home state health®

Member Handbook • 2025

1-855-694-HOME (4663)
TTY: 711

HomeStateHealth.com

HSH26023; 7/18/2025

WELCOME

Thank you for choosing Home State Health as your Managed Care health plan!

Home State Health is a Medicaid Managed Care Organization. Usually this is called an "MCO." A "member" is anyone who gets services from the MCO. The purpose of an MCO is to give members access to all of the health services they need through one company.

As an MCO, Home State Health will help coordinate your unique health care needs. By doing this, our goal is to improve health outcomes for every Missourian we have the privilege to serve. We help members across the entire state.

Welcome to MO HealthNet Managed Care

You have been approved for MO HealthNet benefits and you are enrolled in a MO HealthNet Managed Care health plan where you will get most of your benefits. Each MO HealthNet Managed Care health plan member must have a primary care provider (PCP). A PCP manages a member's health care. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service.

MO HealthNet Fee-for-Service members must go to a MO HealthNet approved provider. You can do an online search to find a MO HealthNet approved provider at **https://apps.dss.mo.gov/fmsMedicaidProviderSearch** or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.

Keeping Your Insurance

It is very important you call the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online to let them know when your address changes. Important letters and information will be mailed to the address you have provided. You or your children could lose your MO HealthNet coverage if you do not respond to State requests for information. Please make sure that you answer all mail from the State.

Interpreter Services

If you do not speak or understand English, call 1-855-694-HOME (4663) to ask for help. We can help if you do not speak or understand English.

- We will get you a translator, including American Sign Language services when needed at no cost to you.
- We may have this book in your language.
- We will get a copy of the grievance and appeal rules in your language.

Visually and Hearing Impaired Members

We have this handbook in an easy to read form for people with poor eyesight. **Please call us at 1-855-694-HOME (4663) for help.** We have a special phone number for people with poor hearing. **Members who use a Telecommunications Device for the Deaf (TDD) and American Sign Language can contact TTY 711.** These services are available to you at no cost.

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IMPORTANT CONTACT INFORMATION

Your Personal Contacts

Your Primary Care Provider: _____

Your nearest Urgent Care clinic: _____

Contacting Home State Health

Home State Health
7711 Carondelet Ave.
St. Louis, MO 63105
Normal Business Hours of Operation: **8:00 a.m. to 5:00 p.m. Central Time**

Member Services	1-855-694-HOME (4663)
Member Services	HomeStateMember@centene.com
Dental/Vision Services	1-855-694-HOME (4663)
TTY Line	711
Member Services Fax	1-866-266-4486
Missouri Relay Services (voice to TTY)	1-800-735-2460
Missouri Relay Services (TTY to voice)	1-800-735-2966
Behavioral Health	1-855-694-HOME (4663)

OTHER IMPORTANT PHONE NUMBERS

Non-Emergency Medical Transportation	1-855-694-HOME (4663)
24-Hour Nurse Advice Line	1-855-694-HOME (4663)
Emergency Services	Call 911
National Suicide Prevention Lifeline	Call 988

Member Services

Home State Health Member Services helps you with questions about our health plan. Our Member Services team is located in Missouri. They are available by phone, mail, fax or email: HomeStateMember@centene.com.

If you have questions or if you need help understanding something, please call us. The phone number is **1-855-694-HOME (4663) TTY 711.** We have a team of people ready to help you.

We can help you:

- Find a doctor or other provider;
- Schedule an appointment with your PCP;
- Obtain a new Home State Health member ID card;
- Understand covered and non-covered benefits;
- Request a provider directory or member handbook;
- Report possible fraud issues by a member or provider;
- Change your address and phone number; and
- Receive new member materials.

We are open **Monday through Friday from 8:00 a.m. to 5:00 p.m., central time.**

We have a secure member portal on our website at **www.HomeStateHealth.com**. You can use it to send us emails. Our fax is 1-866-266-4486. You can also mail information to us.

The address is:
Home State Health
7711 Carondelet Ave.
St. Louis, MO 63105

Website Information

You can get up-to-date information about your MO HealthNet Managed Care health plan on our website at **www.HomeStateHealth.com**. You can visit our website to get information about Home State Health's operations and structure, the services we provide, our provider network, frequently asked questions, contact phone numbers and e-mail addresses.

We can also send you a printed copy of the information on our website at no cost to you within five (5) business days of your request.

You may also get information about the MO HealthNet Program at **www.dss.mo.gov/mhd**.

Additional Website Information

Our website also gives you information on Home State Health benefits and services such as:

- Member handbook
- Provider directory
- Current news and events
- Member portal self-service features
- Online form submission
- Home State Health programs and services

HOW YOUR HEALTH PLAN WORKS

IMPORTANT INFORMATION FOR MEMBERS OF A FEDERALLY-RECOGNIZED AMERICAN INDIAN OR NATIVE ALASKAN TRIBE

Is your child a member of a federally-recognized American Indian or Native Alaskan tribe? If so, you will not have to pay a premium for your child's health care coverage.

To stop owing a premium, send a copy of the proof of your child's tribal membership to the Constituent Services Unit by mail, fax, or email. Be sure to include your child's MO HealthNet identification card number. You may call the Constituent Services Unit at 1-800-392-2161 if you have questions about your premium.

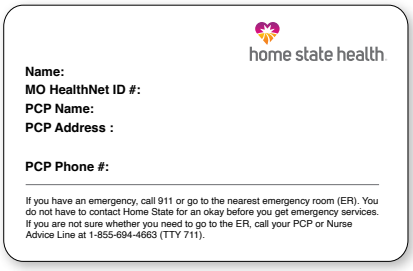
MAIL: MO HealthNet Division Constituent Services Unit P.O. Box 6500 Jefferson City, MO 65102-6500	PHONE: 1 (800) 392-2161 FAX:(573) 526-2471 EMAIL: Scan your records and email to **Ask.MHD@dss.mo.gov**. Type the words ***Constituent Services Unit*** in the subject line of your email.

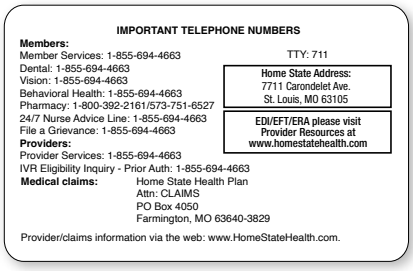
Proof of membership can be a copy of a tribal membership card or letter issued by a tribe that is recognized by the United States Department of the Interior, Bureau of Indian Affairs.

Home State Health will ensure that American Indian/Alaskan Natives are permitted to receive care from an Indian Health Care Provider (IHCP).

Member ID Card

You should receive your Home State Health Member ID card in the mail as soon as you are enrolled with Home State Health. Here is what the front and back of the Home State Health Member ID Card looks like. If you did not get this card, please call Home State Health at 1-855-694-HOME (4663).





Front

- Name;
- MO HealthNet ID#; and
- PCP Name/Address/Phone #.

Back

- Important Member & Provider Phone #'s;
- Medical Claims Address; and
- Website Address.

Always carry your member ID card with you and show it to the doctor, clinic or hospital to get the care you need. They will need the facts on the card to know that you are a Home State Health member. Do not let anyone else use your member ID card. If you lose your member ID card, change your name or need to pick a new PCP, call Home State Health at 1-855-694-HOME (4663) for a new card to be issued.

Nurse Advice Line

Everyone has questions about their health. If you have a question, call the Home State Health nurse advice line at 1-855-694-HOME (4663). The nurse advice line is a medical advice phone line staffed by English and Spanish speaking nurses. If you speak a different language, you can ask for a translator. The nurse advice line is open twenty-four (24) hours a day, every day of the year.

What can we help you with?

- Questions about your health;
- Where you can get care;
- Understanding how to take your medicine;
- Information about your pregnancy; or
- Information about health conditions.

Do you have a medical emergency?

If you are not sure if you should go to the emergency room, you can call us. Our nurses will help you determine if you need emergency care, urgent care or if you should see a doctor.

YOUR COVERED BENEFITS

Care You Get Using the MO HealthNet ID Card

You can get some health care that is not covered by Home State Health. These services are covered by MO HealthNet Fee-for-Service using MO HealthNet approved providers. Home State Health can help you find a MO HealthNet approved provider for that care. Please let your Primary Care Provider (PCP) know about the care you get. This helps your PCP take care of you. This care may include the following:

- Pharmacy;
- School-based services including physical therapy (PT), occupational therapy (OT), speech therapy (ST), hearing aid, personal care, private duty nursing or behavioral health services included in an Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP);
- Visits by a health worker to see if lead is in your home;
- Bone marrow and organ transplants;
- SAFE/CARE exams for abused children;
- Children who are in Alternative Care or get Adoption Subsidy get behavioral health/substance use care through MO HealthNet Fee-for Service using MO HealthNet approved providers. These children get their physical health care from Home State Health;
- Community Psychiatric Rehabilitation is a special program run by the Missouri Department of Mental Health for the seriously mentally ill or seriously emotionally disturbed;
- Drug and alcohol treatment from a Comprehensive Substance Treatment and Rehabilitation (CSTAR) provider. Call Home State Health Member Services at 1-855-694-HOME (4663) for a list of CSTAR providers;
- Home Birth Services;
- Targeted care management for behavioral health services;
- Abortion (termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life);
- Medication for tobacco cessation;

- Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder; and
- State public health lab services.

Your Health Benefits in MO HealthNet Managed Care

Some benefits are limited based on your eligibility group or age. **The benefits that may be limited have an "*" next to them**. Some services need prior approval before getting them. Call Home State Health at 1-855-694-HOME (4663) for information about your health benefits.

Ambulance
Ambulatory surgical center, birthing center
Asthma education* and in-home environmental assessments
Behavioral health & substance use including emergency
Cancer screenings
Biopsychosocial Treatment of Obesity services (Effective January 1, 2021)
Complementary and Alternative Therapies for Chronic Pain Management Services: physical therapy, cognitive-behavioral therapy (CBT), chiropractic therapy, and acupuncture*
Chiropractic Medicine* (separate from the chiropractic services offered in the Complementary Health and Alternative Therapies for Chronic Pain Management program listed above). Services are limited to examinations, diagnoses, adjustments, manipulations and treatments of malpositioned articulations, and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice.
Dental* services related to: ■ Trauma to the mouth, jaw, teeth or other contiguous sites as a result to injury; ■ Treatment of a disease/medical condition without which the health of the individual would be adversely affected; ■ Preventive services; ■ Restorative services; ■ Periodontal treatment; ■ Oral surgery; ■ Extractions; ■ Radiographs; ■ Pain evaluation and relief; ■ Infection control; and ■ General anesthesia
Diabetes Prevention Program (DPP)* services
Durable Medical Equipment (DME)*
Emergency medical, behavioral health, and substance use services and, post-stabilization services
Family planning
Home health services*
Hospice* – If you are in the last six (6) months of life. Children may receive hospice services and treatment for their illness at the same time. The hospice will provide all services for pain relief and support. The health plan shall provide hospice services when a terminally ill MO HealthNet Managed Care member elects hospice. Hospice services for children (ages 0-20) may be concurrent with the care related to curative treatment of the condition for which a diagnosis of a terminal illness has been made.
Hospital, when an overnight stay is required

Laboratory tests and x-rays
Maternity benefits (including a certified nurse midwife)
Optical services* include one comprehensive or one limited eye examination every two years for refractive error, services related to trauma or treatment of disease/medical condition (including eye prosthetics), and one pair eyeglasses every two years (during any 24 month period of time). Replacements within the 24 month period may be available under certain conditions.
Outpatient hospital, when an overnight stay is not required
Personal care
Podiatry, limited medical services for your feet*
Primary Care Provider (PCP) services
Specialty care
Qualifying Clinical Trial: A clinical trial in any clinical phase of development that is conducted in relation to the prevention, detection, or treatment of any serious or life-threatening disease or condition, as described in Section 1905(gg)(2) and 1905(a)(30) of the Act.
Tobacco Cessation Counseling Services: Individual and group tobacco cessation counseling is available.
Transplant related services
Transportation to medical appointments*
Treat No Transport (TNT) Services: On-site and/or referral treatment services by emergency medical staff for members not transported to the emergency department will be provided.

