

# Member Handbook



1-855-694-HOME (4663)

TTY: 1-877-250-6113, Relay 711

**HomeStateHealth.com**

HSHP19226 - 4/29/2019



# WELCOME

## THANK YOU FOR CHOOSING HOME STATE HEALTH AS YOUR 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://dssapp.dss.mo.gov/ProviderList/sprovider.asp> 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](http://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 call 1-877-250-6113, Relay 711.** These services are available to you at no cost.

## LANGUAGE ASSISTANCE

Si usted, o alguien a quien está ayudando, tiene preguntas sobre Home State Health, usted tiene derecho a obtener ayuda e información en su idioma sin costo. También se encuentran disponibles servicios de intérprete de lenguaje americano de señas. Para hablar con un intérprete, llame al 1-855-694-4663 (TTY/TDD 1-877-250-6113).

如果「，或是「正在協助的對象，有關於 Home State Health 方面的問題，「有權利免費以「的母語得到幫助和訊息。還提供美國手語口譯服務。如果要與一位翻譯員講話，請撥電話 1-855-694-4663 (TTY/TDD 1-877-250-6113)。

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Home State Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Cũng có dịch vụ thông dịch bằng Ngôn Ngữ Ra Dấu Hoa Kỳ. Để nói chuyện với một thông dịch viên, xin gọi 1-855-694-4663 (TTY/TDD 1-877-250-6113).

Ako Vi, ili neko kome pomažete, imate pitanja u vezi Home State Health, imate pravo na besplatnu pomoć i informaciju na sopstvenom jeziku. Usluge prevodioca za američki znakovni jezik takođe su dostupne. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-855-694-4663 (TTY/TDD 1-877-250-6113).

Falls Sie oder jemand, dem Sie helfen, Fragen zu Home State Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Außerdem wird ein Dolmetscher-Service für Zeichensprache (US-Englisch) angeboten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-855-694-4663 (TTY/TDD 1-877-250-6113).

لكي يدل ، Home State Health لوح قلىئسأ مدعاست صخش ىدل وأ لكيدل ناك اذا  
قيا نود نم كت غلب قيرورضللا تامول عمل او قدعاسملا ىلع لوصحلا يف قحلا  
6113-250-877-1 (6113-250-877-1) 4663-694-855-1 ب لصتا م جرت عم ثدحتلل .فلكت  
TTY/TDD.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Home State Health  
에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어  
로 비용 부담없이 얻을 수 있는 권리가 있습니다. 수화 통역 서비스  
도 제공됩니다. 그렇게 통역사와 얘기하기 위해서는 1-855-694-4663  
(TTY/TDD 1-877-250-6113)로 전화하십시오.

В случае возникновения у вас или у лица, которому вы помогаете,  
каких-либо вопросов о программе страхования Home State Health  
вы имеете право получить бесплатную помощь и информацию  
на своем родном языке. Предоставляются также услуги  
переводчиков американского языка жестов. Чтобы поговорить с  
переводчиком, позвоните по телефону 1-855-694-4663 (TTY/TDD  
1-877-250-6113).

Si vous-même ou une personne que vous aidez avez des questions  
à propos d'Home State Health, vous avez le droit de bénéficier gra-  
tuitement d'aide et d'informations dans votre langue. Des services  
d'interprètes en langue des signes américaine sont également à votre  
disposition. Pour parler à un interprète, appelez le 1-855-694-4663  
(TTY/TDD 1-877-250-6113).

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol  
sa Home State Health, may karapatan ka na makakuha nang tulong  
at impormasyon sa iyong wika nang walang gastos. Mayroon ding  
serbisyo ng isang American Sign Language interpreter. Upang makau-  
sap ang isang interpreter, tumawag sa 1-855-694-4663 (TTY/TDD  
1-877-250-6113).

Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich Home State Health, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. American Sign Language lwwersetzer sin aa meeglich. Fa shvetza mitt ebbah diveyya, kawl 1-855-694-4663 (TTY/TDD 1-877-250-6113).

Home State Health دروم رد يلاؤس دينك يم كمك وا هب مك يسك اي، امش رگا هب ناگي ار تروصب ار تااعالطا و كمك مك ديرادروخرب قح ني ازا، ديراد Health تفاي رد دوخ نابز

يارب. بنتسه سرتسد رد زين يي اكي رما مراشا نابز همجرت تامدخ دينك 694-4663-855-1 (TTY/TDD 1-877-250-6113) امش اب همجرتم اب ندرک تب حص دير يگب سامت

Yoo sii ykn namaa gargaaraa jirtuu wa'ee Home State Health irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Akkasumas tajaajilli hiikaa afaan mallattoo qaamaa Ameerikaa dhiyaateera. Turjumaana wajiin dubadhuu, 1-855-694-4663 irra bilbilli (TTY/TDD 1-877-250-6113).

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Home State Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Serviços de linguagem gestual americana também estão disponíveis. Para falar com um intérprete, ligue para 1-855-694-4663 (TTY/TDD 1-877-250-6113).

እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Home State Health የጤና መርሃ ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፤ የአሜሪካ የምልክት ቋንቋ ትርጉም አገልግሎቶች እዚህም ይገኛሉ። አስተርጓሚ ለማከጋገር በ 1-855-694-4663 (TTY/TDD 1-877-250-6113) ይደውሉ፤



