጋቹ መው: መው 1-800-348-6627 የምው ከታ።