You may get these services from your MO HealthNet Managed Care health plan or a local public health agency:

- Screening, testing and treatment for sexually transmitted diseases;
- Screening and testing for HIV;
- Screening, testing and treatment for tuberculosis;
- Immunizations (shots) for children; and
- Screening, testing and treatment for lead poisoning.

Adult Expansion Group

Individuals who are part of the Adult Expansion Group (AEG) will also receive habilitative services which are physical, occupational, and speech therapy services:

- For adults 19 to 20 years of age, services may be delivered under EPSDT, and/or habilitative benefits not part of an EPSDT program, and members shall not subject to a limitation on the number of visits.
- For adults 21 to 64 years of age, services shall be delivered under the habilitative benefit, and members are subject to a maximum of 20 visits on a rolling year basis.
- For women who are receiving coverage under the 12-month postpartum program, services shall be delivered under the habilitative benefit, and members are subject to a maximum of 20 visits on a rolling year basis. A rolling year shall be defined as 12-month period measured backwards from the date the service was first received.

More Benefits for Children and Women in a MO HealthNet Category of Assistance for Pregnant Women

A child is anyone less than twenty-one (21) years of age. Some services need prior approval before getting them. Call Home State Health to check. Women must be in a MO HealthNet category of assistance for pregnant women to get these benefits at no cost to them.

Asthma Program
Comprehensive day rehabilitation (services to help you recover from a serious head injury)
Dental services
Diabetes education and self-management training
Hearing aids and related services
Podiatry, medical services for your feet
Vision services – Children get all their vision care from the health plan. Some pregnant women will get their vision care from the health plan which includes one (1) comprehensive or one (1) limited eye exam per year for refractive error, one (1) pair of eyeglasses every two years, replacement lens(es) when there is a .50 or greater change, and for children under age 21, replacements frames and/or lenses when lost, broken or medically necessary, and HCY/EPSDT optical screen and services.

MO HealthNet has a special program to provide medically necessary services to children. The program is called Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Healthy Children and Youth (HCY). Your Primary Care Provider (PCP) can give your child these EPSDT/HCY services. Some examples of EPSDT/HCY services include:

- Child's medical history;
- An unclothed physical exam;
- Blood and/or urine tests;
- Immunizations (shots);
- Screening and testing lead levels in blood;
- Checking the growth and progress of the child;
- Vision, hearing and dental screens;
- Dental care and braces for teeth when needed for health reasons;
- Private duty nurses in the home;
- Special therapies such as physical, occupational and speech;
- Aids to help disabled children talk;
- Personal care to help take care of a sick or disabled child;
- Health care management;
- Psychology/counseling; and
- Health education.

An EPSDT/HCY Health Screen helps children stay healthy or find problems that may need medical treatment. Your child needs to get regular checkups. Children between six (6) months and six (6) years old need to get checked for lead poisoning. You may use the chart below to record when your child gets a health screen or lead poison screen.

WELL CARE VISITS AND LEAD POISONING SCREENING RECORD		
AGE	**DATE OF WELL CARE VISIT**	**DATE OF LEAD POISON SCREEN**
3-5 days		
By one month		
2 months		
4 months		
6 months		
9 months		
12 months		
15 months		
18 months		
24 months		
30 months		
3 years		
4 years		
5 years		
6 years		
7 years		
8 years		
9 years		
10 years		
11 years		
12 years		
13 years		
14 years		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
21 years		

A blood level test is required each year for all children from 6 months to 6 years of age.

A blood lead level test is recommended for women of childbearing age

Important tests your child needs are shown on the chart below. Please note these are not all the tests your child may need. Talk with your child's PCP.

Age	Test
Birth	PKU Test
1-2 Weeks	PKU and Thyroid Tests
12 months	TB Test, Blood Count, Blood Lead Level Test
2 years	Blood Lead Level Test
3 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
4 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
5 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
6 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.

In Lieu of Service

You may be eligible to receive "in lieu of services." An in lieu of service is one not covered by Medicaid but Home State Health allows as an alternative to a covered service.

Deciding if an in lieu of service is right for you is a team effort. Your Home State Health Care Manager will work with you and your provider to help you make the best choice. This includes the right to get information on care options and participate in decisions about your healthcare. You are not required to use in lieu of service instead of covered benefits.

Members who are eligible for in lieu of services retain all member rights and responsibilities.

You may file complaints about in lieu of services. See the "Member Satisfaction" section of this Member Handbook to learn how to file a grievance or appeal.

NON-COVERED SERVICES

Home State Health does not cover all medical care services. A provider can bill you for care not covered by Home State Health. A few examples of services not covered are:

- Cosmetic survey for improving appearance
- Experimental medical procedures, drugs, equipment, etc.
- Hair transplants
- Personal comfort items
- Routine contact lenses
- Treatment of infertility
- Surgical procedures for gender reassignment
- Sterilization reversal

If you have a question about what is covered, call Home State Health Member Services at 855-694-HOME (4663).

SPECIALTY SERVICES

Behavorial Health Care

Home State Health will cover your behavioral health needs. A PCP referral is not needed for behavioral health care. You may go to any behavioral health provider on Home State Health's list of providers. Be sure to go to a behavioral health provider in our network. Behavioral health care includes care for people who abuse drugs or alcohol
or need other behavioral health services. Call Home State Health to get behavioral health services and for help finding a provider within our network.

Home State Health can help you in many ways. We can help get you treatment. This is how we can help:

- We will refer you to a PCP or therapist. You can also attend a community support group;
- We can help you find community resources;
- There are special groups for pregnant women and parents;
- You will have a care manager to help with your care. They will help you find the right services for your treatment; and
- After hours, you can call the nurse advice line at 1-855-694-HOME (4663). The nurse advice line is a 24/7 bilingual help line available to you at no cost.

Call 1-855-694-HOME (4663). You can also visit **HomeStateHealth.com**.

How can you get help if you or your child has behavioral health, alcohol or drug problems?
Do you need a referral for this?

Behavioral Health refers to behavioral health and substance use (alcohol and drug) treatment. Sometimes talking to friends or family members can help you work out a problem. When that is not enough, you should call your PCP or Home State Health has a group of behavioral health and substance abuse specialists to help you and your child. Call 1-855-694-HOME (4663) to get the help right away. You can call twenty-four (24) hours a day, seven (7) days a week.

How to know if you or your child need help?

Help might be needed if you or your child:

- Can't cope with daily life;
- Feels very sad, stressed or worried;
- Are not sleeping or eating well;
- Wants to hurt themselves or others or have thoughts about hurting yourself;
- Are troubled by strange thoughts (such as hearing voices);
- Are drinking or using other substances more;
- Are having problems at work or home; or
- Seem to be having problems at school.

When you or your child have a behavioral health or substance use problem, it is important for you to work with someone who knows them. We can help you find a provider who will be a good match. The most important thing is for you or your child to have someone they can talk to so they can work on solving their problems.

What to do in a behavioral health emergency?

You should call 911 or go to your nearest emergency room, even if it is not in the Home State Health network, if you or your child are having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help. Call 1-855-694-HOME (4663) for someone to help you or your child with depression, behavioral illness, substance use or emotional questions.

You can also dial 988, which is the three-digit dialing code that will route callers to the National Suicide Prevention Lifeline.

What to do if you or your child are already in treatment?

If you or your child are already getting care, ask your provider if they are in the Home State Health network. If the answer is yes, you do not need to do anything. If the answer is no, call 1-855-694-HOME (4663). We will ask you/your child's provider to join our network. We want you or your child to keep getting the care they need. If the provider does not want to join the Home State Health network, we will work with the provider to keep caring for you or your child until medical records can be transferred to a new health care provider.

Disease Management

Home State Health provides disease management health coaches to help members with conditions like:

- Asthma;
- Attention Deficit Hyperactivity Disorder (ADHD)
- Chronic Obstructive Pulmonary Disease (COPD);
- Diabetes;
- Heart problems;
- High blood pressure;
- Major depression; and
- Obesity.

Health coaches will talk to members about:

- How to take medications;
- What screening tests to get; and
- When to call their PCP.

Health coaches will listen to your concerns and help you get the things you need. The goal of disease management is to help you understand and take control of your condition. Better control means better health.

Family Planning

All MO HealthNet Managed Care health plan members can get family planning services no matter what age. These services will be kept private. You may go to a Home State Health provider or a MO HealthNet Fee-for-Service approved provider to get family planning services. You do not need to ask Home State Health first. Home State Health will pay for your family planning services.

Home State Health cannot require an enrollee to obtain a referral before choosing a family planning provider.

Family planning services are provided in a manner that protects and enables the enrollee's freedom to choose the method of family planning to be used.

First Steps

Home State Health can help your family get services from the First Steps Program. First Steps is Missouri's early intervention system for infants and toddlers, birth to age three (3), who have delayed development or diagnosed conditions that are associated with developmental disabilities.

Children are eligible for First Steps if they have a significant delay (50% or greater delay in development) in one or more of the following areas:

- Cognition (learning);
- Communication (speech);
- Adaptive (self-help);
- Physical (walking); or
- Social-emotional (behaviors).

Children are referred to First Steps through:

- Physicians;
- Hospitals, including prenatal and postnatal care facilities;
- Parents;
- Child-care programs;
- Local educational agencies, including school districts and Parents as Teachers;
- Public health facilities;
- Other social service agencies;
- Other health care providers;

- Public agencies and staff in the child welfare system, including foster care;
- Homeless family shelters; or
- Domestic violence shelters.

An assessment is done to establish eligibility and determine the needs of the child. The assessment is provided at no charge to the family and is arranged by the regional System Point of Entry (SPOE) office in which the child and family lives.

Once a child is determined eligible, the services are determined by an Individualized Family Service Plan (IFSP) team. Home State Health can refer you to First Steps or you may call First Steps at 1-866-583-2392 if you have any questions.

Independent Foster Care Adolescents Ages 21 Through 25

Independent foster care adolescents with a Medical Eligibility code of 38 and who are ages twenty-one (21) through twenty-five (25) will receive a comprehensive benefit package for children in State care and custody. EPSDT screenings will not be covered.

Lead Screening for Children & Pregnant Women

There are many ways your child can be lead poisoned. Call 1-855-694-HOME (4663) if you have questions about lead poisoning. Some of the ways your child may be at risk for lead poisoning include:

- You live in or visit a house built before 1978; or
- Someone in your house works as a:
  - plumber,
  - auto mechanic,
  - printer,
  - steel worker,
  - battery manufacturer,
  - gas station attendant, or
  - other jobs that contain lead.

High levels of lead can cause brain damage and even death. Lead in children is a common health concern that can impact their ability to learn, behavior and health through their adult life.

- All children through six (6) years of age must be tested annually if they live in or visit a **high-risk area** (Missouri state law requirement).
- Children not living in or visiting a known high risk area may still need lead testing if questions the Primary Care Provider (PCP) ask parents about lead show there is a possible lead source the child is in contact with.
- All children must be tested at one (1) year and two (2) years of age even if the child lives in a **non-high risk area**.
- All children between one (1) and six (6) years of age must be tested if they have never been previously tested.

A lead screen has two (2) parts. First, the Primary Care Provider (PCP) will ask questions to see if your child may have been exposed to lead. Then the PCP may take some blood from your child to check for lead. This is called a blood lead level test. All children at one (1) year old and again at two (2) years old must have a blood lead level test. Children with high lead levels in their blood must have follow up services for lead poisoning.

High lead levels in a pregnant woman can harm her unborn child. If you are pregnant or thinking about becoming pregnant, talk with your PCP or obstetrician to see if you may have been exposed to lead and need to have a blood lead test. Lead can be passed to the baby during pregnancy and breast feeding.

Nurse Visits for You and Your Baby

You and your Primary Care Provider (PCP) may agree for you to go home early after having a baby. If you do, you may get two (2) nurse visits in your home. You may get the home health nurse visits if you leave the hospital less than forty-eight (48) hours after having your baby or less than ninety-six (96) hours after a C-section. The first nurse visit will be within two (2) days of leaving the hospital. The second nurse visit is within two (2) weeks of leaving the hospital. You may be able to get more nurse visits if you need them.

At a home visit, the nurse will:

- Check your health and your baby;
- Talk to you about how things are going;
- Answer your questions;
- Teach you how to do things such as breastfeeding; and
- Do lab tests if your PCP orders them.