# CONTENTS

|                                                                                                        |    |
|--------------------------------------------------------------------------------------------------------|----|
| <b>WELCOME</b>                                                                                         | 3  |
| Thank You for Choosing Home State Health                                                               | 3  |
| Welcome to MO HealthNet Managed Care                                                                   | 3  |
| Keeping Your Insurance                                                                                 | 3  |
| Interpreter Services                                                                                   | 3  |
| Visually and Hearing Impaired Members                                                                  | 3  |
| <b>LANGUAGE ASSISTANCE</b>                                                                             | 4  |
| <b>IMPORTANT CONTACT INFORMATION</b>                                                                   | 10 |
| Your Personal Contacts                                                                                 | 10 |
| Contacting Home State Health                                                                           | 10 |
| Member Services                                                                                        | 10 |
| Website Information                                                                                    | 11 |
| Additional Website Information                                                                         | 11 |
| <b>HOW YOUR HEALTH PLAN WORKS</b>                                                                      | 12 |
| Important Information for Members of a Federally-Recognized<br>American Indian or Native Alaskan Tribe | 12 |
| Member ID Card                                                                                         | 12 |
| Nurse Advice Line                                                                                      | 13 |
| <b>YOUR COVERED BENEFITS</b>                                                                           | 13 |
| Care You Get Using the MO HealthNet Card                                                               | 13 |
| Your Health Benefits in MO HealthNet Managed Care                                                      | 14 |
| More Benefits for Children and Women in a MO HealthNet<br>Category of Assistance for Pregnant Women    | 15 |
| <b>SPECIALTY SERVICES</b>                                                                              | 18 |
| Behavioral Health Care                                                                                 | 18 |
| Disease Management                                                                                     | 20 |
| Family Planning                                                                                        | 20 |
| First Steps                                                                                            | 21 |
| Independent Foster Care Adolescents Ages 21 Through 25                                                 | 22 |
| Lead Screening for Children & Pregnant Women                                                           | 22 |
| Nurse Visits for You and Your Baby                                                                     | 23 |
| Post-Stabilization Care                                                                                | 23 |
| Post-Stabilization Care Services                                                                       | 23 |
| Start Smart for Your Baby®                                                                             | 24 |
| Value-Add and Additional Benefits                                                                      | 25 |

|                                                              |    |
|--------------------------------------------------------------|----|
| <b>PHARMACY</b> .....                                        | 26 |
| Pharmacy Benefits .....                                      | 26 |
| Pharmacy Dispensing Fees .....                               | 26 |
| <b>GETTING CARE</b> .....                                    | 26 |
| Getting Medical Care .....                                   | 26 |
| Service Areas Covered .....                                  | 27 |
| Medically Necessary Services .....                           | 27 |
| Provider Directory .....                                     | 27 |
| Urgent Care .....                                            | 28 |
| Emergency Transportation .....                               | 28 |
| Emergency Ambulance Transportation .....                     | 28 |
| Emergency Medical Services .....                             | 28 |
| Emergency Medical Locations .....                            | 29 |
| Non-Emergency Medical Transportation (NEMT) .....            | 34 |
| Non-Emergency Medical Needs .....                            | 35 |
| Travel Distance Standards .....                              | 35 |
| Health Care Away From Home .....                             | 35 |
| Out of State Care .....                                      | 36 |
| Out of Network Care .....                                    | 36 |
| Prior Authorization for Services .....                       | 36 |
| Second Opinion and Third Opinion .....                       | 36 |
| <b>YOUR PRIMARY CARE PROVIDER</b> .....                      | 37 |
| Choosing and Changing Your Primary Care Provider (PCP) ..... | 37 |
| Roles and Responsibilities of the PCP .....                  | 37 |
| <b>ACCESS TO CARE</b> .....                                  | 38 |
| Access to Care .....                                         | 38 |
| Health Care Appointments .....                               | 38 |
| Dental Appointments .....                                    | 39 |
| Explanation of Benefits (EOB) .....                          | 39 |
| If You Are Billed .....                                      | 39 |
| <b>HELP FOR YOUR HEALTH</b> .....                            | 40 |
| Care Management Services .....                               | 40 |
| Preventive Services .....                                    | 41 |
| Immunization (Shot) Schedule for Children .....              | 41 |
| When You are Pregnant .....                                  | 42 |
| Pregnancy and Maternity Services .....                       | 42 |
| Special Health Care Needs .....                              | 42 |



|                                                                          |    |
|--------------------------------------------------------------------------|----|
| <b>ELIGIBILITY INFORMATION</b>                                           | 43 |
| Insurance                                                                | 43 |
| Membership and Eligibility Information                                   | 44 |
| Medical Disability/MO HealthNet Fee-For-Service                          | 44 |
| Newborn Coverage                                                         | 44 |
| Changing to Another MO HealthNet Managed Care Health Plan                | 44 |
| Disenrollment                                                            | 45 |
| <b>MEMBER SATISFACTION</b>                                               | 46 |
| Advance Health Care Directive                                            | 46 |
| Advocates for Family Health                                              | 46 |
| Consumer Advisory Committee (CAC)                                        | 48 |
| Fraud and Abuse                                                          | 48 |
| Grievances and Appeals                                                   | 49 |
| Grievance or Appeal                                                      | 49 |
| You Have Some Special Rights When Making a Grievance or Appeal           | 50 |
| How to Make a Grievance or Appeal or Ask for a State Fair Hearing        | 51 |
| Quality Improvement (QI)                                                 | 52 |
| Utilization Process                                                      | 52 |
| <b>MEMBER RIGHTS AND RESPONSIBILITIES</b>                                | 53 |
| Changes You Need to Report                                               | 53 |
| Your Rights as a MO HealthNet Managed Care Health Plan Member            | 53 |
| Your Responsibilities as a MO HealthNet Managed Care Health Plan Member  | 54 |
| <b>HOME STATE HEALTH RIGHTS AND RESPONSIBILITIES</b>                     | 54 |
| Notification to Members                                                  | 54 |
| Release for Ethical Reasons                                              | 55 |
| Notice About Home State Health as a Payer of Last Resort                 | 55 |
| Right of Subrogation                                                     | 55 |
| <b>NOTICE OF PRIVACY PRACTICES</b>                                       | 56 |
| Privacy Notice                                                           | 56 |
| Covered Entity Duties                                                    | 56 |
| Internal Protections of Oral, Written and Electronic PHI                 | 56 |
| Permissible Uses and Disclosures of Your PHI                             | 57 |
| Other Permitted or Required Disclosures of Your PHI                      | 57 |
| Uses and Disclosures of Your PHI That Require Your Written Authorization | 59 |
| Individual Rights                                                        | 60 |
| Contact Information                                                      | 61 |
| <b>GLOSSARY</b>                                                          | 62 |
| <b>NON-DISCRIMINATION NOTICE</b>                                         | 66 |

