

Visually and Hearing Impaired Members.....	3
Welcome to MO HealthNet Managed Care	3
Keeping Your Insurance.....	3
Interpreter Services	4
Servicios de Interprete	4
Prevodilacke Usluge.....	4
Welcome to Home State Health Plan	5
SEEING YOUR PCP OR OB	5
How to Contact Us	6
Other Important Phone Numbers	6
You Provider Directory	7
Website Information.....	7
Additional Website Information	7
Consumer Advisory Committee	7
Quality Improvement (QI)	8
Your Member ID card.....	9
HOW YOUR PLAN WORKS	10
Service Areas Covered.....	10
Member_Services	10
NurseWise®	11
Pharmacy_Benefit	11
Pharmacy Dispensing Fees	11
MEMBERSHIP AND ELIGIBILITY INFORMATION.....	12
Eligibility	12
Changes You Need to Report.....	12
Changing to Another MO HealthNet Managed Care Health Plan	12
Disenrollment.....	13
Medical Disability/MO HealthNet Fee-For Service.....	13
Newborn coverage.....	14
Insurance.....	14
MEMBER_PRIVACY NOTICE	16
MEMBER RIGHTS AND RESPONSIBILITIES.....	24
Your Rights as a MO HealthNet Managed Care Health Plan Member	24
Additional Rights	24
Additional Responsibilities	25
BENEFITS	25
Your Health Benefits in MO HealthNet Managed Care.....	25
Explanation_of Benefits (EOB).....	27
Notification to Members	27
BENEFITS GRID.....	28
Value Adds and_Additional Benefits At No Cost to Home State Members	32
When You Are Pregnant.....	32
Pregnancy & Maternity Services	33
Start Smart for Your Baby.....	34
More Benefits for Children and Women in a MO HealthNet Category of Assistance for Pregnant Women.....	34
EPSDT/HCY Services	36
Lead Screening for Children and Pregnant Women.....	38
Immunization (Shot) Schedule for Children	38

Independent Foster Care Adolescents Ages 21-25	40
Nurse Visits for You and Your Baby.....	41
Special Health Care Needs.....	41
MemberConnections®	41
Case Management Services	42
Disease Managment	42
Preventive Services.....	43
Behavioral Health Care.....	43
Cenpatico Behavioral Health Care	43
Family Planning	45
Care You Can Get Using the Red or White MO HealthNet Card.....	45
Getting Medical Care	46
Travel Distance Standards	46
Health Care Away From Home.....	47
Out-Of State Care.....	47
Out of Network Care	47
Medically Necessary Services	47
Prior Authorization Services	48
Utilization Process	48
Emergency Medical Services.....	49
Non-Emergency Medical Needs	53
Urgent Care Centers.....	54
Post Stabilization Care	56
Post Stabilization Care Services	56
Non-Emergency Medical Transportation (NEMT).....	57
Emergency Transportation.	59
Emergency Ambulance Transportation	59
Enhanced Services for Transportation.....	59
Regular Health Care Appointments.....	59
Urgent Health Care Appointments.....	59
Behavioral Health Care Appointments.....	60
Dental Appointments.....	60
Second Opinion and Third Opinion.	60
Choosing and Changing your Primary Care Provider (PCP).	61
Roles and Responsibilities of the PCP	61
If You Are Billed	62
Fraud and Abuse	63
GRIEVANCES AND APPEALS	64
Grievance or Appeal	64
How to Make a Grievance or Appeal or Ask for State Hearing.....	65
Advocates for Family Health.....	66
Advance Health Care Directive	67
First Steps.....	68
Important Information for Members of a Federally Recognized American Indian or Native Alaskan Tribe.....	69
Glossary	70

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) can call (TDD/TTY 1-877-250-6113, Relay 711).

Welcome to MO HealthNet Managed Care

You live in an area of the state where you get most of your benefits from a MO HealthNet Managed Care health plan. Each MO HealthNet Managed Care health plan member must have a Primary Care Provider (PCP). A PCP manages a member's health care. In non Managed Care areas of the state, individuals eligible for MO HealthNet receive health care services through 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. MO HealthNet Fee-for-Service members must go to a MO HealthNet approved provider. You can do an on-line 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 their website at www.dss.mo.gov to access the FSD Program Enrollment system online to let them know when your address changed. 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 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.

Servicios de Interprete

Si UD. no habla o no entiende inglés llame al 1-855-694-HOME (4663) para pedir ayuda. Nosotros podemos ayudarle si no habla o no entiende inglés.