Post-Stabilization Care

Post-stabilization care services means covered services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized conditions or to improve or resolve the member's condition.

Post-Stabilization Care Services

Home State Health will pay for post-stabilization care that is:

- Received within or outside of our network that was pre-approved by a Home State Health provider or representative;
- Received within or outside of our network that was not pre-approved by Home State Health, but provided to maintain a member's condition within thirty (30) minutes of a request to Home State Health for pre-approval of further post-stabilization care services;
- Received within or outside of our network that was not pre-approved by a Home State Health provider or representative but provided to maintain, improve or resolve the member's condition if:
  - Home State Health does not respond to a request for pre-approval within thirty (30) minutes;

- Home State Health cannot be reached; or
- The Home State Health representative and the treating provider cannot reach an agreement about the member's care and a Home State Health provider is not available to discuss the member's care. If this happens, Home State Health will give the treating provider the chance to discuss the care with a Home State Health provider. The treating provider may continue with care until a Home State Health provider is reached. If a Home State Health provider can treat the member at the hospital, he/she will take over the member's care.

Home State Health must not charge the member more for this care than it would charge if the member received services by a Home State Health provider. Home State Health will reach an agreement with the out-of-network providers for payment and time frames for the post-stabilization care.

Home State Health no longer pays for post-stabilization that was not pre-approved when:

- A Home State Health provider can treat the member at the hospital and takes over the member's care;
- A Home State Health provider takes over the member's care through transfer;
- A Home State Health representative and the treating provider reach an agreement concerning the member's care; or
- The member is transferred.

Start Smart For Your Baby®

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. Home State Health wants to help you take care of yourself through your whole pregnancy. Information can be provided to you by mail, telephone and through the Start Smart website, **www.startsmartforyourbaby.com**. Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed.

If you are pregnant and use tobacco in any form, Home State Health can help you stop smoking. We have a special tobacco cessation program for pregnant women that is available at no cost to you. The program has trained healthcare providers who are ready to build one-to-one contact with you. They will provide education, counseling and the support you need to help you quit. Working as a team over the telephone, you and your health coach can develop a plan to make changes in your behavior and lifestyle. These coaches will encourage and motivate you to quit.

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know if you are pregnant. We can help you contact your local Family Support Division to find out if you qualify for maternity coverage. Please call Member Services toll-free at 1-855-694-HOME (4663) as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need.

New Services & Technology

New medicines, tests and procedures come out every year. A team of doctors and other experts decide if new medical care will be covered by your health plan. They review new technologies for medical treatments, behavioral health treatments, medicines and special medical devices to make sure members receive safe and effective care. Home State Health Plan shares the new treatments with the doctors in our network. Your doctor will work with you to decide if new treatments would be best for you. Your plan covers care that is medically necessary. Not every new medical service is covered for all members.

Value-Add and Additional Benefits

The following is a list of value-add and additional benefits that are available at no additional cost to Home State Health members:

ConnectionsPlus Phone Program Mobile Texting	Provides eligible higher-risk members with a cellular phone to connect with their Home State Health health care team for improved care and coordination of health services. Members will get texts and personalized wellness goals.
Enhanced Transportation Services Program	Home State offers same day non-emergent medical transportation (NEMT) to PCP, Specialty, Obstetrician, and urgent or emergent Dental appointments. We offer transportation to services and supports that aren't covered under NEMT, including to family visits, court appointments, child welfare related meetings, and social determinants of health-related supports, such as to food banks, employment services, job interviews, day care, and housing-related meetings. (For members receiving non-emergency transportation services as a covered benefit.)
Medical Alert Tags	Eligible members active in care management may receive a Medical Alert Tag that provides information on members health condition or allergy in situations where timely treatment is needed.
Weight Watchers	A program that works towards better eating and lifestyle habits. Members must meet program requirements to participate.
Mom's Meals Service	You may be able to receive up to 30 days of home meals from Mom's Meals after having a baby and being released from the hospital. If you did not just have a baby, but you are unable to make or get food because of a health condition, you may be eligible for this service.
Asthma Waves	We provide the support, tools, and resources you may need to control asthma.
HiSET Exam Voucher Program	Home State Health shall provide the HiSET Exam Voucher Program benefit to members over the age of 16 who have education-related goals in their care plan. Members will receive one (1) HiSET Exam Voucher (which includes all five (5) tests) per year.

Homer Helps ADHD	Home State Health Care Managers will offer an Emotional Support Kit to members 12 and under with a qualifying diagnosis and prescribed medications for ADD/ADHD. Items in the kit will be a therapeutic plush animal and a children's book/coloring book promoting emotional support.
Baby Showers for Moms	Home State Health hosts fun and informative baby showers for moms-to-be.
Maternity Support Bands	Pregnant moms enrolled in Care Management are eligible to receive a maternity abdominal support band. These bands help support your waist, hip and lower back.
Breastfeeding Supplies	Pregnant and postpartum members may be eligible for breast feeding supplies such as a set of nursing pads and milk storage bags in addition to an electric breast pump.

PHARMACY

Pharmacy Benefits

All pharmacy benefits are covered by MO HealthNet Fee-for-Service. For more information, please contact 1-800-392-2161 or 1-573-751-6527 or visit the MO HealthNet website at **www.dss.mo.gov/**.

GETTING CARE

Getting Medical Care

Call your Primary Care Provider (PCP) when you need health care. Your PCP's phone number is on your Home State Health member ID card. Your PCP will help you get the care you need or refer you to a specialist.

These services do not need a PCP referral:

- Birth control or family planning: You may go to our providers or a MO HealthNet approved provider. We will pay for this care, even if the provider is not in Home State Health's network;
- Local public health agencies (LPHA): Children may go to local public health agencies for shots. Members may go to LPHAs for tests and treatment of sexually transmitted diseases and tuberculosis, HIV/AIDS tests or for lead poisoning screening, testing and treatment;
- Women's health services: You may go to any of our OB/GYN providers;
- Vision services: You may go to any of our vision providers. Just call this toll free number 1-855-694-HOME (4663); and
- Dental services: You may go to any of our dental providers. Just call this toll free number 1-855-694-HOME (4663).

You may have to pay for services you get if:

- You choose to get medical services that are not covered by MO HealthNet Managed Care;
- You go to a provider that is not a Home State Health provider without prior approval; or
- You do not have prior approval for services that need it.

Service Areas Covered

Home State Health is a health plan available through the MO HealthNet Managed Care Program. This means you are covered for benefits as long as:

- You live in Missouri;
- You have MO HealthNet;
- You use Home State Health's provider network.

Home State Health's service area includes members in all regions of the state.

Medically Necessary Services

Covered services that you get must be medically necessary. This means getting the right care, at the right place and at the right time. Home State Health uses standard guidelines to check medical necessity. Home State Health does not reward its staff or its network providers to deny care.

A service is medically necessary if it:

- Prevents, diagnoses, or treats a physical or behavioral health condition or injury;
- Is necessary for the member to achieve age appropriate growth and development;
- Minimizes the progression of disability; or
- Is necessary for the member to attain, maintain, or regain functional capacity.

A service is not medically necessary if the nonperformance of the service would not adversely affect the member's condition or the quality of medical care rendered.

Behavioral health services shall be provided in accordance with a process of behavioral health assessments that accurately determines the clinical condition of the member and the acceptable standards of practice for such clinical conditions. The process of behavioral health assessment shall include distinct criteria for children and adolescents.

Home State Health shall provide medically necessary services to children from birth through age twenty (20), which are necessary to treat ameliorate defects, physical or behavioral health or conditions identified by an HCY/EPSDT screen. Services must be sufficient in amount, duration and scope to reasonably achieve their purpose and may only be limited by medical necessity.

Provider Directory

Home State Health's local provider network is the group of doctors, hospitals, and other healthcare providers who have agreed to provide you with your healthcare services. To find a provider, visit **HomeStateHealth.com** and use the Find a Provider tool. This tool will have the most up to date information about the provider network, including information such as name, address, telephone numbers, whether they are accepting new patients, languages spoken, gender, and specialty. For more information about a provider's professional qualifications, board certifications, medical school, and residency, call Member Services. At any time, you can also request a printed copy of the directory. You will receive the copy within forty-eight (48) hours after the request. Both the online and printed version gives you providers to choose from, including health care providers and hospitals.

Home State Health can also help you pick a PCP. Call your PCP's office to make an appointment within ninety (90) days of enrollment. If you need help, call Member Services toll-free at 1-855-694-HOME (4663). We will help you make the appointment.

Urgent Care

Sometimes you need medical care soon, but it is not an emergency. Call Home State Health at 1-855-694-HOME (4663) for information about urgent care centers. It's best to call or go to your PCP's office for things that are not emergencies, like:

- High temperature;
- Persistent vomiting or diarrhea; or
- Symptoms which are of sudden or severe onset but which do not require emergency room services.

You should call your PCP to be treated for these things. If you go to the emergency room and it is not an emergency, you may have to pay for the care you get.

Please see the Urgent Care insert with locations shown by region. This insert will make it easy to access the information.

Emergency Transportation

Call 911 or the closest ambulance.

Emergency Ambulance Transportation

Home State Health covers emergency ambulance transportation to the nearest hospital for emergency care. Ambulance transportation to the hospital emergency room in non-emergency situations is not a covered service under Home State Health and you may have to pay for it. Ambulance transportation from a health care facility to another health care facility is covered only when it is medically necessary and it has been arranged and approved by a Home State Health network provider.

Emergency Medical Services

In an emergency, go to the nearest emergency room even if it is not in Home State Health's network or call 911. When you go to the emergency room, a health care provider will check to see if you need emergency care. You can call Home State Health anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

An emergency is when you call 911 or go to the nearest emergency room for things like:

- Chest pain;
- Bad burns;
- Difficulty breathing;
- Stroke;
- Deep cuts/heavy bleeding; or
- Gunshot wound(s).

If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call Home State Health nurse advice helpline at 1-855-694-HOME (4663).

Emergency medical services are those health care items and services furnished that are required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical, behavioral health or substance use condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent layperson, possessing average knowledge of health and medicine, to result in:

- Placing the patient's physical or behavioral health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment of bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious harm to self or others due to an alcohol or drug use emergency;
- Injury to self or bodily harm to others; or
- With respect to a pregnant woman who is having contractions:
  - There is inadequate time to effect a safe transfer to another hospital before delivery; or
  - Transfer may pose a threat to the health or safety of the woman or the unborn.

Emergency Medical Locations

You can utilize the Find A Provider tool on your member portal and/or the HSH website 24/7 to search for a current list of in-network Urgent Care facilities, ER's, and hospitals in your area. If you have additional questions, need assistance accessing this information, or would like a hard copy of the ER locations in your area, you can call a HSH customer service representative at (855) 694-HOME (4663) anytime M-F from 9am-5pm CST.

Non-Emergency Medical Transportation (NEMT)

NEMT stands for Non-Emergency Medical Transportation. NEMT can be used when you do not have a way to get to your health care appointment without charge. We may use public transportation or bus tokens, vans, taxis or

even an ambulance, if necessary, to get you to your health care appointment. Home State Health will give you a ride that meets your needs. You do not get to choose what kind of car or van or the company that will give you the ride. You may be able to get help with gas costs if you have a friend or a neighbor who can take you. This must be approved before your appointment.

Who can get NEMT services?

- You must be enrolled in Home State Health on the day of your appointment.
- Some people do not get NEMT as part of their benefits. To check, call member services at 1-855-694-HOME (4663).
- Children who are under the age of seventeen (17) must have an adult ride with them.
- We will only pay for one (1) child and one (1) parent/guardian and/or an attendant if your child is under the age of twenty-one (21) and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.
- Your medical appointment requires an overnight stay.
- Volunteer, community or other ancillary services are available at no cost to you.

What health care services can I get NEMT to take me to?

- The appointment is to a health care provider that is in the Home State Health network or takes MO HealthNet Fee-for-Service.
- The appointment is to a service covered by Home State Health or MO HealthNet Fee-for-Service.
- The appointment is to a health care provider near where you live. If the provider is far away, you may need to say why and get a note from your PCP. There are rules about how far you can travel to a health care appointment and get a ride.
- Some services already include NEMT. We will not give you a ride to these services. Examples are: Some Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) services; hospice services; Developmental Disability (DD) Waiver services; some Community Psychiatric Rehabilitation (CPR) services; adult day care waiver services; and services provided in your home. School districts must supply a ride to a child's Individual Education Plan (IEP) services.
- The NEMT program can take you to a durable medical equipment provider only if the durable medical equipment provider cannot mail or deliver your equipment to you.