# IMPORTANT CONTACT INFORMATION

## YOUR PERSONAL CONTACTS

Your Primary Care Provider: \_\_\_\_\_

Your nearest Urgent Care clinic: \_\_\_\_\_

## CONTACTING HOME STATE HEALTH

Home State Health

16090 Swingley Ridge Rd., Suite 500

Chesterfield, MO 63017

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)       |
| TDD/TTY Line                           | 1-877-250-6113, Relay 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              |

## 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: 1-877-250-6113, Relay 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

16090 Swingley Ridge Rd., Suite 500

Chesterfield, MO 63017

## WEBSITE INFORMATION

You can get up-to-date information about your MO HealthNet Managed Care health plan on our website at [www.HomeStateHealth.com](http://www.HomeStateHealth.com). You can visit our website to get information about 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](http://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
- Member portal self-service features
- Provider directory
- Online form submission
- Current news and events
- 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 Participant Services Unit by mail, fax or email. Be sure to include your child's MO HealthNet identification card number. You may call the Participant Services Unit at 1-800-392-2161 if you have questions about your premium.

|                                                                                                                      |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MAIL:</b><br>MO HealthNet Division<br>Participant Services Unit<br>P.O. Box 6500<br>Jefferson City, MO 65102-6500 | <b>PHONE:</b> 1 (800) 392-2161                                                                                                                         |
|                                                                                                                      | <b>FAX:</b> (573) 526-2471                                                                                                                             |
|                                                                                                                      | <b>EMAIL:</b> Scan your records and email to Ask.MHD@dss.mo.gov.<br>Type the words <i>Participant Services Unit</i> 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.

## 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 #.



**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 (TDD/TTY 1-877-250-6113). Relay 711.

HSHF0134 | Approved: March 25, 2015

### Back

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

**IMPORTANT TELEPHONE NUMBERS**

**Members:**  
Member Services: 1-855-694-4663  
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

**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](http://www.HomeStateHealth.com)

**TDD/TTY:** 1-877-250-6113

**Home State Address:**  
16090 Swingley Ridge Road, Suite 500  
Chesterfield, MO 63017

**EDI/EFT/ERA please visit  
Provider Resources at  
[www.homestatehealth.com](http://www.homestatehealth.com)**

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;

- 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);
- 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cancer screenings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Dental services related to: <ul style="list-style-type: none"> <li>■ Trauma to the mouth, jaw, teeth or other contiguous sites as a result to injury;</li> <li>■ Treatment of a disease/medical condition without which the health of the individual would be adversely affected;</li> <li>■ Preventive services;</li> <li>■ Restorative services;</li> <li>■ Periodontal treatment;</li> <li>■ Oral surgery;</li> <li>■ Extractions;</li> <li>■ Radiographs;</li> <li>■ Pain evaluation and relief;</li> <li>■ Infection control; and</li> <li>■ General anesthesia</li> </ul> |
| 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                                                                                                                                                                                                                                                                                                                                                              |
| 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.                                                                                                                                                                                              |

CONTINUED



|                                                             |
|-------------------------------------------------------------|
| 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 with PCP referral                            |
| Transplant related services                                 |
| Transportation to medical appointments*                     |

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.

## **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 extra benefits.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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/EPSTD optical screen and services. |

CONTINUED

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.

| <b>Health Screen &amp; Lead Poison Assessment Record</b> |                              |                                                                                  |
|----------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|
| <b>Age</b>                                               | <b>Date of Health Screen</b> | <b>Date of Lead Poison Screen</b>                                                |
| Newborn                                                  |                              |                                                                                  |
| By one month                                             |                              |                                                                                  |
| 2-3 months                                               |                              |                                                                                  |
| 4-5 months                                               |                              |                                                                                  |
| 6-8 months                                               |                              |                                                                                  |
| 9-11 months                                              |                              |                                                                                  |
| 12-14 months                                             |                              | Your child needs a Blood Lead Level at 12 and 24 months                          |
| 15-17 months                                             |                              |                                                                                  |
| 18-23 months                                             |                              |                                                                                  |
| 24 months                                                |                              |                                                                                  |
| 3 years                                                  |                              | Your child needs a Blood Lead Level each year until age 6 if in a high-risk area |
| 4 years                                                  |                              |                                                                                  |
| 5 years                                                  |                              |                                                                                  |
| 6-7 years                                                |                              |                                                                                  |
| 8-9 years                                                |                              |                                                                                  |
| 10-11 years                                              |                              |                                                                                  |
| 12-13 years                                              |                              | A Blood Lead Level is recommended for women of child-bearing age                 |
| 14-15 years                                              |                              |                                                                                  |
| 16-17 years                                              |                              |                                                                                  |
| 18-19 years                                              |                              |                                                                                  |
| 20 years                                                 |                              |                                                                                  |

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. |

## SPECIALTY SERVICES

### BEHAVIORAL 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.

Children who are in Alternative Care or get Adoption Subsidy get behavioral health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers. These children get their physical health care from Home State Health.

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](http://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 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.

### ***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.



## 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 timeframes 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](http://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 smoke cigarettes, 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 smoking. 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 stop smoking.

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.

## 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:

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After School Youth                       | Members who are school-aged children can receive one (1) year memberships to one (1) of the following youth programs: Girl Scouts; Boy Scouts; YMCA; LINC: 4-H Girls on the Run; or Boys and Girls Club.. For more information, please call 1-855-694-HOME (4663).                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Puffletown                               | Members enrolled in Asthma Care Management will automatically receive Peak Flow Meters and spacers along with self-management guide information and a pediatric guidebook, sent directly to their home without a physician visit or prescription.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Baby Showers for Moms                    | Class presentation on prenatal care, labor and delivery, postpartum care, baby care and family planning for all pregnant members or members who just had a baby.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Pacify                                   | An application that provides pregnant members with direct access to lactation consultant, pediatric, or nurse for immediate assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| My Health Pays                           | Home State Health's nationally-acclaimed program for promoting healthy living.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Enhanced Transportation Services Program | <p>Transportation* to and from:</p> <ul style="list-style-type: none"> <li>■ Prescription pick-ups immediately following an appointment;</li> <li>■ Hospital visits;</li> <li>■ All WIC appointments;</li> <li>■ Allowing parent transportation from home to school pick-ups of kids and then to doctor appointments; and</li> <li>■ Lamaze or similar birthing classes.</li> </ul> <p>*For members receiving non-emergency transportation services as a covered benefit.</p>                                                                                                                                                                                                                                    |
| Weight Watchers Program                  | <ol style="list-style-type: none"> <li>1. Up to one (1) year membership for members 18 years or older.</li> <li>2. Weight Watchers criteria: <ol style="list-style-type: none"> <li>a. Enrolled in diabetes Disease Management</li> <li>b. Current Body Mass Index (BMI) of more than thirty (30)</li> <li>c. Otherwise referred by Home State Health (HSH) Care Manager (CM) or Primary Care Physician (PCP)</li> </ol> </li> <li>3. To begin, member receives thirteen local meeting vouchers and fourteen weeks of online tools.</li> <li>4. Upon successful reporting to HSH, CM, or PCP, member would receive additional vouchers up to forty-two weeks of support within a twelve-month period.</li> </ol> |