- Nosotros le conseguiremos un intérprete cuando se necesite.
- Podemos tener este libro en su idioma.
- Conseguiremos una copia de las reglas de reclamaciones y quejas en su idioma.

Prevodilacke Usluge

Ako ne govorite ili ne razumijete engleski jezik, nazovite Home State na 1-855-694-HOME (4663) za Pomoc. Mi vam možemo pomoci, ako ne govorite ili ne razumijete engleski jezik.

- Mi cemo vas snabdjeti sa prevodiocem po potrebi.
- Možda imamo ovu brošuru i na vašem jeziku.
- Mi cemo vam obezbijediti formular za podnošenje tužbe kao i propise žalbenog postupka na vašem jeziku.

Welcome to Home State Health Plan

Home State Health Plan (Home State) is your new health plan. This Member Handbook describes your healthcare benefits and is designed to make it easy for you to make the most of your Home State benefits and services. You may also visit our website at www.HomeStateHealth.com for more information and services.

SEEING YOUR PCP OR OB

Your PCP is your Primary Care Provider. For women, your PCP could be your OB, especially if you are or may be pregnant. Your PCP is responsible for taking care of your health needs. It is very important to your health and to Home State that you see your PCP or your OB.

- PCP visit is at no cost to you
- Eligible members can make same day transportation arrangements
- Home State member can choose/change their PCP at any time

Choosing your Primary Care Physician (PCP)

Now that you are a Home State Health Plan member, you should make an appointment with your PCP.

- The name of your PCP is on your Home State Membership Card
- If you did not choose this PCP or would like a different PCP, please call Home State Health Plan at 1-855-694-HOME (4663).
- It is important that you make an appointment with your PCP as soon as possible
- Eligible members can arrange SAME DAY Transportation to their PCP appointments at no cost
- Just call 1-855-694-HOME (4663) and you can schedule transportation to your PCP appointment

After you visit your PCP, you will become a member of the Home State CentAccount Program. CentaAccount is Home State's nationally acclaimed program for promoting healthy living. Please contact us at 1-855-694-4663 for more information.

How to Contact Us

Member Services1-855-694-HOME (4663)

TDD/TTY line1-877-250-6113, Relay 711

Member Services Fax1- 866-266-4486

Missouri Relay Services (voice to TTY)1-800-735-2460

Missouri Relay Services (TTY to voice)1-800-735-2966

Behavioral Health1-855-694-HOME (4663)

Normal Business Hours of Operation:

Monday – Friday 8:00 a.m. to 5:00 p.m. Central Standard Time

Other Important Phone Numbers

Non-Emergency Transportation (NEMT)1-855-694-HOME (4663)

Dental/Vision Services.....1-855-694-HOME (4633)

Emergency Services Call 911

Home State Health Plan

16090 Swingley Ridge Road
Suite 500
Chesterfield, MO 63017

Please don't hesitate to contact us if you:

- Would like help in understanding the services you may receive
- Would like more information on the structure and organization of Home State Healthcare
- Have ideas on how we can serve you better

Your Provider Directory

You can find the most current version of Home State's Provider Directory on the internet at www.HomeStateHealth.com. At any time, you can also request a printed listing of providers. Both the online and printed version gives you providers to choose from, including healthcare providers and hospitals. Home State 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 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.

Website Information

You can get up-to-date information about your MO HealthNet Managed Care health plan on our website at: www.HomeStateHealth.com. You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers and e-mail addresses. You may also get information about the MO HealthNet Program at www.dss.mo.gov/mhd.

Additional Website Information

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

- Member Handbook
- Provider Directory
- Current news and events
- Member portal self-service features
- Online form submission
- Home State programs and services

Consumer Advisory Committee (CAC)

WE NEED YOUR HELP!

Did you know that, as a member, you can have an impact on how services are provided? The CAC is a consumer-driven group of concerned members that can and do make a difference in how and when decisions are made.

The CAC is looking for members to offer observations, insight, concern and solutions directly to MO HealthNet Managed Care.

As part of the CAC you can be part of the solution:

- Have the opportunity to better understand why decisions are made;
- Understand how those changes will directly affect your family and others just like you;
- Share your experiences as a member of MO HealthNet Managed Care;
- Be a part of an environment that requests and respects consumer input.

Please consider becoming a member of the CAC. The CAC meets only two times a year and conducts other work between meetings.

We want your help! Assistance with expenses including child care is available. For more information about the CAC, please call 1-800-392-2161 or 573-526-4274.