How do I use the NEMT program?

Call 1-855-694-HOME (4663). You must call at least three (3) days before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your health care provider gives you an urgent care appointment. You can call 1-855-694-HOME (4663). If you have an emergency, dial 911 or the local emergency phone number.

Non-Emergency Medical Needs

When your needs are not life threatening, urgent care centers can provide quick, high quality health care. You should visit an urgent care center when you have symptoms similar the following:

- A fever that won't go away;
- Earaches;
- A rash that won't go away;
- A pulled or strained muscle; or
- Vomiting or diarrhea that doesn't stop.

For urgent health care appointments, you must be seen within the following time frames:

- For serious illnesses or injuries, appointments will be available at all times;
- For symptoms like a high temperature and vomiting or diarrhea that won't stop, you must be seen within twenty-four (24) hours; and
- For symptoms like a rash, non-life threatening pain or fever, your provider must see you within five (5) days or one (1) week, whichever is earlier.

Travel Distance Standards

Home State Health has contracted providers, hospitals, advanced practice nurses, behavioral health providers, substance use providers, dentists and ancillary health care services throughout the four (4) regional service areas.

In the event that you are not able to access a contracted provider within thirty (30) miles of your home address, please call Member Services at 1-855-694-HOME (4663) for immediate assistance.

Health Care Away From Home

- If you need urgent health care when you are away from home, call your PCP or Home State Health at 1-855-694-HOME (4663) for help.
- In an emergency, you do not need to call your PCP first. 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.
- Routine health care services must be received from your PCP when you get back home.
- All services outside the United States and its territories are not covered.

Out of State Care

If you are out of state and have an urgent problem, go to an urgent care clinic. Be sure to show your Home State Health ID card prior to receiving services.

The two (2) situations where you are covered for services outside the State are as follows:

- You are out of State and you have a medical or behavioral health emergency. You can go to an emergency room in any state if you have a true medical or behavioral health emergency. If you are seen at an out-of-state hospital or an emergency, your follow-up care must be with a Home State Health network provider. You may also need to contact your PCP to get a referral if you need to see a specialist.

- It is determined that you need special care that you cannot receive in Missouri. If Home State Health approves, the cost of the care you get in the other state will be covered. Members are not covered for services outside of the United States.

Out of Network Care

Out of network emergency services do not need approval from Home State Health. All other services from an out of network provider need prior authorization by Home State Health. We will first check to see if there is a network provider that can treat your medical condition. If there is not, we will help you find an out of network provider. You may request a standing referral for ongoing care. You will be financially responsible for payment of out of network service(s) if Home State Health did not approve the visit or service. If you have questions, call Member Services toll-free at 1-855-694-HOME (4663). Home State Health will notify you when the referral is approved.

Prior Authorization for Services

When you need care, always start with a call to your PCP. Some covered services may require prior authorization or review by Home State Health before services are provided. This includes services or visits to an out of network provider and some specialists. Home health services and some surgeries also need to be reviewed. Your provider can tell you if a service needs review. The list is on Home State Health's website at **www.HomeStateHealth.com**. You can also call Member Services at 1-855-694-HOME (4663) to see if something needs to be reviewed by Home State Health.

Emergency medical, behavioral health and substance use services DO NOT require prior authorization.

Second Opinion and Third Opinion

You may want an opinion from a different health care provider. In such cases, you must ask your PCP or Home State Health to get a second opinion. Home State Health will pay for it.

You may get an opinion from a third provider if your PCP and second opinion provider do not agree. Home State Health will pay for a third opinion. It is always important that you take all your health insurance cards to your appointments.

YOUR PRIMARY CARE PROVIDER

Choosing and Changing Your Primary Care Provider (PCP)

When you become a Home State Health Member, you have the freedom to choose a Primary Care Provider (PCP) in our network, or we will assign you one. Your PCP will be your main doctor who will manage your health care and advocate for your care. If you have a chronic illness or disabling condition, your PCP can provide guidance in locating a network specialist for you also. We will work out a plan to make sure you get the care you need. Your PCP can be the following type of provider:

- Family General Practitioner
- Internist
- Obstetrician/Gynecologist
- Specialist who performs PCP functions
- Nurse Practitioner

Making an appointment with your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment or getting to your doctor's appointment, please call Home State Health Member Services at 1-855-694-HOME (4663) (TTY 711).

Roles and Responsibilities of the PCP

PCPs shall serve as the members initial and most important contact. PCPs responsibilities include, but are not limited, to the following:

- Conduct behavioral health screens to determine whether the member needs behavioral health services;
- Maintain continuity of each member's health care;
- Provide referrals for specialty care and other medically necessary services to both in-network and out-of-network providers;
- Collaborate with Home State Health care managers in developing plans of care for members who are receiving care management services;
- Maintain a comprehensive, current medical record for the member in a confidential manner, including documentation of all services and referrals provided to the member by the PCP, specialists, and providers of ancillary services such as diagnostic reports, physical and behavioral health screens, etc.;
- Participate in Home State Healths' care management team, as medically necessary.

ACCESS TO CARE

Connecting Your Healthcare

Options for managing your digital health records

The Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for members to get their health records when they need it most. You have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years. You use an up-to-date provider directory to find a provider or specialist. That provider or specialist can use your health history to diagnose you and make sure you get the best care. You go to your computer to see if a claim is paid, denied or still being processed. If you want, you can take your health history with you as you switch health plans.*

The new rule makes it easy to find information** on:

▪ Claims (paid and denied)	▪ Specific parts of your clinical information
▪ Pharmacy drug coverage	▪ Healthcare providers

*****You can get information for dates of service on or after January 1, 2016.***

For more info, visit your online member account.

Access to Care

Home State Health must provide urgent care for physical or behavioral health illness within twenty-four (24) hours, routine care with symptoms within five (5) business days or routine care without symptoms within thirty (30) calendar days. For maternity care, there are special requirements. Home State Health must make providers available within thirty (30) miles from where you live. If there is not a licensed physical or behavioral health provider within your area, you will have access to physical and behavioral health providers within sixty (60) miles from where you live. Call 1-855-694-HOME (4663) if you need help.

If a provider is terminated from the network, members may receive up to an additional 90 days of care if:

▪ It is deemed medically necessary;	▪ The member is in their third trimester of pregnancy; or
▪ The member is disabled;	▪ The member has a life-threatening illness.

Health Care Appointments

Your health care providers must see you within thirty (30) days when you call for a regular health care and dental appointment. Call 1-855-694-HOME (4663) if you need help.

Pregnant women can see a health care provider sooner. In the first six (6) months of pregnancy, you must be seen within seven (7) days of asking. In the last three (3) months of your pregnancy, you must be seen within three (3) days of asking.

You should not have to wait longer than one (1) hour from the time of your appointment. For example, if your appointment time is 2:00 p.m., you should be seen by 3:00 p.m. Sometimes you may have to wait longer because of an emergency. Please call Home State Health at 1-855-694-HOME (4663) if you have problems or need help with an appointment. It is always important that you take all your health insurance cards to your appointments.

For urgent care appointments for physical or behavioral illness injuries which require care right away but are not emergencies such as high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services, you must be seen within twenty-four (24) hours.

For routine care with physical or behavioral symptoms such as persistent rash, recurring high grade temperature, nonspecific pain or fever, you must be seen within one (1) week or five (5) business days, whichever is earlier.

For routine care without physical or behavioral symptoms such as well child exams and routine physical exams, you must be seen within thirty (30) calendar days.

For after care appointments, you must be seen within seven (7) calendar days after hospital discharge.

Your health care provider will care for you if he or she can. Your health care provider will send you to someone else if he or she is not able to see you that soon. It is always important that you take all your health insurance cards to your appointments.

Dental Appointments

Dental service appointments follow the same standards for access to care as other healthcare appointments.

Explanation of Benefits (EOB)

Each time you receive medical services, the details of how the claim was paid is available on the member secure website. The detail explains which procedure and services were given, how much they cost and how much Home State Health pays. The information can also be printed if you would like to have a copy. If there are services you do not believe you received, please call Member Services at 1-855-694-HOME (4663).

If You Are Billed

Home State Health will pay for all covered MO HealthNet Managed Care services. You should not be getting a bill if the medical service you got is a covered MO HealthNet Managed Care benefit. If you choose to pay for a service, you must agree in writing that you will be responsible for the payment before getting the service. The written agreement must show the date and service. It must be signed and dated by you and the provider. The agreement must be made before you receive the service. A copy of the agreement must be kept in your medical record.

You will not have to pay for covered health care services even if:

- The State does not pay your MO HealthNet Managed Care health plan;
- Your MO HealthNet Managed Care health plan does not pay your provider;
- Your provider's bill is more than your MO HealthNet Managed Care health plan will pay; and
- Your MO HealthNet Managed Care health plan cannot pay its bills.

You may have to pay for services you get if:

- You choose to get medical services that are not covered by MO HealthNet Managed Care; or
- You go to a provider that is not a Home State Health provider without prior approval.

If you get a bill, do not wait! Call our Member Services office at 1-855-694-HOME (4663). Home State Health will look into this for you.

HELP FOR YOUR HEALTH

Care Management Services

You may ask for an assessment for care management services at any time by calling Home State Health at 1-855-694-HOME (4663).

Home State Health will offer care management services for members who are:

- Pregnant;
- All children with elevated blood lead levels; and
- Children in foster care.

Within thirty (30) days of enrollment, Home State Health will offer a care management assessment for new members with the following conditions:

- Cancer;
- Chronic pain;
- Hepatitis C;
- HIV/AIDS;
- Individuals with special health care needs including autism spectrum disorder;
- Sickle cell anemia;
- Diabetes;
- Asthma;
- COPD;
- Congestive heart failure;
- Organ failure; and
- Serious mental illness (schizophrenia, schizoaffective disorder, bipolar disorder, PTSD, recurrent major depression and substance use disorder).

Members experiencing the following events will also receive a care management assessment and be offered care management services:

- Three (3) or more emergency department visits in any given quarter;
- An admission to a psychiatric hospital or residential substance use treatment program;
- A readmission or a hospital stay of more than two (2) weeks.

Preventive Services

Home State Health must provide coverage for preventive services rated 'A' or 'B' by the U.S. Preventive Services Force **www.uspreventiveservicestaskforce.org**. If you have health insurance other than MO HealthNet Managed Care, your other health insurance may be responsible for the payment of these preventive services.

Immunization (Shots) Schedule for Children

Immunizations (shots) help prevent serious illness. This record will help keep track when your child is immunized. If your child did not get their shots at the age shown, they still need to get that shot. Talk to your PCP about your child's immunizations (shots). Children must have their immunizations (shots) to enter school.

Immunization Record		
Age	**Shot (Immunization)**	**Date Received**
Birth	HepB	
2 months	DTaP, Hib, IPV, PCV, RV, HepB	
4 months	DTaP, Hib, IPV, PCV, RV	
6 months	DTaP, Hib, IPV, PCV, RV, HepB	
12-15 months	Hib, PCV, MMR, Varicella, HepA*	
15-18 months	DTaP**	
19-23 months	HepA*	
4-6 years	DTaP, IPV, MMR, Varicella	
7-10 years Catch-Up	Tdap, HepB, IPV, MMR, Varicella, HepA	
11-12 years	Tdap, MenACWY (1 dose), HPV (2 doses)***	
11-12 years Catch-Up	HepB, IPV, MMR, Varicella, HepA	
13-18 years Catch-Up	Tdap, MenACWY (1 dose, Booster at 16), MenB (16-18 years)*****, HPV (2 doses)****, HepB, IPV, MMR, Varicella, HepA	
16-18 years	MenB****	
19-20 years	HPV – (2-3 doses)****, MMR****, Tdap****, Varicella****	
Every year	Influenza (after 6 months)	

* The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose.

**Can be given as early as 12 months, if there are six months since third dose.

***A 3rd shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.

****Recommended unless your health-care provider tells you that you cannot safely receive it or that you do not need it. HPV doses depending on age of initial vaccination or condition.