# 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/](http://www.dss.mo.gov/).

## PHARMACY DISPENSING FEES

**Pharmacy Dispensing Fees** - Children under age nineteen (19) do not have to pay a pharmacy dispensing fee. Members age nineteen (19) and older pay a pharmacy dispensing fee for each drug they get. This fee is \$0.50 up to \$2.00 for each drug. The amount of this fee is based on the cost of the drug. You should never pay a fee of more than \$2.00 for each drug. Remember, if you get more than one drug at the same time, you will pay these fees for each drug you get.

You will not pay a dispensing fee when the medicine is for an emergency, family planning, a foster child, EPSDT/HCY services or a pregnancy related reason.

You will be able to get your prescription even if you cannot pay. You will still owe the fee and must pay it like your other bills.

# 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.

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**

You can find the most current version of Home State Health's provider directory on our website at HomeStateHealth.com. 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. Just call Member Services toll-free at 1-855-694-HOME (4663).

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;
- Stroke;
- Difficulty breathing;
- Bad burns;
- 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 abuse 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**

---

**CENTRAL REGION**

**Black River Medical Center**

217 Physicians Park Drive  
Poplar Bluff, MO 63901  
573-727-9080

**Boone Hospital Center**

1600 East Broadway  
Columbia, MO 65201  
573-815-8000

**Bothwell Regional Health Center**

601 E 14th St  
Sedalia, MO 65301  
660-826-8833

**Cameron Regional Medical Center**

1600 E Evergreen  
Cameron, MO 64429  
816-632-2101

**Capital Region Medical Center**

1125 Madison Street  
Jefferson City, MO 65101  
573-632-5510

**Carroll County Memorial Hospital**

1502 North Jefferson Street  
Carrollton, MO 64633  
660-542-1695

**Community Hospital Association**

26136 US Highway 59  
Fairfax, MO 64446  
660-686-2211

**Cooper County Memorial Hospital**

17651 B Highway  
Boonville, MO 65233  
660-882-7461

**Fitzgibbon Hospital**

2305 S 65 Highway  
Marshall, MO 65340  
660-886-7431

**Fulton Medical Center  
(fka Callaway Community)**

10 S. Hospital Drive  
Fulton, MO 65251  
573-642-3376

**Golden Valley Memorial Hospital**

1600 North 2nd Street  
Clinton, MO 64735  
660-885-5511

**Hannibal Regional Hospital**

6000 Hospital Drive  
Hannibal, MO 63401  
573-248-1300

**Harrison County  
Community Hospital**

2600 Miller Street  
Bethany, MO 64424  
660-425-2211

**Hedrick Medical Center**

2799 North Washington Street  
Chillicothe, MO 64601  
660-646-1480

**Hermann Area District Hospital**

509 West 18th Street  
Hermann, MO 65041  
573-486-2191

## EMERGENCY MEDICAL LOCATIONS

---

### **Iron County Hospital**

301 North Highway 21  
Pilot Knob, MO 63663  
573-546-1260

### **Lake Regional Health System**

54 Hospital Drive  
Osage Beach, MO 65065  
573-348-8000

### **Macon County Samaritan Memorial Hospital**

1205 North Missouri  
Macon, MO 63552  
660-385-8700

### **Mercy Hospital Lebanon**

100 Hospital Drive  
Lebanon, MO 65536  
417-533-6100

### **Missouri Delta Medical Center**

1008 N Main St  
Sikeston, MO 63801  
573-471-1600

### **Moberly Regional Medical Center**

1515 Union Avenue  
Moberly, MO 65270  
660-263-8400

### **Mosaic Life Care - St Joseph**

5325 Faraon Street  
Saint Joseph, MO 64506  
816-271-6000

### **Northeast Regional Medical Center**

315 South Osteopathy Ave  
Kirkville, MO 63501  
660-785-1000

### **Northwest Medical Center**

705 N College Street  
Albany, MO 64402  
660-726-3941

### **Pemiscot Memorial Health Systems**

946 E Reed  
Hayti, MO 63851  
573-359-1372

### **Perry County Memorial Hospital**

434 North West Street  
Perryville, MO 63775  
573-547-2536

### **Pershing (General John J) Memorial Hospital**

130 East Lockling  
Brookfield, MO 64628  
660-258-2222

### **Poplar Bluff Regional Medical Center**

3100 Oak Grove Rd  
Poplar Bluff, MO 63901  
573-785-7721

### **Putnam County Memorial Hospital**

1926 Oak Street  
Unionville, MO 63565  
660-947-2411

### **Saint Francis Medical Center**

211 Saint Francis Drive  
Cape Girardeau, MO 63703  
573-331-3000

### **Salem Memorial District Hospital**

35629 Highway 72  
Salem, MO 65560  