Quality Improvement (QI)

Home State is committed to providing quality healthcare for 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 healthcare, our programs include:

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

Home State 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 healthcare 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.

Your Member ID card

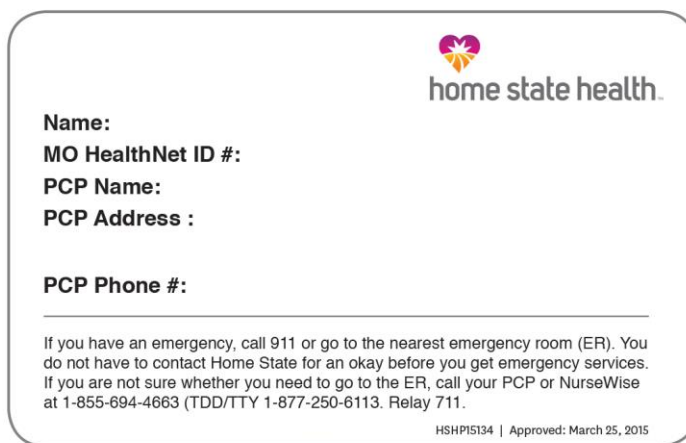
When you enroll in Home State, you will receive a Home State Member ID mailed within 10 business days of receipt of enrollment file and Home State will ensure we issue before your effective date of coverage. This card is proof that you are enrolled with Home State. Please show your Home State ID card and your MO HealthNet red or white ID card (see page 70-71) in order to receive benefits not covered by Home State. Both cards should always be presented for non-emergency services.

You need to keep your card with you at all times. Please show your card every time you go for any service under the Home State program. The Home State ID card will show your name, MO HealthNet ID#, PCP name and phone number. If you do not get your Home State ID card within a few weeks after you join our health plan, please call Member Services toll-free at 1-855-694-HOME (4663). We will send you another card.

Here is an example of your Home State ID card

Front

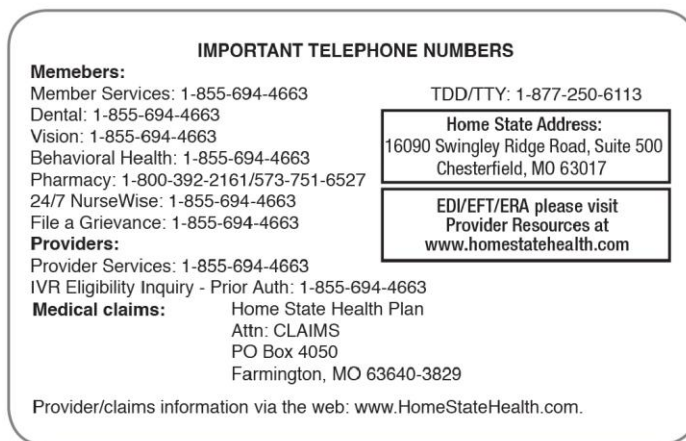
- Name
- MO HealthNet ID#
- PCP Name/Number



The example shows a rounded rectangular card with the Home State Health logo in the top right corner. Below the logo, the following fields are listed: Name:, MO HealthNet ID #:, PCP Name:, PCP Address :, and PCP Phone #: with a horizontal line for the phone number. At the bottom, there is a paragraph of emergency instructions and a small reference code HSHPI5134 | Approved: March 25, 2015.

Back

- Important Member & Provider Phone Numbers
- Medical Claims Address
- Website Address



The example shows the back of the card with a section titled 'IMPORTANT TELEPHONE NUMBERS'. It lists contact information for members (Member Services, Dental, Vision, Behavioral Health, Pharmacy, NurseWise, Grievance) and providers (Provider Services, IVR Eligibility Inquiry). It also includes a 'Medical claims' section with the Home State Health Plan address. On the right, there are two boxes: one for 'Home State Address' (16090 Swingley Ridge Road, Suite 500, Chesterfield, MO 63017) and another for 'EDI/EFT/ERA please visit Provider Resources at www.homestatehealth.com'. At the bottom, it provides a website for provider/claims information: www.HomeStateHealth.com.

HOW YOUR PLAN WORKS

Service Areas Covered

Home State 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, and use our provider network. Home State's service area includes members in the Central, Eastern and Western Regions of the state.