*****Ages 16-18 who are not at increased risk may receive after discussing with their healthcare provider.

When You Are Pregnant

Keep these points in mind if you are pregnant now or want to become pregnant:

- Go to your health care provider as soon as you think you are pregnant. It is important for your health and your baby's health to see a PCP as early as possible. Seeing your PCP early will help your baby get off to a good start. It is even better to see your PCP before you get pregnant to get your body ready for the pregnancy.
- Make an appointment with your dentist for a checkup and a cleaning.
- Set a goal to live a healthier lifestyle. Healthy lifestyle habits include exercising, eating balanced healthy meals and resting for eight (8) to ten (10) hours at night.

*The Missouri WIC program provides supplemental food, health care referrals, nutrition education and breast-feeding promotion and support to eligible pregnant, breastfeeding and postpartum women, infants and children up to age five. Visit **https://health.mo.gov/living/families/wic/** for additional information.

Pregnancy and Maternity Services

There are things you can do to have a safe pregnancy. See your health care provider about any medical conditions you may have such as diabetes or high blood pressure. Do not use tobacco, alcohol or non-prescribed drugs either now or while you are pregnant. Home State Health recommends that you see your health care provider before becoming pregnant if you have experienced any of the following:

- You have had three (3) or more miscarriages;
- You have given birth to a premature baby (this means the baby came before thirty-seven (37) weeks of pregnancy) or a "preemie"; or
- You gave birth to a stillborn baby.

A note about folic acid: Folic acid is a very important nutrient that can help you have a healthier baby. You should take folic acid before you become pregnant or as soon as you find out you are pregnant. Some foods that have folic acid in them include: orange juice, green vegetables, beans, peas, fortified breakfast cereals, enriched rice and whole wheat bread. It is difficult to get enough folic acid from food alone when you are pregnant. Ask your health care provider about taking prenatal vitamins and see your PCP as soon as your think you are pregnant. If you have any questions about folic acid or your pregnancy, call Member Services toll-free at 1-855-694-HOME (4663).

Special Health Care Needs

If you have a special health care need, call Home State Health at 1-855-694-HOME (4663). Home State Health 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 Home State Health for a specialist to be your PCP.

Members may request and obtain access to a specialty care center if the member has a life-threatening condition or disease, either of which requires specialized medical care over a prolonged period.

ELIGIBILITY INFORMATION

Insurance

You have MO HealthNet Managed Care health care coverage through Home State Health. You may have other health insurance, too. This may be from a job, an absent parent, union or other source. If you have other health insurance besides MO HealthNet Managed Care, that insurance company must pay for most of your health services before Home State Health pays. If your other health insurance covers a service not covered by MO HealthNet Managed Care, you will owe your provider what your insurance does not pay. It is important that you show all your insurance ID cards to your health care provider.

All adults must show their MO HealthNet ID card and their MO HealthNet Managed Care health plan card to receive non-emergency care.

Home State Health and your other health insurance policy have rules about getting health care. You must follow the rules for each policy. There are rules about going out of network. Some services need prior approval. You may have to pay for the service if you don't follow the rules. For help, call Home State Health at 1-855-694-HOME (4663).

If you have health insurance other than MO HealthNet Managed Care or your insurance changes, details about your insurance are needed. Have your insurance card with you when you call the following numbers. You must call:

- Home State Health at 1-855-694-HOME (4663) and;
- The MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627; or
- The Family Support Division (FSD) Information Center at 1-855-373-4636 or you may visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online.

You must report insurance you get through your job or you could lose your MO HealthNet benefits. MO HealthNet has a program that can pay the cost of other health insurance. The name of the program is Health Insurance Premium Payment (HIPP).

- Call the Family Support Division (FSD) Information Center at 1-855-373-4636 or you may visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online if your job has health insurance.
- Call Third Party Liability (TPL) at 573-751-2005 to ask about the HIPP program.

You must call Home State Health at 1-855-694-HOME (4663), or the Family Support Division (FSD) Information Center at 1-855-373-4636 or you may visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online within thirty (30) days if:

- You get hurt in a car wreck;
- You get hurt at work;
- You get hurt and have a lawyer; or
- You get money because of an accident.

Membership and Eligibility Information

You must have MO HealthNet and meet program and income guidelines to qualify for MO HealthNet Managed Care. Home State Health does not determine eligibility. Eligibility is determined by the Missouri Department of Social Services, the Family Support Division.

Medical Disability/MO HealthNet Fee-For-Service

If you get Supplemental Security Income (SSI), meet the SSI medical disability definition or get adoption subsidy benefits, you may stay in MO HealthNet Managed Care or you may choose to get MO HealthNet Fee-for-Service using MO HealthNet approved providers. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for information and to make your choice.

Newborn Coverage

If you have a baby, you must:

- Call the Family Support Division Information Center at 1-855-373-4636 or visit our website at **www.dss.mo.gov** to access the Family Support Division Program Enrollment System online as soon as possible to report the birth of your child. The State will give your baby an identification number, known as a DCN, or MO HealthNet number;
- Call Home State Health at 1-855-694-HOME (4663); and
- Pick a PCP for your baby in the Home State Health network.

Your baby will be enrolled in Home State Health. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 if you want a different MO HealthNet Managed Care health plan for your baby. This is the only phone number you can use to change your baby's MO HealthNet Managed Care health plan. You cannot change MO HealthNet Managed Care health plans for your baby until after your baby is born and has a MO HealthNet number. The Family Support Division staff cannot change your baby's MO HealthNet Managed Care health plan.

To be sure your baby gets all the services he or she needs, continue to use your current MO HealthNet Managed Care health plan and PCP until the new MO HealthNet Managed Care health plan is effective. If you want to change your baby's MO HealthNet Managed Care health plan, the new MO HealthNet Managed Care health plan is effective the day following the change.

MO HealthNet Annual Review

Family Support Division (FSD) must review information for everyone who has MO HealthNet, at least once a year. FSD will need to review to determine if you or your family member still qualify for MO HealthNet. FSD will send you a yellow MO HealthNet Review Form for you to fill out and return by the date specified. Your MO HealthNet Managed Care coverage may be affected if this form is not returned. If you have any questions or need help with this form, please call the Family Support Division Contact Center at 855-373-9994 or go to **https://mydss.mo.gov/**.

Changing to Another MO HealthNet Managed Care Health Plan

You may change MO HealthNet Managed Care health plans for any reason (with or without cause) during the first ninety (90) days after you become a MO HealthNet Managed Care health plan member. You will also be able to change during your annual open enrollment time. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for help in changing MO HealthNet Managed Care health plans.

You may be able to change MO HealthNet Managed Care health plans after ninety (90) days. Some reasons for changing include, but are not limited to, the following:

- Your PCP or specialist is no longer with Home State Health and is in another MO HealthNet Managed Care health plan. This applies to PCPs or specialists you have seen at least once in the last year or you have seen most recently, except in the case of an emergency.

- To help you keep all of your family members in the same health plan.
- The health plan does not have a provider that handles your health care needs.
- Negative actions from a health plan or provider that impact your ability to get care.

Home State Health cannot make you leave our MO HealthNet Managed Care health plan because of a health problem.

Disenrollment

Home State Health may request disenrollment if one of the following occurs:

- You move out of Home State Health's service area;
- You do not follow your PCP's orders for your health care or continually miss your PCP's appointments without calling or telling your PCP;
- You let someone else use your Home State Health benefits and/or services;
- You are abusive or threaten Home State Health staff and/or providers;
- You request a home birth service; or
- You no longer qualify for medical assistance under one (1) of the MO HealthNet eligibility categories in the targeted population.

Home State Health must try to help you stay with us. We must write to you at least three (3) times during a ninety (90) day period about disenrollment. We must tell you thirty (30) days before we ask the State to change you to another health plan.

a. The state agency will monitor, and approve or disapprove all transfer requests for just cause, within 60 calendar days subject to a medical record review. The state agency may disenroll members from a health plan for any of the following reasons:

1) Selection of another health plan during open enrollment, the first 90 calendar days of initial enrollment, or for just cause;

2) To implement the decision of a hearing officer in a grievance proceeding by the member against the health plan, or by the health plan against the member;

3) Loss of eligibility for either the Fee-For-Service Program or the Managed Care Program; or

4) Member exercises choice to voluntarily disenroll or opt out of, as specified herein under Managed Care Program eligibility groups.; or

5) Member is residing in a nursing facility, and has been residing in the facility for sixty (60) calendar days, or has been certified for Nursing Facility (NF) level of care by the Department of Health and Senior Services, whichever comes first.

Members, including newborn members, who are hospitalized in an acute setting, shall not be disenrolled from Home State Health (General Plan) until an appropriate acute inpatient hospital discharge, unless a member is enrolling in Show Me Healthy Kids (Specialty Plan), is no longer eligible for the Managed Care Program, or opts out of participating in Managed Care.

Fee-For-Service to Managed Care: If the member is participating in the Fee-For-Service Program at the time of acute inpatient hospitalization on the effective date of enrollment into Home State Health, the member shall remain in the Fee-For-Service Program until an appropriate acute inpatient hospital discharge.

General Plan to General Plan: Members, including newborn members, who are in another general health plan at the time of acute inpatient hospitalization on the effective date of enrollment in a new general health plan, shall remain with the previous health plan until an appropriate acute inpatient hospital discharge.

General Plan to Specialty Plan: For a general plan member who is enrolled into the Specialty Plan, the Specialty Plan shall assume financial responsibility for that member effective on the first day of the month in which the member enrolled in the Specialty Plan, regardless of whether the member was hospitalized on that date.

When a member moves from one health plan to another health plan, in addition to acute inpatient hospitalizations, admissions to facilities that provide a lower level of care in lieu of an acute inpatient admission may be considered as an acute inpatient hospitalization. The state agency reserves the right to determine if such an admission qualifies as an acute inpatient hospitalization. Only acute inpatient hospitalization shall apply when a new member moves from the Fee-For-Service Program to Managed Care Program.

The health plan shall not initiate disenrollment:

- Because of a medical diagnosis or the health status of a member;
- Because of the member's attempt to exercise his or her rights under the grievance system;
- Because of pre-existing medical conditions or high cost medical bills or an anticipated need for health care;
- Due to behaviors resulting from a physical or behavioral health condition; or
- Due to race, color, national origin, disability, age, sex, gender identity, or sexual orientation.

MEMBER SATISFACTION

Advance Health Care Directive

You have the right to accept or refuse any medical care. A time may come when you are too sick to talk to your PCP, family or friends. You may not be able to tell anyone what health care you want. The law allows adults to do two things when this happens:

- An advance directive allows you to leave written directions about your medical treatment decisions.
- An advance directive also allows you to ask someone to decide your care for you.

If you do not have an advance health care directive, your PCP may not know what health care you want.
Talk to your PCP or call Home State Health at 1-855-694-HOME (4663) for information on an advance health care directive. Your PCP must keep a written and signed copy of what care you want. An advance directive becomes part of your medical record.

Home State Health's policies related to advanced directives do not prohibit the application of any Missouri law that allows for an objection on the basis of conscience.

If there is a problem with things not being done the way they should with an advance directive and the concerns are related to abuse, neglect or exploitation of a Missouri resident age sixty (60) plus or age eighteen (18) to fifty-nine (59) with a disability, you may file a complaint with the Missouri Department of Health and Senior Services at 1-800-392-0210 or write them at P.O. Box 570, Jefferson City, MO 65102. You may send an email to: **info@health.mo.gov**.

Advance Health Care Directives are available from the Missouri Bar, P.O. Box 119, 326 Monroe, Jefferson City, MO 65102. You may call them at (573) 635-4128 or download forms from their website at **www.mobar.org**.

Advocates for Family Health

Advocates for Family Health is an ombudsman service. An ombudsman is a problem solver who can advise you 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 PCP, a nurse or your MO HealthNet Managed Care health plan;
- You need to talk to someone outside of your MO HealthNet Managed Care health plan;
- You want help when filing a grievance;
- You need help when appealing a decision by your MO HealthNet Managed Care health plan; or
- You need help getting a State fair hearing.

You can get legal help at no cost to you by contacting the legal aid office for your county below.