573-729-6626

### **Scotland County Memorial Hospital**

450 E Sigler Avenue  
Memphis, MO 63555  
660-465-8511

### **Southeast Health**

1701 Lacey St  
Cape Girardeau, MO 63701  
573-334-4822

### **Southeast Health Center of Stoddard County**

1200 N One Mile Rd  
Dexter, MO 63841  
573-624-5566

### **SSM Health St. Francis Hospital Maryville**

2016 South Main Street  
Maryville, MO 64468  
660-562-2600

### **SSM Health St. Mary's Hospital Audrain**

620 East Monroe Street  
Mexico, MO 65265  
573-582-5000

### **SSM Health St. Mary's Hospital Jefferson City**

2505 Mission Drive  
Jefferson City, MO 65109  
573-681-3000

### **Sullivan County Memorial Hospital**

630 West 3rd Street  
Milan, MO 63556  
660-265-4212

### **University of Missouri Health Care**

One Hospital Drive  
Columbia, MO 65212  
573-882-4141

### **Wright Memorial Hospital**

191 Iowa Blvd  
Trenton, MO 64683  
660-358-5700

## **EAST**

### **Barnes-Jewish Hospital**

1 Barnes-Jewish Hospital Plaza  
St. Louis, MO 63110  
314-747-3000

## EMERGENCY MEDICAL LOCATIONS

---

### **Barnes-Jewish St. Peters Hospital**

10 Hospital Drive  
Saint Peters, MO 63376  
636-916-9000

### **Barnes-Jewish West County Hospital**

12634 Olive Blvd.  
Creve Coeur, MO 63141  
314-996-8000

### **Christian Hospital Northwest**

11133 Dunn Road  
St. Louis, MO 63136  
314-653-5000

### **Madison Medical Center**

611 W. Main St  
Fredericktown, MO 63645  
573-783-3341

### **Mercy Hospital Jefferson**

1400 US Highway 61 S  
Festus, MO 63028  
636-933-1000

### **Mercy Hospital Lincoln**

1000 East Cherry Street  
Troy, MO 63379  
636-528-8551

### **Mercy Hospital Saint Louis**

615 South New Ballas Road  
St. Louis, MO 63141  
314-251-6000

### **Mercy Hospital South**

10010 Kennerly Road  
St. Louis, MO 63128  
314-525-1000

### **Mercy Hospital Washington**

901 E. 5th St.  
Washington, MO 63090  
636-239-8000

### **Missouri Baptist Medical Center**

3015 North Ballas Road  
Town Country, MO 63131  
314-996-5000

### **Missouri Baptist Sullivan Hospital**

751 Sappington Bridge Road  
Sullivan, MO 63080  
573-468-4186

### **Parkland Health Center Bonne Terre**

7245 Raider Road  
Bonne Terre, MO 63628  
573-358-1400

### **Parkland Health Center Farmington**

1101 West Liberty Street  
Farmington, MO 63640  
573-756-6451

### **Pike County Memorial Hospital**

2305 Georgia St  
Louisiana, MO 63353  
573-754-5531

### **Progress West Hospital**

2 Progress Point Parkway  
O'Fallon, MO 63368  
636-344-1000

### **Saint Louis Children's Hospital**

1 Children's Place  
St. Louis, MO 63110  
314-454-6000

### **Saint Luke's Des Peres Hospital**

2345 Dougherty Ferry Road  
St. Louis, MO 63122  
314-966-9100

### **Saint Luke's Hospital**

232 S Woods Mill Rd  
Chesterfield, MO 63017  
314-434-1500

### **SSM Cardinal Glennon Children's Hospital**

1465 South Grand  
St. Louis, MO 63104  
314-577-5600

### **SSM Health DePaul Health Center**

12303 De Paul Drive  
Bridgeton, MO 63044  
314-344-6000

### **SSM Health Saint Joseph Health Center**

300 First Capitol Drive  
St. Charles, MO 63301  
636-947-5000

### **SSM Health Saint Joseph Hospital West**

100 Medical Plaza  
Lake Saint Louis, MO 63367  
636-625-5200

### **SSM Health Saint Louis University Hospital**

3635 Vista Avenue  
St. Louis, MO 63111  
314-577-8000

### **SSM Health St Clare Hospital**

1015 Bowles Ave  
Fenton, MO 63026  
636-496-2000

### **SSM Saint Mary's Health Center**

6420 Clayton Road  
Richmond Heights, MO 63117  
314-768-8000

### **Ste Genevieve County Memorial Hospital**

800 Sainte Genevieve Drive  
Sainte Genevieve, MO 63670  
573-883-2751

## EMERGENCY MEDICAL LOCATIONS

---

### **Washington County Memorial Hospital**

300 Health Way  
Potosi, MO 63664  
573-438-5451

### **OUT OF STATE**

#### **Alton Memorial Hospital**

One Memorial Drive  
Alton, IL 62002  
618-463-7311

#### **Arkansas Methodist Medical Center**

900 West Kingshighway  
Paragould, AR 72451  
870-239-7000

#### **Blessing Hospital**

1005 Broadway  
Quincy, IL 62363  
217-223-1200

#### **Girard Medical Center**

302 North Hospital Drive  
Girard, KS 66743  
620-724-8291

#### **Illini Community Hospital**

640 W Washington St  
Pittsfield, IL 62363  
217-285-2113

#### **Menorah Medical Center**

5721 W. 119th Street  
Overland Park, KS 66209  
913-498-6000  
Mercy Hospital Berryville  
214 Carter Street  
Berryville, AR 72616  
870-423-3355