Member Services

Our Member Services department will tell you how Home State works and how to get the care you need. The Member Services call center can help you to:

- Find a PCP
- Schedule an appointment with your PCP
- Obtain a new ID card
- Obtain information about covered and non-covered benefits
- Obtain a list of health plan providers
- Report potential fraud issue
- Request new member materials
- Obtain information about case management

Please call, toll-free, 1-855-694-HOME (4663) (TDD/TTY 1-877-250-6113, Relay 711). We are open Monday through Friday from 8:00 a.m. to 5:00 p.m. (CST). Calls received after business hours are sent directly to NurseWise. NurseWise nurses are available 24 hours a day, seven days a week, including holidays.

NurseWise®

NurseWise is a health information phone line at no cost to you. NurseWise is ready to answer your health questions 24 hours a day – every day of the year. NurseWise is staffed with registered nurses. These nurses have spent lots of time caring for people. They are ready and eager to help you.

The services listed below are available by calling NurseWise, Home State's 24-hour nurse hotline toll-free at 1-855-694-HOME (4663).

- Medical advice.
- Health information library.
- Answers to questions about your health.
- Advice about a sick child.
- Help with scheduling PCP appointments.

Sometimes you may not be sure if you need to go to the emergency room (ER). Call NurseWise. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

Pharmacy Benefits

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

Pharmacy Dispensing Fees

Children under age 19 do not have to pay a pharmacy dispensing fee. Members age 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.

MEMBERSHIP AND ELIGIBILITY INFORMATION

Eligibility

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

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 their website at www.dss.mo.gov to access the FSD Program Enrollment System online, and the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627. Then call Home State 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

Changing to Another MO HealthNet Managed Care Health Plan

You may change MO HealthNet Managed Care health plans for any reason during the first **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 90 days. Some reasons for changing include but are not limited to the following:

- You have moved out of the MO HealthNet Managed Care area; or
- Your PCP or specialist is no longer with Home State 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.

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

Disenrollment

We may request disenrollment if one of the following occurs:

- You move out of Home State'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 the PCP;
- You let someone else use your Home State benefits and services
- You are abusive or threaten Home State staff or providers
- You request a home birth service
- Member no longer qualifies for medical assistance under one of the MO HealthNet eligibility categories in the targeted population

We must also have tried to help you stay with us. We must write to you at least three times during a 90-day period about disenrollment. We must tell you 30 days before we ask the State to change you to another health plan.

Home State shall not disenroll a member for the following reasons:

- Adverse change in a member's health status
- Utilization of medical services
- Diminished behavioral capacity
- Uncooperative or disruptive behavior resulting from his or her special needs

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 (FSD) Information Center at 1-855-373-4636 or visit their website at www.dss.mo.gov to access the FSD 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 at 1-855-694-HOME (4663); and
- Pick a PCP for your baby in Home State network.

Your baby will be enrolled in Home State. 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 enroll the baby before birth. 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, 15 days before the new MO HealthNet Managed Care health plan is effective.

Insurance

You have MO HealthNet Managed Care health care coverage through Home State. 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 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 red or white MO HealthNet card and their MO HealthNet Managed Care health plan card to receive non-emergency care.

Home State 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 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 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 their website at www.dss.mo.gov to access the FSD Program Enrollment System online.

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

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

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

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

MEMBER 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.

Effective: July 01, 2013

For help to translate or understand this, please call 1-855-HOME (4663). If you are hearing impaired, call our TDD/TTY line at 1-877-250-6113, Relay 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-866-595-8133. TDD/TTY 1-877-250-6113, Relay 711.
Interpreter services are provided free of charge to you.

Covered Entities 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. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice. We must let you know if there is 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 says how to use rights.

Home State Health Plan can change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have. We can also make it effective for any of your PHI we get in the future. Home State Health Plan will promptly update and get you this Notice whenever there is a material change to the following stated in the notice:

- The Uses and Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the notice

Updated notices will be on our website and in our Member Handbook. We will also mail you or email you a copy on request.

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 healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help us with prior authorization decisions related to your benefits.
- **Payment.** We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity. This is subject to the federal Privacy Rules. Payment activities may include:
 - Processing claims
 - Determining eligibility or coverage for claims
 - Issuing premium billings
 - Reviewing services for medical necessity
 - Performing utilization review of claims
- **HealthCare 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 healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

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



- ***Appointment Reminders/Treatment Alternatives.*** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, 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. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other laws or regulations that conflict. If this happens, 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). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.
- ***Victims of Abuse and Neglect.*** We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this 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. We may also disclose it in response to the following:
 - 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. For example, 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 to identify or locate 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. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - Cadaveric organs
 - Eyes
 - 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
 - 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 not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. 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.
- **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.