LEGAL AID OF WESTERN MISSOURI

Serves the following counties: Andrew, Atchison, Barton, Bates, Benton, Buchanan, Caldwell, Camden, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Jackson, Jasper, Johnson, Lafayette, Linn, Livingston, McDonald, Mercer, Morgan, Newton, Nodaway, Pettis, Platte, Putnam, Ray, Saline, St. Clair, Sullivan, Vernon and Worth.

Advocates for Family Health
Legal Aid of Western Missouri
4001 Blue Parkway, Suite 300
Kansas City, MO 64130
816-474-6750 · Toll free 1-866-897-0947 · Fax: 816-474-9751

MID-MISSOURI LEGAL SERVICES

Serves the following counties: Audrain, Boone, Callaway, Chariton, Cole, Cooper, Howard, Miller, Moniteau, Osage and Randolph.

Advocates for Family Health
Mid-Missouri Legal Services
1201 W. Broadway
Columbia, MO 65203
573-442-0116 • Toll free 1-800-568-4931 • Fax: 573-875-0173

LEGAL SERVICES OF EASTERN MISSOURI

Serves St. Louis City and the following counties: Adair, Clark, Franklin, Jefferson, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Schuyler, Scotland, Shelby, St. Charles, St. Louis, Warren and Washington.

Advocates for Family Health
Legal Services of Eastern Missouri
4232 Forest Park Avenue
St. Louis, MO 63108
314-534-1263 • Toll free 1-800-444-0514 ext. 1251 (outside St. Louis City/County) • Fax: 314-534-1028

LEGAL SERVICES OF SOUTHERN MISSOURI

Serves the following counties: Barry, Bollinger, Butler, Cape Girardeau, Carter, Cedar, Christian, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Gasconade, Greene, Howell, Iron, Laclede, Lawrence, Madison, Maries, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Phelps, Polk, Pulaski, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Shannon, Stoddard, Stone, Taney, Texas, Wayne, Webster and Wright.

Advocates for Family Health
Legal Services of Southern Missouri
809 North Campbell
Springfield, MO 65802
417-881-1397 • Toll free 1-800-444-4863 • Fax: 417-881-2159

Fraud and Abuse

Committing fraud or abuse is against the law.
Fraud is a dishonest act done on purpose.

Examples of member fraud are:

- Letting someone else use your MO HealthNet Managed Care health plan card(s) or MO HealthNet ID card; and
- Getting prescriptions with the intent of abusing or selling drugs.

An example of provider fraud is:

- Billing for services not provided.

Abuse is an act that does not follow good practices.

An example of member abuse is:

- Going to the emergency room for a condition that is not an emergency.

An example of provider abuse is:

- Prescribing a more expensive item than is necessary.

You should report instances of fraud and abuse to: **Home State Health: 1-866-685-8664**

or

MO HealthNet Division Constituent Services: 1-800-392-2161.

For Participant Fraud or Abuse contact:

Department of Social Services

Division of Legal Services, Investigation Unit: 1-573-751-3285

or

Send an email to **MMAC.reportfraud@dss.mo.gov**.

For Provider Fraud or Abuse, contact:

Missouri Medicaid Audit & Compliance Investigations

1-573-751-3285 or 1-573-751-3399.

or

Send an email to **MMAC.reportfraud@dss.mo.gov**.

Additional Information: If you suspect or witness a provider billing inappropriately or a member receiving inappropriate services, please call OIG's Hotline at 1-800-HHS-TIPS (447-8477), directly to a MO HealthNet Fraud Control Unit (MFCU) 1-800-286-3932 or our anonymous and confidential WAF hotline at 1-866-685-8664. Home State Health and Centene take all reports of potential waste, abuse or fraud very seriously and investigate all reported issues.

Grievances and Appeals

You may not always be happy with Home State Health. We want to hear from you. Home State Health has people who can help you. Home State Health cannot take your benefits away because you make a grievance, appeal or ask for a State fair hearing. There are two (2) ways to tell Home State Health about a problem:

Grievance or Appeal

A grievance is a way for you to show dissatisfaction about things like:

- The quality of care or services you received;
- The way you were treated by a provider;
- A disagreement you may have with a MO HealthNet Managed Care health plan policy; or
- You do not agree to the extension of time requested for a decision of a grievance or an appeal.

An appeal is a way for you to ask for a review when your MO HealthNet Managed Care health plan:

Takes action to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend or end a service already approved; or
- Deny payment for a service.

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance resolution within thirty (30) calendar days of receipt of request;
- Make an expedited decision within three (3) days of receipt of request;
- Make an appeal resolution within thirty (30) calendar days of receipt of request.

Home State Health must give you a written Notice of Adverse Benefit Determination if any of these actions happen. The Notice of Adverse Benefit Determination will tell you what we did and why and give you your rights to appeal and ask for a State Fair Hearing.

You Have Some Special Rights When Making a Grievance or Appeal

1. A qualified clinical professional will look at medical grievances or appeals.

2. If you do not speak or understand English, call 1-855-694-HOME (4663) to get help from someone who speaks your language.

3. You may ask anyone such as a family member, your minister, a friend, your provider, authorized representative, or an attorney to help you make a grievance or an appeal.

4. You may file a grievance at any time with either Home State Health or MO HealthNet.

5. If your physical or behavioral health is in danger, a review will be done within seventy-two (72) hours or sooner. This is called an expedited review. Call Home State Health and tell Home State Health if you think you need an expedited review.

6. If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision you must appeal within ten (10) calendar days from the date the Notice of Adverse Benefit Determination was

mailed and tell us not to stop the service while you appeal. If you do not win your appeal you may have to pay for the medical care you got during this time.

7. Home State Health may take up to fourteen (14) calendar days longer to decide if you request the change of time or if we think it is in your best interest. If Home State Health changes the time, we must tell you in writing the reason for the delay.

8. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.

9. Oral inquiries seeking to appeal an adverse benefit determination are treated as appeals (to establish the earliest possible filing date for the appeal).

How to Make a Grievance or Appeal and Ask for a State Fair Hearing

GRIEVANCE. You may file a grievance on the telephone, or in writing.
To file oral grievance by telephone, call Home State Health at 1-855-694-HOME (4663).
To file written grievance, send to: 7711 Carondelet Ave., St. Louis, MO 63105.

- Home State Health must write you within ten (10) calendar days and let you know we got your grievance.
- Home State Health must give written notice of a decision within thirty (30) calendar days.

APPEAL. You may file an appeal orally or in writing to Home State Health.

- You must appeal within sixty (60) calendar days from the date of our Notice of Adverse Benefit Determination.
- For help on how to make an appeal, call Home State Health at 1-855-694-HOME (4663).
- Send your written appeal to: 7711 Carondelet Ave., St. Louis, MO 63105
- Home State Health must write you within ten (10) calendar days and let you know we got your appeal.
- Home State Health must give written notice of a decision within thirty (30) calendar days unless it is an expedited review.

STATE FAIR HEARING. You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan appeal process is deemed exhausted and your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review, you must complete a written request even if you asked orally.

- You must ask for a State Fair Hearing within ninety (90) calendar days from the date of the MO HealthNet Managed Care health plan's written Notice of Appeal Resolution.
- For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at 1-800-392-2161.
- If you do not speak or understand English or need American Sign Language, call 1-800-392-2161 to get help from someone who speaks your language at no cost to you. This includes auxiliary aids and services. Members who use a Telecommunications Device for the Deaf (TDD) can call 1-800-735-2966. These services are available to you at no cost.

- You can send your written request to MO HealthNet Division, Stakeholders Services, Participant Services Unit, P.O. Box 6500, Jefferson City, MO 65102-6500, or fax to 573-526-2471.
- You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
- You may ask anyone such as a family member, your minister, a friend or an attorney to help you with a State Fair Hearing.
- A decision will be made within ninety (90) calendar days from the state agency's receipt of a State Fair Hearing request.
- If your physical or behavioral health is in danger, a decision will be made within three (3) business days. This is called an expedited hearing. Call 1-800-392-2161 if you think you need an expedited hearing.
- If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop you must ask for a State Fair Hearing within ten (10) calendar days of the date the written appeal resolution was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

You have the right to ask for a State Fair Hearing if one of the following occurs:

- Home State Health fails to act within required time frames for getting a service
- Home State Health fails to make an expedited decision within seventy- two (72) hours of receipt of request
- Home State Health fails to make an appeal resolution within thirty (30) calendar days of receipt of request.

Quality Improvement (QI)

Home State Health is committed to providing quality health care to you. Our primary goal is to improve your health and help you with any illness or disability. Our program is consistent with National Committee for Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To help promote safe, reliable and quality health care, our programs include:

- Conducting a thorough check on providers when they become part of Home State Health provider network;
- Monitoring the access Home State Health members have to all types of health care services;
- Providing programs and educational items about general health care and specific diseases;
- Sending reminders to you to get annual tests, such as adult physicals, cervical cancer screenings and breast cancer screenings; and
- Investigating your concerns regarding the health care you have received. If you have a concern about the care you received from your PCP or any service provided by Home State Health, please contact us toll-free at 1-855-694-HOME (4663).

Home State Health believes that getting input from members, like you, can help make the services and quality of our programs better. We conduct a member survey each year that asks questions about your experience with the health care and services you are receiving. If you receive one of our member surveys, please be sure to fill out the survey and drop it back in the mail.

Home State Health Member Advisory Committee

Your opinion matters! Home State Health hosts meetings so that you can share your thoughts and feedback on your benefits, services. and providers. We encourage our members to be actively involved in their healthcare. Call 1-855-694-HOME (4663) if you are interested in joining a Member Advisory Committee Meeting.

Utilization Process

The utilization process is the review of services and care provided. This information helps Home State Health determine if you are receiving the right type of care. It gives us information to decide if we have the best providers available for our members.

The process begins with the PCP calling for approval for care. The care is reviewed by medical standards. Home State Health's nursing staff works closely with your provider to give the care needed to complete your treatment plan. The nurses also work with the Family Support Division, social workers and other nursing or therapy staff to make sure the provider's plan is carried out.

The State may request information for those cases that were not approved for service. Decisions are based only on your current coverage and appropriateness of care and service. Home State Health does not reward providers or other people for issuing denials of coverage of care. Financial incentives do not support under use of services.

MEMBER RIGHTS AND RESPONSIBILITIES

Changes You Need to Report

If you move, it is important that you report your new address by calling the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at **www.dss.mo.gov** to access the Family Support Division Program Enrollment System online, and the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627. Then call Home State Health at 1-855-694-HOME (4663). Your MO HealthNet Managed Care coverage may be affected. If we do not know where you live, you will miss important information about your coverage. Changes you need to report to the FSD Information Center at 1-855-373-4636 include:

- Family size (including the birth of any babies);
- Income;
- Address;
- Phone number; and
- Availability of insurance.

Your Rights as a MO HealthNet Managed Care Health Plan Member

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, if necessary;
- Have someone act on your behalf if you are unable to do so;
- Get information on our Physician Incentive Plan, if any, by calling 1-855-694-HOME (4663);
- 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; and
- Receive one (1) copy of your medical records once a year at no cost to you.

Additional Rights:

- Receive information about Home State Health, its services, its practitioners and providers and member rights and responsibilities;
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage;
- To voice grievances or appeals about Home State Health or the care it provides;
- To make recommendations regarding the Home State Health's member right and responsibilities policy; and
- Protection of oral, written and electronic information across the organization.

Your Responsibilities as a MO HealthNet Managed Care Health Plan Member

You have the responsibility to:

- Call Home State Health to order a member ID card if yours is lost;
- Carry your Home State Health member ID card and your MO HealthNet ID card at all times;
- Contact your PCP first when needing medical care;
- Only use the emergency room in an emergency;
- Follow all instructions given by your health care provider;
- Follow appointment scheduling rules;
- Make and keep PCP appointments or call ahead to cancel;
- Make sure your child sees his/her PCP for regular check-ups and shots;
- Supply information (to the extent possible) that the organization and its providers need in order to provide care;
- Follow plans and instructions for care that you have agreed to with your provider; and
- Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.