### **Overland Park Regional Medical Center**

10500 Quivira Road  
Overland Park, KS 66215  
913-541-5000

#### **Ozarks Community Hospital**

1101 Jackson St Sw  
Gravette, AR 72736  
479-787-5291

#### **Piggott Community Hospital**

1206 Gordon Duckworth Drive  
Piggott, AR 72454  
870-598-3881

#### **St. Jude Children's Research Hospital**

262 Danny Thomas Place  
Memphis, TN 38105  
901-595-3300

#### **Wayne County Hospital**

417 S. East Street  
Corydon, IA 50060  
641-872-2260

### **SOUTHWEST**

#### **Cox Barton County Hospital**

29 NW 1st Lane  
Lamar, MO 64759  
417-681-5100

#### **Cox Medical Center Branson**

525 Branson Landing Boulevard  
Branson, MO 65616  
417-335-7000

#### **Cox Medical Center North**

1423 N Jefferson Avenue  
Springfield, MO 65802  
417-269-3000

#### **Cox Medical Center South**

3801 S. National  
Springfield, MO 65807  
417-269-6000

#### **Cox Monett Hospital**

801 N Lincoln Avenue  
Monett, MO 65708  
417-235-3144

#### **Freeman Health System West**

1102 W 32nd St  
Joplin, MO 64804  
417-347-1111

#### **Freeman Neosho Hospital**

113 W Hickory St  
Neosho, MO 64850  
417-451-1234

#### **Mercy Hospital Aurora**

500 Porter Ave.  
Aurora, MO 65605  
417-678-2122

#### **Mercy Hospital Carthage**

3125 Doctor Russell Smith Way  
Carthage, MO 64836  
417-358-8121

#### **Mercy Hospital Cassville**

94 Main Street  
Cassville, MO 65625  
417-847-6000

#### **Mercy Hospital Joplin**

100 Mercy Way  
Joplin, MO 64804  
417-556-3729

#### **Mercy Hospital Springfield**

1235 East Cherokee Street  
Springfield, MO 65804  
417-820-2000



## EMERGENCY MEDICAL LOCATIONS

---

### **Mercy Saint Francis Hospital**

100 West Highway 60  
Mountain View, MO 65548  
417-934-7000

### **Ozarks Medical Center**

1100 Kentucky Ave  
West Plains, MO 65775  
417-256-9111

### **Texas County Memorial Hospital**

1333 S Sam Houston Boulevard  
Houston, MO 65483  
417-967-3311

## **WEST**

### **Bates County Memorial Hospital**

615 West Nursery Street  
Butler, MO 64730  
660-200-7000

### **Belton Regional Medical Center**

17065 S US Highway 71  
Belton, MO 64012  
816-348-1200

### **Cass Regional Medical Center**

2800 E Rock Haven Rd  
Harrisonville, MO 64701  
816-380-3474

### **Cedar County Memorial Hospital**

1401 South Park Street  
El Dorado Springs, MO 64744  
417-876-2511

### **Centerpoint Medical Center**

19600 East 39th Street  
Independence, MO 64057  
816-698-7000

### **Children's Mercy Hospital**

2401 Gillham Road  
Kansas City, MO 64108  
816-234-3000

### **Citizens Memorial Hospital**

1500 N Oakland Ave  
Bolivar, MO 65613  
417-326-6000

### **Ellett Memorial Hospital**

610 North Ohio Street  
Appleton City, MO 64724  
660-476-2111

### **Excelsior Springs Hospital**

1700 Rainbow Blvd  
Excelsior Springs, MO 64024  
816-630-6081

### **Lafayette Regional Health Center**

1500 State Street  
Lexington, MO 64067  
660-259-2203

### **Lee's Summit Medical Center**

2100 SE Blue Parkway  
Lee's Summit, MO 64063  
816-282-5000

### **Liberty Hospital**

2525 Glenn Hendren Drive  
Liberty, MO 64068  
816-781-7200

### **Nevada Regional Medical Center**

800 South Ash Street  
Nevada, MO 64772  
417-667-3355

### **North Kansas City Hospital**

2800 Clay Edwards Drive  
Kansas City, MO 64116  
816-691-2000

### **Ray County Memorial Hospital**

904 Wollard Boulevard  
Richmond, MO 64085  
816-470-5432

### **Research Medical Center**

2316 East Meyer Boulevard  
Kansas City, MO 64132  
816-276-4000

### **Saint Joseph Medical Center**

1000 Carondelet Drive  
Kansas City, MO 64114  
816-942-4400

### **Saint Luke's East Lee's Summit Hospital**

100 NE Saint Luke's Boulevard  
Lee's Summit, MO 64086  
816-347-5000

### **Saint Luke's Hospital of Kansas City**

4401 Wornall Rd.  
Kansas City, MO 64111  
816-932-2000

### **Saint Luke's Northland Hospital**

5830 Northwest Barry Road  
Kansas City, MO 64154  
816-891-6000

### **Saint Mary's Medical Center**

201 West R D Mize Rd  
Blue Springs, MO 64014  
816-228-5900

### **Truman Medical Center Hospital Hill**

2301 Holmes Street  
Kansas City, MO 64108  
816-404-1000

### **Truman Medical Center Lakewood**

7900 Lees Summit Road  
Kansas City, MO 64139  
816-404-7000

### **Western Missouri Medical Center**

403 Burkarth Road  
Warrensburg, MO 64093  
660-747-2500

## **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](http://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)

You must choose a PCP. If you do not, we will choose one for you. Your PCP will manage your health care.

The PCP knows Home State Health network and can guide you to specialists if you need one. You may ask for a specialist as your PCP if you have a chronic illness or disabling condition. We will work out a plan to make sure you get the care you need.

You have a right to change PCPs in our MO HealthNet Managed Care health plan. You can change your PCP with or without cause at any time. Children in state custody may change PCPs as often as needed. To do this, call us at 1-855-694-HOME (4663). PCP change requests will be effective the next calendar day.

### 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:

- Establish and maintain hospital admitting privileges sufficient to meet the needs of all linked members, or entering into an arrangement for management of inpatient hospital admission of members;
- Manage the medical and health care needs of members to assure that all medically necessary services are made available in a culturally competent and timely manner while ensuring patient safety at all times including members with special needs and chronic conditions;
- Educate members on how to maintain healthy lifestyles and prevent serious illness;
- Provide screening, well care and referrals to local public health agencies and other agencies in accordance with MO HealthNet provider requirements and public health initiatives;
- Conduct a behavioral health screen to determine whether the member needs behavioral health services;
- Maintain continuity of each member's health care;
- Offer hours of operation that are no less than the hours of operating offered to commercial members or comparable to commercial health plans if the PCP does not provide health services to commercial members;
- Provide referrals for specialty and subspecialty care and other medically necessary services which the PCP does not provide;
- Ensure follow up and documentation of all referrals including services available under the MO HealthNet Fee-for-Service program;

- Collaborate with Home State Health's care management program as appropriate to include, but not limited to, performing member screening and assessment, development of plan of care to address risks and medical needs, linking the member to other providers, medical services, residential, social, community and other support services as needed;
- Maintain a current and complete 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;
- Adhere to the EPSDT periodicity schedule for members under the age of twenty-one (21);
- Follow established procedures for coordination of in network and out of network services for members. These procedures include obtaining authorizations for selected inpatient and selected outpatient services as listed on the current prior authorization list, except for emergency services up to the point of stabilizations; as well as coordinating services the member is receiving from another health plan during transition of care;
- Share the results of identification and assessment for any member with special health care needs with another health plan to which a member may be transitioning or has transitioned so that those services are not duplicated; and
- Actively participate in and cooperate with all Home State Health's quality initiatives and programs.