Verbal Agreement to Uses and Disclosure Your PHI

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends or any other person you identify. You can object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclose. We will limit the use or disclosure of your PHI in these cases. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative or other person responsible for your care of your location and general condition. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclose 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:

- ***Sale 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 you psychotherapy notes that we may have on file with limited exception. For example, for certain treatment, payment or healthcare operation functions.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases it won't take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second

case is before we received your written request to stop.

Your 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 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 Received 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 practicably 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 tell you 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 year period 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. You can also do this by phone. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services (HHS). See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS.
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 our 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: Compliance Director
16090 Swingley Ridge Road, Ste 500
Chesterfield, Missouri 63017
1-855-694 (HOME) 4663
TDD/TTY 1-877-250-6113, Relay 711

If you believe your privacy rights have been violated, you may write a letter of complaint to:

**Privacy Official - Home State Health Plan
1-866-694-HOME (4663) (TDD/TTY 1-877-250-6113, Relay 711)**

You may also contact the Secretary of the United States Department of Health and Human Services:

**Office for Civil Rights – Region VII
Frank Campbell, Regional Manager
U.S. Department of Health & Human Services
601 East 12th Street – Room 353
Kansas City, MO 64106
Voice Phone (816) 426-7277 FAX (816) 426-3686 TDD (816) 426-7065**

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

MEMBER RIGHTS AND RESPONSIBILITIES

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.
- Receive one copy of your medical records once a year at no cost to you.

Additional Rights

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

Additional Responsibilities

You have the responsibility to:

- Call Home State to order a member ID card if yours is lost
- Carry your Home State member ID card AND your MO HealthNet red or white 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 providers
- Provide all the information (to the extent possible) that the organization and its practitioners and providers need to care for you
- Show your Home State member ID card at all health care offices
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Provide information needed by providers in caring for the member
- Contact your PCP as their first point of contact when needing medical care
- Follow appointment scheduling processes
- Follow instructions and guidelines given by providers

BENEFITS

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 at 1-855-694-HOME (4663) for information about your health benefits.

- Ambulance
- Ambulatory surgical center, birthing center
- Behavioral health and substance abuse
- Cancer screenings
- Dental services related to trauma to the mouth, jaw, teeth or other contiguous sites as a result of injury. Dental services when the absence of dental treatment would adversely affect a pre-existing medical condition
- Durable medical equipment (DME)*
- Emergency medical, behavioral health, and substance abuse services and post-stabilization services

- Family planning
- Home health services*
- Hospice, if you are in the last six months of your 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 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 year (during any 24 month period of time). Replacements within the 24 month period may be available under certain conditions
- Outpatient hospital, when an overnight stay is not required
- Personal care
- Podiatry, limited medical services for your feet*
- Primary Care Provider (PCP) services
- Specialty care
- 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
- Screening, testing, and treatment for lead poisoning

Explanation of Benefits (EOB)

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

Notification to Members

Home State members are notified at least 30 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
- Service delivery office/site

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

If your MO HealthNet Managed Care health plan benefits change or terminate, we 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.

BENEFITS GRID

This list does not intend to be an all-inclusive list of covered services. All services are subject to benefit coverage, limitations, and exclusions as described in the plan coverage guidelines. Some services require prior authorizations.

Service	Coverage	Benefit Limitation	Comments
Abortion	Carved Out	n/a	<i>Fee-for-Service MO HealthNet</i>
Allergy Services	Covered	No limits or age restrictions	
Ambulatory Surgery Center	Covered		
Anesthesia Services	Covered		
Behavioral Health Services	Covered	Includes Community Based, Inpatient and Outpatient Services.	Services administered by Cenpatico.
Chiropractic Services	Not Covered		
Circumcisions (Routine/Elective)	Covered	For newborns less than 28 days old. All others require prior authorizations.	
Dental Services	Covered	Limited to children under 21 and certain pregnant women. <ul style="list-style-type: none"> • 1 Cleaning every 6 months • Extractions and fillings • 1 set of x-rays per 24 month period • Other dental services are available • Orthodontic braces are only covered if medically necessary Adult coverage is limited to treatment of trauma to the mouth, jaw, teeth, or other contiguous sites as a result of injury, and dental services	