- Members are required to allow their provider agency to use Electronic Visit Verfication (EVV), if necessary, or else risk losing their personal care services. Missouri regulation 13 CSR 70-3.320 contains the specific requirements for members and providers. For additional information, see the MO HealthNet website at **https://mydss.mo.gov/mhd/providers**
- The health plan shall protect its members in the event of insolvency and that the health plan shall not hold its members liable for any of the following:
  - The debts of the health plan in the case of health plan insolvency;
  - Services provided to a member in the event the health plan failed to receive payment from the state agency for such service;
  - Services provided to a member in the event a health care provider with a contractual referral, or other type arrangement with the health plan, fails to receive payment from the state agency or the health plan for such services
  - Payments to a provider that furnishes covered services under a contractual referral, or other type arrangement with the health plan in excess of the amount that would be owed by the member if the health plan had directly provided the services.

HOME STATE HEALTH RIGHTS AND RESPONSIBILITIES

Notification to Members

Home State Health members are notified at least thirty (30) calendar days in advance when benefits or operations change. Some examples include:

- Advance directive policy changes;
- Comprehensive benefit package changes;
- Network changes;
- Prior authorization procedure changes;
- Utilization management procedure changes; and
- Service delivery office/site changes.

Home State Health members are notified, in writing, at least fifteen (15) calendar days in advance when their health care provider leaves our network.

If your MO HealthNet Managed Care health plan benefits change or terminate, Home State Health will notify you in writing. You may also call Member Services at 1-855-694-HOME (4663) to receive information on benefit changes or updates.

Release for Ethical Reasons

Home State Health may not, for moral and religious reasons, provide or pay for a service for which it is required to provide or pay for. If so, Home State Health will let you know how and where else to get the service.

Call MO HealthNet at 1 (800) 392-2161 to receive information about accessing the services Home State Health may not cover for moral or religious objections.

Notice About Home State Health as a Payer of Last Resort

Sometimes, someone else has to pay first for the services we provide you. For example, if you are injured at work, insurance for Worker's Compensation has to pay first.

Home State Health has the right and the responsibility to collect payment for covered services when someone else has to pay first.

Right of Subrogation

Subrogation is the process by which Home State Health gets back some or all of the costs of your health care from another insurer or party. Examples of other insurers include:

- Your motor vehicle or homeowner's insurance;
- The motor vehicle or homeowner's insurance of an individual who caused your illness or injury; or
- Workers' Compensation.

If an insurer other than Home State Health should pay for services related to an illness or injury, Home State Health has the right to ask that insurer to repay us. Home State Health is subrogated to any right of recovery you have against a third person who caused your illness or injury or any right of recovery you have against another insurance plan, including but not limited to, any uninsured motorist coverage, underinsured motorist coverage, personal umbrella coverage, medical payments coverage, no-fault automobile insurance coverage or any other first party insurance coverage. Unless otherwise required by law, coverage under this policy by Home State Health will be secondary when another plan, including another insurance plan, provides you with coverage for health care services.

If you have a worker's compensation claim, or a pending personal injury, or tort, or product liability, or medical malpractice law suit, or has been involved in an auto accident, please contact the health plan at 1-855-694-HOME (4663).

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective 5/2/2024

For help to translate or understand this, please call 1-855-HOME (4663). Hearing impaired TTY 711. Interpreter services are provided at no cost to you.

Covered Entity Duties

Home State Health Plan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Home State Health Plan is required by law to keep the privacy of your protected health information (PHI). We must give you this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, amend, and manage your PHI, and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Home State Health Plan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Home State Health Plan will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We will make any revised Notices available on our website and in our Member Handbook.

Internal Protections of Oral, Written and Electronic PHI

Home State Health Plan protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help. These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- ***Treatment.*** We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- ***Payment.*** We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a healthcare provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.

- ***Healthcare Operations.*** We may use and disclose your PHI to perform our healthcare operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination.

  In our health care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

  - Quality assessment and improvement activities
  - Reviewing the competence or qualifications of healthcare professionals
  - Care management and care coordination
  - Detecting or preventing healthcare fraud and abuse.

  Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services. This information helps us to:

  - Better understand your healthcare needs.
  - Know your language preference when seeing healthcare providers.
  - Offer programs to help you be your healthiest.
  - Providing healthcare information to meet your care needs.

  This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- ***Group Health Plan/Plan Sponsor Disclosures*** We may disclose your PHI to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI

- ***Fundraising Activities.*** We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- ***Underwriting Purposes.*** We may use or disclose your PHI for underwriting purposes, such as to decide about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- ***Appointment Reminders/Treatment Alternatives.*** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.

- ***As Required by Law.*** If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- ***Public Health Activities.*** We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
- ***Victims of Abuse and Neglect.*** We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- ***Judicial and Administrative Proceedings.*** We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.
- ***Law Enforcement.*** We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- ***Coroners, Medical Examiners and Funeral Directors.*** We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- ***Organ, Eye and Tissue Donation.*** We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking, or transplantation of cadaveric organs, eyes, and tissues.
- ***Threats to Health and Safety.*** We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- ***Specialized Government Functions.*** If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, the Department of State for medical suitability determinations, and the protection of the President, and other authorized persons as may be required by law.
- ***Workers' Compensation.*** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law that provide benefits for work-related injuries or illness without regard to fault.
- ***Emergency Situations.*** We may disclose your PHI in an emergency situation, or if you are incapacitated or are not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- ***Inmates.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is

necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

- ***Research.*** Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved, and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI that Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with few exceptions, for the following reasons:

- ***Sales of PHI.*** We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- ***Marketing.*** We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you, or when we provide promotional gifts of nominal value.
- ***Psychotherapy Notes.*** We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Individual Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the contact information at the end of this Notice.

- ***Right to Request Restrictions.*** You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.
- ***Right to Request Confidential Communications.*** You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communications means or location is not made. We must accommodate your request if it is reasonable specifies the alternative means or location where your PHI should be delivered.

- ***Right to Access and Receive a Copy of Your PHI.*** You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will give you a written explanation and we will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- ***Right to Amend Your PHI.*** You have the right to ask that we amend, or change your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example, if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision, and we will attach your statement to the PHI you request that we amend. If we accept your request to change the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- ***Right to Receive an Accounting of Disclosures.*** You have the right to receive a list of instances within the last 6 years in which we or our business associates disclosed your PHI. This does not apply to disclosures for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- ***Right to File a Complaint.*** If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, TTY: 1-800-537-7697 or visiting **hhs.gov/ocr/privacy/hipaa/complaints/**.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- ***Right to Receive a Copy of this Notice.*** You may request a copy of your Notice at any time using the contact information listed at the end of the Notice. If you get this Notice on our website or by electronic mail (email), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice:

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone by using the contact information listed below.

Home State Health Plan
Attn: Privacy Official
7711 Carondelet Ave.
St. Louis, MO 63105
1-855-694 (HOME) 4663 • TTY 711

GLOSSARY

"Adoption Subsidy" Subsidy services supporting a family adopting a child. Financial, medical, and support services for the child until age eighteen (18) or in some cases until age twenty-one (21). These children may choose to get their health care as a MO HealthNet Managed Care health plan member or may choose to get health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers.

"Advance Directive" An advance directive allows you to leave written directions about your medical treatment decisions and/or ask someone to decide your care for you.

"Adverse Benefit Determination" (1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit; (2) The reduction, suspension, or termination of a previously authorized service; (3) The denial, in whole or in part, of payment for a service; (4) The failure to provide services in a timely manner as defined in the appointment standards (5) The failure of the health plan to act within the timeframes regarding the standard resolution of grievances and appeals; (6) The denial of a member's request to exercise his or her right to obtain services outside the network; or (7) The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

"Appeal" is a way for you to ask for a review when your MO HealthNet Managed Care health plan makes an adverse benefit determination to deny or give a limited approval of a requested service; deny, reduce, suspend, or end a service already approved; or deny payment for a service; or fails to act within required time frames for getting a service; make a grievance resolution within thirty (30) calendar days of receipt of request; make an expedited decision within three (3) days of receipt of request; or make an appeal resolution within thirty (30) calendar days of receipt of request.

"Appeal Resolution " The written determination concerning an appeal.

"Co-payment" is your share for cost of services provided. A set amount of money that you will have to pay for the medical service you received. MO HealthNet Managed Care members do not pay a co-pay.

"Departmental Client Number" or ***"DCN"*** is also known as your MO HealthNet number. This is your identification number for MO HealthNet.

"Durable medical equipment" or ***"DME"*** is necessary medical equipment that your provider has ordered for you to assist you in and out of your home because of your medical condition.

"Eligibility group" are members who receive benefits based on age, family size and income.

"Emergency medical condition" is a condition that requires medical attention right away. Call 911 or go to the nearest emergency room even if it is not in your health plan network.

"Emergency medical transportation" — call 911 or the closest ambulance.

"Emergency room care" means medical care that needs to be given right away to help care for things like: pain, chest pain, stroke, difficulty breathing, bad burns, head wounds or trauma, deep cuts/heavy bleeding or gunshot wound(s).

"Emergency services" means that in an emergency, go to the nearest emergency room even if it is not in your health plan network or call 911. When you go the emergency room, a health care provider will check to see if you need emergency care. You can call the number listed on the back of your MO HealthNet Managed Care health plan card anytime, day or night, if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

"Early Periodic Screening, Diagnosis, and Treatment" or ***"EPSDT"*** is also known as HCY.

"Excluded services" are medical services that your MO HealthNet Managed Care health plan does not pay for.

"Grievance" is a way to show dissatisfaction about things like: the quality of care or services you received, the way you were treated by a provider, a disagreement you may have with a MO HealthNet Managed Care health plan policy or you do not agree to extend the time for a decision of a grievance or an appeal.

"Habilitation services and devices" are health care services that help you keep, improve, acquire, either partially or fully, skills related to communication and activities of daily living, such as: talking, walking and hearing. These services include: physical therapy, occupational therapy, speech-language pathology and audiology. Medical devices, which include assistive devices and durable medical equipment, are used with habilitation services to improve your physical function and mobility.

"Healthy Children and Youth" or ***"HCY Program"*** is also known as EPSDT.

"Health Insurance – MO HealthNet Managed Care Health Plan" is insurance that covers your medical services. You may also have other health insurance from a job or another source in addition to MO HealthNet, which helps you with paying for medical services. If you have other health insurance besides MO HealthNet Managed Care, this is called your primary insurance. This insurance company must pay for most of your health services before your MO HealthNet Managed Care health plan pays.

"Home health care" is a service provided in the member's home who has an acute illness or long term illness that can be managed at home. Services include skilled nurse visits, home health aide visits and medical supplies.

"Hospice services" are services that can be given to an adult or child who is in the last six (6) months of their life. The goal of hospice is to provide pain relief and support to the patient and family.

"Hospitalization" is when your doctor requires you to stay in the hospital for certain medical services to be done or certain medical conditions where you have to be monitored so your condition can be treated or does not get worse.

"Hospital outpatient care" is when you receive medical services that do not require staying in the hospital. After you have a procedure, you can go home.

"Hospital outpatient care" is when you receive medical services that do not require staying in the hospital. After you have a procedure, you can go home.

"Inquiry" A request from a member for information that would clarify health plan policy, benefits, procedures, or any aspect of health plan function but does not express dissatisfaction.

"MO HealthNet Approved Provider" is a doctor, nurse, clinic, pharmacy, hospital or other provider enrolled with the MO HealthNet Division as a MO HealthNet approved provider. MO HealthNet approved providers provide services in MO HealthNet Fee-for-Service. You will show them your MO HealthNet ID card. MO HealthNet approved providers are sometimes also called MO HealthNet providers. You can do an online search to find a MO HealthNet approved provider at **https://apps.dss.mo.gov/fmsMedicaidProviderSearch** or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.