## ACCESS TO CARE

### 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.

### 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**

Appointments for dental services are the same as for regular and urgent health care 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 <http://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 (SHOT) 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, HepB*                                              |               |
| 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<br>Catch-Up  | Tdap, HepB, IPV, MMR, Varicella, HepA                                       |               |
| 11-12 years             | Tdap, MenACWY (1 dose),<br>HPV (2 doses)***                                 |               |
| 11-12 years<br>Catch-Up | HepB, IPV, MMR, Varicella, HepA                                             |               |
| 13-18 years<br>Catch-Up | Tdap, MenACWY (1 dose, Booster at 16), HPV, HepB, IPV, MMR, Varicella, HepA |               |
| 16-18 years             | MenB****                                                                    |               |
| 19-20 years             | HPV (3 doses)*****,<br>MMR*****, Tdap*****, Varicella*****                  |               |
| Every year              | Influenza (after 6 months)                                                  |               |

\*If the birth dose of HepB is given, the 4 month dose may be omitted.

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

\*\*\*A 3-shot series is needed for those with weakened immune systems and those age 15 or older.

\*\*\*\*Can be given sooner for those that have certain health conditions that would put them at increased risk for serious diseases.

\*\*\*\*\*Recommended unless your health care provider tells you that you do not need it or should not get it.

## 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.

## 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 you 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.

# 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](http://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](http://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](http://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 and have a lawyer; or
- You get hurt at work;
- 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](http://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, it will be, at most, fifteen (15) days before the new MO HealthNet Managed Care health plan is effective.

## **CHANGING TO ANOTHER MO HEALTHNET MANAGED CARE HEALTH PLAN**

You may change MO HealthNet Managed Care health plans for any reason 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.

Home State Health cannot disenroll a member for the following reasons:

- An adverse change in a member's health status;
- Utilization of medical services;
- Diminished behavioral capacity; or
- Uncooperative or disruptive behavior resulting from a member's special needs.

# 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.

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](mailto: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](http://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

## CONSUMER ADVISORY COMMITTEE (CAC)

Your opinion matters! Join MO HealthNet Managed Care for a Consumer Advisory Committee (CAC) meeting. Share your thoughts and feedback on MO HealthNet Managed Care services and providers.

The mission of the Consumer Advisory Committee (CAC) for MO HealthNet Managed Care is to empower consumers to be actively involved in their health care.

Email us at: [MHD.ManagedCareCAC@dss.mo.gov](mailto:MHD.ManagedCareCAC@dss.mo.gov)

Or call: 1-800-392-2161 or 573-526-4274.

## 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 Participant 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](mailto: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](mailto: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.
- You do not agree to the extension of time requested by your MO HealthNet Managed care health plan to make an authorization decision.

An 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 seventy-two (72) hours 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. 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.
5. 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.
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. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.

## HOW TO MAKE A GRIEVANCE OR APPEAL AND ASK FOR A STATE FAIR HEARING

**GRIEVANCE.** You may file a grievance on the telephone, in person or in writing. Call Home State Health at 1-855-694-HOME (4663) to file a grievance.

- 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. Unless you need an expedited review, you must complete a written request even if you filed orally.

- 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: 16090 Swingley Ridge Rd., Suite 500  
Chesterfield, MO 63017
- 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 complete 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 one hundred twenty (120) 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.

## 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.

## 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](http://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.

# **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.

## **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.

# NOTICE OF PRIVACY PRACTICES

## PRIVACY NOTICE

**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.**

For help to translate or understand this, please call 1-855-HOME (4663). Hearing impaired TTY 1-877-250-6113, Relay 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono. 1-855-HOME (4663) (TTY 1-877-250-6113). Interpreter services are provided free of charge 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, change and manage your PHI. It also states how to use your 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 get in the future. Home State Health Plan will promptly revise and distribute this Notice whenever there is a material change to the uses and disclosures, your rights, our legal duties, or other privacy practices stated in the notice. We will make any revised Notices available on our website and in our Member Handbook. We will also mail you or email you a copy on request.

Updated Notices will be on our website and in our Member Handbook. Upon your request, we will also mail or email you a copy.

## INTERNAL PROTECTIONS OF ORAL, WRITTEN AND ELECTRONIC PHI:

Home State Health Plan protects your PHI. 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.



## PERMISSABLE 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 providers providing treatment to you, to coordinate your treatment among providers, or to assist us with 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, 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, issuing premium billings, reviewing services for medical necessity, and performing utilization review of claims.
- **Health Care Operations.** We may use and disclose your PHI to perform our healthcare operations. These activities may include:
  - providing customer services,
  - responding to complaints and appeals,
  - providing case management and care coordination,
  - conducting medical review of claims and
  - other quality assessment improvement activities.

In our health care operations, we may also disclose PHI to business associates with whom we have written agreements containing terms 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 and that has 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
- case management and care coordination, or
- detecting or preventing healthcare fraud and abuse.

## OTHER PERMITTED OR REQUIRED DISCLOSURES OF YOUR PHI

- **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 about 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 the law and is limited to the requirements of the 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 to prevent or control 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 judicial and administrative proceedings, as well as in response to:
  - an order of a court
  - administrative tribunal
  - subpoena
  - summons
  - warrant
  - discovery request
  - similar legal request
- **Law Enforcement.** We may disclose your relevant PHI to law enforcement when required to do so, such as in response to:
  - a court order
  - court-ordered warrant
  - subpoena
  - summons issued by a judicial officer
  - grand jury subpoena

We may also disclose your relevant PHI for the purposes of identifying or locating a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose your PHI to organ procurement organizations or entities engaging in the procurement, banking or transplantation of cadaveric organs, eyes or tissues.
- **Threats to Health and Safety.** We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats 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
  - to intelligence activities
  - the Department of State for medical suitability determinations; and
  - for protective services of the President or other authorized persons

- **Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law. These are programs 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 unable to respond or are not present. This includes disclosure 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 decide if the disclosure is in your best interests. If it 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.** In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards 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 approval before we make any disclosure that is deemed a sale of your PHI. A sale of your PHI means we are getting paid for disclosing the PHI in this manner.
- **Marketing.** We will request your written approval to use or disclose your PHI for marketing purposed with limited exceptions. For examples, when we have face-to-face marketing communications with you. Or, when we give promotional gifts of nominal value.
- **Psychotherapy Notes.** We will request your written approval to use or disclose any of your psychotherapy notes that we may have on file with limited exception. For example, for certain treatment, payment or health-care operation functions.