Service	Coverage	Benefit Limitation	Comments
		when the absence of dental treatment would adversely affect a pre-existing medical condition.	
Dialysis	Covered		
Durable Medical Equipment (DME)	Covered		
Early Periodic Screening Diagnosis and Treatment	Covered	For members less than 21 years old	
Emergency Room Services	Covered		
Enteral & Parenteral Nutrition for Home Use	Covered		
Environmental Lead Assessment	Covered	Limited to children under 21 Limited to 1 initial assessment per year	
Family Planning	Covered		
FQHC & RHC Services	Covered		
Hearing Aids and Related Services	Covered	Limited to children under 21 and some pregnant women.	
Home Births	Carved Out		<i>FFS MO HealthNet</i>
Home Health Care Services	Covered	Children under age 21 Limited to 2 skilled nurse visit, occupational therapy, speech therapy and physical therapy evaluation Adults 21 and over: Limited to 100 visits per year	
Hospice Care	Covered	<i>Hospice services for children (ages 0-20) may be concurrent with the care related to curative treatment of the condition for which a diagnosis of a terminal illness has been made.</i>	
Hospital Services: Inpatient	Covered		
Hospital Services: Outpatient	Covered		

Service	Coverage	Benefit Limitation	Comments
Hysterectomy	Covered	Not covered if preformed for the following reasons: <ul style="list-style-type: none"> • The hysterectomy was performed solely for the purpose of rendering an individual permanently incapable of reproducing; or • if there was more than one purpose to the procedure, it would <i>not</i> have been performed except for the purpose of rendering the individual permanently incapable of reproducing 	<i>Consent Form Required</i>
Laboratory Services	Covered		
Maternity Care Services	Covered	Includes: <ul style="list-style-type: none"> • Nurse mid-wife services • Pregnancy related services • Services for conditions that might complicate pregnancy 	
Orthotics & Prosthetics (O&P)	Covered		
Physician, and Nurse Practitioner Services	Covered		
Podiatrist Services	Covered	21 and Older Excludes: trimming of nondystrophic nails, any number; debridement of nail(s) by any method(s), one (1) to five (5); debridement of nail(s)	

Service	Coverage	Benefit Limitation	Comments
		by any method(s), six (6) or more; excision of nail and nail matrix, partial or complete; and strapping of ankle and/or foot	
Prescription Drugs	Carved Out	n/a	FFS MO HealthNet
Radiology and x-rays	Covered		
Sterilization Procedures	Covered		Consent Form Required
Therapy (OT, PT, ST) Services (Outpatient)	Covered	Limited to children under 21.	
Transplant Service	Covered	Pre and Post-Transplant Services Only	
Transportation	Limited		
Vision Services and Eyewear	Covered	Under 21: 1 eye exam per year 1 pair of glasses per year 21 and Older: 1 eye exam every 2 (two) years 1 pair of glasses every 24 months	

Value Adds and Additional Benefits At No Cost to Home State Members

After School Youth	School-aged children can receive one-year membership, to one youth club, at no cost to the member. For more information call 1-855-694-HOME (4663)
Peak Flow Meters Program	Puffletown respiratory kits to help members manage their asthma.
Baby Showers for Start Smart Moms Program	Class presentation on prenatal care, labor and delivery, postpartum care, baby care, and family planning for all pregnant members.
Start Smart Birthdays Program	Outreach events for children, newborn through school aged, to learn about healthy living and taking care of themselves.
ConnectionsPlus Phone Program	Provides eligible higher-risk members with a cellular phone to connect with their Home State healthcare team for improved care and coordination of health services.
CentAccount	Home State's nationally-acclaimed program for promoting healthy living.
Enhanced Transportation Services Program	<p>Transportation* to and from:</p> <ul style="list-style-type: none"> • Prescription pick-up, immediately following an appointment, • Hospital visits and WIC appointments, • Home, a child's school and appointment (multiple stops), • Lamaze or similar Birthing classes, • Alcoholics Anonymous meetings, and • Methadone appointments for pregnant women. <p>*For our members receiving transportation as a covered benefit</p>
In-home Tele monitoring Program	Easy wireless and wired communication between medical health monitoring equipment and your care team for certain high-risk members
On-line Member Portal Program	Offers access to health education materials, information on identified gaps in guideline-based recommended preventative care and access to send and receive secure emails to Home State staff

When You Are Pregnant

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

- Go to your healthcare 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's even better to see your PCP before you get pregnant to get your body ready for pregnancy.
- Make an appointment with your dentist for a cleaning and checkup.
- Set a goal to live a healthier lifestyle. Healthy lifestyle habits include exercising, eating balanced healthy meals, and resting for 8-10 hours at night.