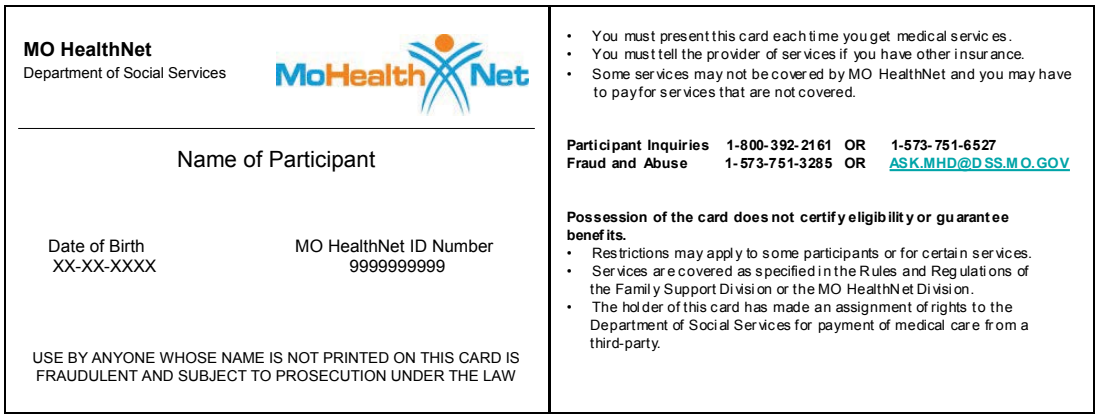
"MO HealthNet Fee-for-Service" is a way to get some health care services that are not covered by Home State Health. These services may be covered by MO HealthNet Fee-for-Service. You can go to any approved provider that takes MO HealthNet Fee-for-Service. Use only your MO HealthNet ID card. You may call 1-800-392-2161 to check on how to get these services.

"Medically Necessary Services" A service is medically necessary if it:

- Prevents, diagnoses, or treats a physical or behavioral health condition or injury;
- Is necessary for the member to achieve age appropriate growth and development;
- Minimizes the progression of disability; or
- Is necessary for the member to attain, maintain, or regain functional capacity.

A service is not medically necessary if the nonperformance of the service would not adversely affect the member's condition or the quality of medical care rendered.

"MO HealthNet ID Card" is the card sent to you when you are eligible for MO HealthNet (see below).



MO HealthNet
Department of Social Services

MoHealthNet

Name of Participant

Date of Birth
XX-XX-XXXX

MO HealthNet ID Number
9999999999

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

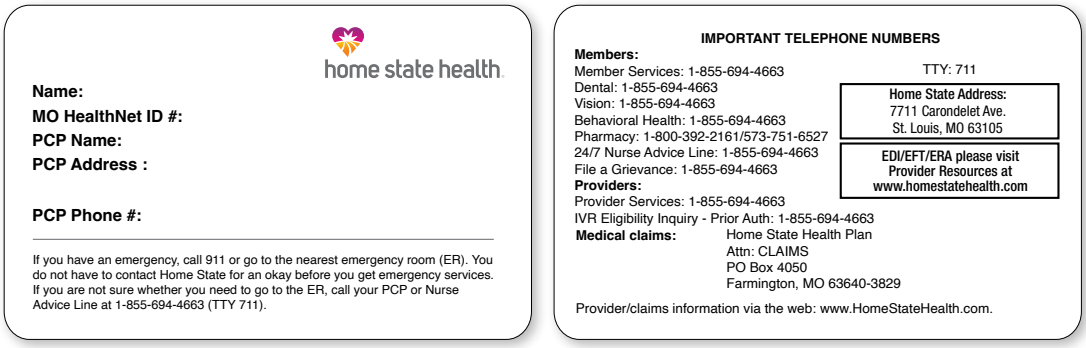
- You must present this card each time you get medical services.
- You must tell the provider of services if you have other insurance.
- Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.

Participant Inquiries 1-800-392-2161 OR 1-573-751-6527
Fraud and Abuse 1-573-751-3285 OR ASK.MHD@DSS.MO.GOV

Possession of the card does not certify eligibility or guarantee benefits.
- Restrictions may apply to some participants or for certain services.
- Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division.
- The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party.

"MO HealthNet Managed Care" is a way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan. You must choose a MO HealthNet Managed Care health plan or one will be chosen for you. You must also choose a Primary Care Provider. Use your MO HealthNet Managed Care card and your MO HealthNet ID card to get services. While you are waiting to get in a MO HealthNet Managed Care health plan for health care, you get services from MO HealthNet Fee-for-Service. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. You may call 1-800-392-2161 to check on how to get services.

"MO HealthNet Managed Care Card" is the card sent to you by your MO HealthNet Managed Care health plan.



home state health

Name:
MO HealthNet ID #:
PCP Name:
PCP Address :

PCP Phone #:

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Home State for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Nurse Advice Line at 1-855-694-4663 (TTY 711).

IMPORTANT TELEPHONE NUMBERS

Members:
Member Services: 1-855-694-4663 TTY: 711
Dental: 1-855-694-4663
Vision: 1-855-694-4663
Behavioral Health: 1-855-694-4663
Pharmacy: 1-800-392-2161/573-751-6527
24/7 Nurse Advice Line: 1-855-694-4663
File a Grievance: 1-855-694-4663

Home State Address:
7711 Carondelet Ave.
St. Louis, MO 63105

EDI/EFT/ERA please visit Provider Resources at www.homestatehealth.com

Providers:
Provider Services: 1-855-694-4663
IVR Eligibility Inquiry - Prior Auth: 1-855-694-4663
Medical claims: Home State Health Plan
Attn: CLAIMS
PO Box 4050
Farmington, MO 63640-3829

Provider/claims information via the web: www.HomeStateHealth.com.

"Network" is a group of health care providers set up by your MO HealthNet Managed Care health plan that can see you for your medical care, treatment and supplies.

"Non-participating provider" is a health care provider that is not signed up as a network provider for your MO HealthNet Managed Care health plan.

"Out of Home Care/Alternative Care Services" (***Foster Care)*** is the care of children living in a home other than their birth parents. The juvenile court removes the child from their home. The Children's Division then sets a plan of services.

"PCP" is a Primary Care Provider who is a health care provider that manages a member's health care.

"Participating provider" is a health care provider that you can see because they are signed up with your MO HealthNet Managed Care health plan.

"Physician services" are medical services provided to you by a provider who is licensed to practice under state law.

"Plan" is a health plan that provides, covers and arranges medical services that are needed by its members for a fixed rate.

"Preauthorization" or ***"prior authorization"*** is your MO HealthNet Managed Care health plan's method of pre-approving certain services.

"Premium" is the amount of money that is paid for someone to receive health care insurance.

"Prescription drug coverage" is a way for you to get coverage for your medications. MO HealthNet Managed Care members prescription drug coverage is provided by Fee-For-Service.

"Prescription drugs" are medications that require prescriptions or a doctor's order.

"Primary care physician" is a health care provider who manages a member's health care.

"Primary Care Provider" is a health care provider who manages a member's health care.

"Provider" is a health care provider who manages a member's health care.

"Referral" is a process used by a PCP to let you get health care from another health care provider usually for specialty treatment. Home State Health does not require referral to see a specialist that is in the Home State health network.

"Rehabilitation services and devices" are health care services that help you keep, improve and restore skills and functions for daily living that have been lost or impaired because of an injury, illness or disability. These services include physical therapy, occupational therapy, speech-language pathology and psychiatric services that can occur in an outpatient or inpatient setting. Medical devices, which include assistive devices and durable medical equipment, are used with rehabilitation services to improve your physical function and mobility.

"Skilled nursing care" is care given to you in a nursing home for a short period of time because of an injury or illness. The staff taking care of you can be a nurse, speech therapist, physical therapist or occupational therapist.

The staff can help you with bathing, dressing, personal care, eating, and walking, these are rehabilitation services. Other services that may be provided to you are social and educational activities, transportation if needed, laboratory, radiology, pharmacy services, and hospice care-end of life and respite care.

"Specialist" is a medical professional who has a lot of knowledge about your chronic illness. 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 to be your Primary Care Provider.

"State" is the State of Missouri.

"Urgent care" Urgent care appointments for physical or behavioral illnesses or injuries, which require care immediately but are not emergencies such as high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services, you must be seen within twenty-four (24) hours.

Home State Health: 1-855-694-4663 (TTY 711)
Show Me Healthy Kids: 1-877-236-1020 (TTY 711)

ENGLISH: Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call one of the toll-free numbers above.

SPANISH: Tiene disponible sin costo servicios de asistencia lingüística, ayudas y servicios auxiliares, documentos en letra grande, traducción oral y otros formatos alternativos. Para obtenerlos, llame a una de las líneas gratuitas indicadas arriba.

CHINESE: 免费为您提供语言协助服务、辅助工具及服务、大字体版本、口译服务以及其他替代形式。若需获取这些服务，请拨打上述任意免费电话号码。

VIETNAMESE: Các dịch vụ hỗ trợ ngôn ngữ, phương tiện và dịch vụ hỗ trợ bổ sung, phông chữ lớn hơn, phiên dịch trực tiếp, và các hình thức hỗ trợ thay thế khác được cung cấp miễn phí cho quý vị. Để nhận dịch vụ này, vui lòng gọi đến một trong các số miễn cước bên trên.

SERBO-CROATIAN: Usluge jezičke pomoći, dodatna pomagala i usluge, veći font, usmeno prevođenje i drugi alternativni formati dostupni su vam besplatno. Da biste to dobili, pozovite jedan od gore navedenih besplatnih brojeva telefona.

GERMAN: Sprachassistenzdienste, Hilfsmittel und -dienste, größere Schrift, mündliche Übersetzung und andere alternative Formate stehen Ihnen kostenlos zur Verfügung. Zur Nutzung der vorgenannten Hilfen rufen Sie bitte eine der oben genannten gebührenfreien Nummern an.

ARABIC: خدمات المساعدة اللغوية، والمساعدات والخدمات الإضافية، والخطوط الأكبر، والترجمة الشفهية، وغيرها من الصيغ البديلة متوفرة لك مجانًا. للحصول على هذه الخدمات، يرجى الاتصال بأحد الأرقام المجانية المذكورة أعلاه.

KOREAN: 언어 지원 서비스, 보조 도구 및 서비스, 큰 활자, 통역 및 기타 대체 형식을 무료로 이용할 수 있습니다. 이 서비스를 받으려면 위의 무료 전화번호 중에서 하나를 선택하여 전화하십시오.

RUSSIAN: Услуги языковой поддержки, вспомогательные средства и услуги, крупный шрифт, устный перевод и другие альтернативные форматы

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доступны вам бесплатно. Чтобы воспользоваться ими, позвоните на один из указанных выше бесплатных номеров.

FRENCH: Des services d'assistance linguistique, des aides et services auxiliaires, des polices plus grandes, des traductions orales et d'autres formats alternatifs sont à votre disposition gratuitement. Pour les obtenir, veuillez appeler l'un des numéros gratuits ci-dessus.

TAGALOG: Available sa iyo nang walang gastos ang mga serbisyong tulong sa wika, dagdag na tulong at mga serbisyo, mas malaking letra, oral na pagsasalin, at iba pang mga alternatibong format. Para makuha ito, pakitawagan ang isa sa mga libreng numero sa itaas.

PENNSYLVANIAN DUTCH: Sproochhielfsdienst, hilfsgreje und dienscht, grössere Schrift, mündliche Übersetzung, un ander alternativ Formate sin für euch ohne Kost verfügung. Ruft bitte eppes von die gebührenfreien Nummern oben an für das.

PERSIAN: خدمات کمک زبانی، لوازم و خدمات کمکی، فونت درشت، ترجمه شفاهی و سایر قالب‌های جایگزین بدون هزینه در دسترس شماست. برای دریافت آن، لطفاً با یکی از شماره‌های رایگان بالا تماس بگیرید.

CUSHITE: Tajaajilootni deeggarsa afaanii, gargaarsawwan fi tajaajiloonni addaa, barreeffamoota gurguddaa, hiikkaa kan afaanii fi malootni biroon kaffaltii tokko malee siif ni jiraatu. Kana argachuuf maaloo lakkoofsa bilbila bilisaa armaan olii keessaa tokkotti bilbilaa.

PORTUGUESE: Serviços de assistência linguística, auxílios e serviços auxiliares, fontes maiores, tradução oral e outros formatos alternativos disponíveis para você sem nenhum custo. Para obter isso, ligue para um dos números gratuitos acima.

AMHARIC: ያለ ምንም ወጪ የቋንቋ ድጋፍ አገልግሎቶች፣ ለአካል ጉዳተኞች አጋዥ መሳሪያዎች እና አገልግሎቶች፣ ትልልቅ ቅርጸ-ቁምፊዎች፣ የቃል ትርጉም እና ሌሎች አማራጭ ቅርጸቶችን ማግኘት ይችላሉ። ይህንን ለማግኘት፣ እባክዎ ከላይ ከተዘረዘሩት ነጻ የስልክ ቁጥሮች ወደ አንዱ ይደውሉ።

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