## INDIVIDUAL RIGHTS

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

- **Right to Revoke an Authorization.** You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions.** You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if 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 ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where you 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 ask for unless we cannot reasonably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will let you know if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.
- **Right to Change Your PHI.** You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the information you want changed and the creator of the PHI is able to perform the change. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you ask that we change. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.

- **Right to Receive an Accounting of Disclosures.** You have the right to get a list of times within the last 6 years in which we or our business associates disclosed your PHI. This would apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this 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 give you 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: 1-866-788-4989) or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.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 ask for a copy of your Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

## **CONTACT INFORMATION**

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. You can also contact us by phone. Use the contact information listed below.

Home State Health Plan

Attn: Privacy Official

16090 Swingley Ridge Road, Ste. 500

Chesterfield, Missouri 63017

1-855-694 (HOME) 4663 • TDD/TTY 1-877-250-6113, Relay 711

You may also contact the Secretary of the U.S. Department of Health and Human Services.

The contact information is:

**Office for Civil Rights – Region VII**

**Frank Campbell, Regional Manager**

**U.S. Department of Health & Human Services**

**601 W. 12th Street, Room 353**

**Kansas City, MO 64106**

**Phone: 1-816-426-7277 Fax: 1-816-426-3686 TDD: 1-816-426-7065**

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

## 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.

**“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 seventy-two (72) hours of receipt of request; or make an appeal resolution within thirty (30) calendar days of receipt of request.

**“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.


**“Medically necessary”** is the standard used to decide if a form of treatment is appropriate for a physical or behavioral illness or injury; is going to improve the function of an injured body part; or will be able to slow the effects of a disability.

**“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://dssapp.dss.mo.gov/ProviderList/sprovider.asp> 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                                                                                     |                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MO HealthNet</b><br>Department of Social Services                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                    | <ul style="list-style-type: none"><li>You must present this card each time you get medical services.</li><li>You must tell the provider of services if you have other insurance.</li><li>Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.</li></ul> |
| <b>Name of Participant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                     |                                                                                                                                                                                                                                                                                                                |
| <b>Date of Birth</b><br>XX-XX-XXXX                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>MO HealthNet ID Number</b><br>9999999999 |                                                                                                     |                                                                                                                                                                                                                                                                                                                |
| <small>USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW</small>                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                     |                                                                                                                                                                                                                                                                                                                |
| <b>Participant Inquiries</b> 1-800-392-2161 OR 1-573-751-6527                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | <b>Fraud and Abuse</b> 1-573-751-3285 OR <a href="mailto:ASK.MHD@DSS.MO.GOV">ASK.MHD@DSS.MO.GOV</a> |                                                                                                                                                                                                                                                                                                                |
| <b>Possession of the card does not certify eligibility or guarantee benefits.</b> <ul style="list-style-type: none"><li>Restrictions may apply to some participants or for certain services.</li><li>Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division.</li><li>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.</li></ul> |                                             |                                                                                                     |                                                                                                                                                                                                                                                                                                                |

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

**“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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>Name:</b><br><b>MO HealthNet ID #:</b><br><b>PCP Name:</b><br><b>PCP Address :</b><br><br><b>PCP Phone #:</b><br><br><small>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 (TDD/TTY 1-877-250-6113), Relay 711.</small><br><small>HSHPIS134   Approved: March 25, 2015</small> | <b>IMPORTANT TELEPHONE NUMBERS</b><br><b>Members:</b><br>Member Services: 1-855-694-4663<br>Dental: 1-855-694-4663<br>Vision: 1-855-694-4663<br>Behavioral Health: 1-855-694-4663<br>Pharmacy: 1-800-392-2161/573-751-6527<br>24/7 Nurse Advice Line: 1-855-694-4663<br>File a Grievance: 1-855-694-4663<br><b>Providers:</b><br>Provider Services: 1-855-694-4663<br>IVR Eligibility Inquiry - Prior Auth: 1-855-694-4663<br><b>Medical claims:</b> Home State Health Plan<br>Attn: CLAIMS<br>PO Box 4050<br>Farmington, MO 63640-3829<br><br>Provider/claims information via the web: <a href="http://www.HomeStateHealth.com">www.HomeStateHealth.com</a> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>TDD/TTY: 1-877-250-6113</b><br><b>Home State Address:</b><br>16090 Swingley Ridge Road, Suite 500<br>Chesterfield, MO 63017<br><br><b>EDI/EFT/ERA please visit</b><br>Provider Resources at<br><a href="http://www.homestatehealth.com">www.homestatehealth.com</a>                                                                                                                                                                                                                                                                                                                                                                                       |

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

**“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.

**“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.

## NON-DISCRIMINATION NOTICE

Home State Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Home State Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Home State Health:

Provides aids and services to people with disabilities to communicate effectively with us at no cost. Such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides language services to people whose primary language is not English, at no cost. Such as:

- Qualified interpreters

- Information written in other languages

If you need these services, contact Home State Health at 1-855-694-4663 (TDD/TTY 1-877-250-6113).

If you believe that Home State Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you may file a grievance with:

Home State Health  
16090 Swingley Ridge Rd.  
Suite 500 Chesterfield, MO, 63017,  
Call 1-855-694-HOME (4663), (TDD/TTY 1-877-250-6113)  
Fax 1-866-390-3581

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Home State Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**home state health**<sup>TM</sup>

16090 Swingley Ridge Rd., Suite 500  
Chesterfield, MO 63017

**1-855-694-HOME (4663)**

TTY: 1-877-250-6113, Relay 711.

Monday – Friday, 8 a.m. – 5 p.m. CST

**HomeStateHealth.com**