Pregnancy & Maternity Services

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

- You have had three or more miscarriages.
- You have given birth to a premature baby (this means the baby came before 37 weeks of pregnancy), or a “preemie.”
- 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 healthcare provider about taking prenatal vitamins and see your PCP as soon as you think you are pregnant. If you have questions about folic acid or your pregnancy, call Member Services toll-free at 1-855-694-HOME (4663).

Start Smart for Your Baby[®]

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

If you are pregnant and smoke cigarettes, Home State can help you stop smoking. We have a special smoking cessation program for pregnant women that are available at no cost to you. The program has trained healthcare providers who are ready to build one-to-one contacts 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 you are pregnant. We can help you contact your local Family Support Division (FSD) 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.

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 1-855-694-HOME (4663) to check. Women must be in a MO HealthNet category of assistance for pregnant women to get these extra benefits.

- 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 – 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, and one (1) pair of eyeglasses every two years. (during any 24 month period of time). Replacements within the 24 month period may be available under certain conditions.)
- 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.
- Health education.

EPSDT/HCY Services

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 6 months and 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.

Health Screen & Lead Poison Assessment Record		
Age	Date of Health Screen	Date of Lead Poison Screen
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		

Health Screen & Lead Poison Assessment Record		
Age	Date of Health Screen	Date of Lead Poison Screen
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
2 years	Blood Lead Level Test
3 years	Blood level test if in high risk area.
4 years	Blood level test if in high risk area.
5 years	Blood level test if in high risk area.
6 years	Blood level test if in high risk area.

Lead Screening for Children and Pregnant Women

Your child may be at risk for lead poisoning if:

- 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.

There are other ways your child can be poisoned. Call 1-855-694-HOME (4663) if you have questions about lead poisoning.

High levels of lead can cause brain damage and even death. Lead in children is a common health concern.

- All children through six years of age must be tested annually if they live in a high-risk area (Missouri state law requirement).
- All children through six years of age must be tested if they have been exposed to lead.
- Children must be tested at one year and two years of age if the child lives in a non-high risk area.
- Children between one and six years of age must be tested if they have not been previously tested.

A lead screen has two 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. Children at one year old and again at two 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, talk with your PCP or obstetrician to see if you may have been exposed to lead.

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 Catch-Up	Tdap, HepB, IPV, MMR, Varicella, HepA	
11-12 years	Tdap, MCV4 (1dose), HPV (3 doses)	
11-12 years Catch-Up	HepB, IPV, MMR, Varicella, HepA	

13-18 years Catch-Up	Tdap, MCV4 (1 dose, Booster at 16) HPV, HepB, IPV, MMR, Varicella, HepA	
19-20 years	HPV-(3 doses) 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.

***Recommended for those who lack documentation of vaccination or have no evidence of previous infection.

INDEPENDENT FOSTER CARE ADOLESCENTS AGES 21 THROUGH 25

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

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 nurse visits in your home. You may get the home health nurse visits if you leave the hospital less than 48 hours after having your baby, or less than 96 hours after a C-Section. The first nurse visit will be within two days of leaving the hospital. The second nurse visit is within two 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.

Special Health Care Needs

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

MemberConnections®

MemberConnections is a program that promotes preventive health and connects you to quality healthcare and community social services. MemberConnections Representatives are specially trained staff that provides support to Home State members. They can help you determine which healthcare providers are available in your area, find support services, and help arrange for needed services. MemberConnections representatives work with Home State's Case Managers to ensure your healthcare needs are addressed. Please call Member Services toll-free at 1-855-694-HOME (4663). They can also visit your home to help you with healthcare needs and social services.

Case Management Services

You may ask for an assessment for case management services at any time by calling Home State at 1-855-694-HOME (4663).32

Home State will offer case management services for members who are

- Pregnant or
- All children with elevated blood lead levels.

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

- Asthma
- Cancer
- Chronic pain
- COPD
- Congestive heart failure
- Diabetes
- Hepatitis C
- HIV/AIDS
- Individuals with special health care needs including autism spectrum disorder.
- Organ failure
- Serious mental illness
- Sickle cell anemia,

Disease Management

Home State works with Nurtur to give disease management services to our members. Nurtur Health Coaches know a lot about conditions like:

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

They will talk to you about:

- How to take medicines
- What screening tests to get
- When to call the primary care provider (PCP)

They 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.

PREVENTIVE SERVICES

Home State 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.

Behavioral Health Care

Home State Health Plan 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's list of providers. You may get five visits in a year without our okay. 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 1-855-694-HOME (4663) 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.

Cenpatico Behavioral Health Care

Home State's partner, Cenpatico, can help you in many ways. Together we can help you get 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 case manager to help with your care. They will help you find the right services for your treatment.
- After hours, you can also call NurseWise at 1-855-694-HOME (4663). NurseWise is a 24/7 bilingual help line at no cost to you.

You can call Cenpatico at 1-855-694-HOME (4663). You can also visit them online at www.cenpatico.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 abuse (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's behavioral healthcare provider, Cenpatico. Cenpatico has a group of behavioral health and substance abuse specialists to help you and your child. You do not need a referral from your PCP for these services. Cenpatico will help you find the best provider for you or your child. Call 1-855-694-HOME (4663) to get help right away. You can call 24 hours a day, seven days a week.

HOW DO YOU KNOW IF YOU OR YOUR CHILD NEEDS 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 at home
- Seem to be having problems at school

When you or your child have a behavioral health or substance abuse 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 for you. 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 Cenpatico at 1-855-694-HOME (4663) for someone to help you or your child with depression, behavioral illness, substance abuse 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 Cenpatico network. If the answer is yes, you do not need to do anything. If the answer is no, call Cenpatico at 1-855-694-HOME (4663). We will ask your/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 Cenpatico network, we will work with the provider to keep caring for you or your child until medical records can be transferred to a new Cenpatico healthcare provider.

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 provider or a MO HealthNet Fee-for-Service approved provider to get family planning services. You do not need to ask Home State first. Home State will pay for your family planning services.

Care You Can Get Using the Red or White MO HealthNet Card

You can get some health care that is not covered by Home State. These services are covered by MO HealthNet Fee-for-Service using MO HealthNet approved providers. Home State 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 abuse care through MO HealthNet Fee-for-Service using MO HealthNet approved providers. These children get their physical health care from Home State
- 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 Member Services at 1-855-694-HOME (4663) for a list of CSTAR providers
- Targeted case management for behavioral health services
- Abortion - (termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life)
- Smoking cessation

Getting Medical Care

Call your Primary Care Provider (PCP) when you need health care. Your PCP's phone number is on your Home State 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.
- Behavioral health care - you may go to any of our behavioral health providers. Just call this toll free number 1-855-694-HOME (4663).
- 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 service - You may go to any of our OB/GYN providers.

Dental Services - you may go to any of our Dental Health and Wellness providers.

Just call this toll free number 1-855-694-HOME (4663).

- Vision Services – you may go to any of our OptiCare providers. Just call this toll free number 1-855-694-HOME (4663).
- Specialists within Home State's network
- Emergency Services 24/7
- Therapies (initial evaluation by Home State provider)
- Emergency Transportation-call 911

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 provider without prior approval;
- You do not have prior approval for services that need it.

Travel Distance Standards

Home State has contracted providers, hospitals, advanced practice nurses, behavioral health providers, substance abuse providers, dentists, and ancillary healthcare services throughout the three regional service areas.

In the event that you are not able to access a contracted provider within 30 miles of your home address, please call our Member Services Department 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 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 or you may go to a PCP. Be sure to show your Home State ID card prior to receiving services.

The two situations where you are covered for services out of state are as follows:

- You are out of state and you have a medical or behavioral health emergency. You can go to an ER in any state if you have a true medical or behavioral health emergency. If you are seen at an out-of-state hospital for an emergency, your follow-up care must be with a Home State 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 approves, the cost of the care you get in the other state will be covered. Members are not covered for any services outside of the United States.

Out of Network Care

Out of network emergency services do not need approval from Home State. All other covered services from an out of network provider need prior authorization by Home State. 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 the out of network service(s) if Home State did not approve the visit or service. If you have questions, call Member Services toll-free at 1-855-694-HOME (4663). Home State will notify you when the referral is approved.

Medically Necessary Services

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

Behavioral health services shall be provided in accordance with a process of behavioral health assessment 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 shall provide medically necessary services to children from birth through age twenty (20), which are necessary to treat or ameliorate defects, physical or behavioral health, or conditions identified by an HCY/EPST screen. Services must be sufficient in amount, duration, and scope to reasonably achieve their purpose and may only be limited by medical necessity.

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 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's website at www.HomeStateHealth.com. You can also call Member Services at 1-855-694-HOME (4663) to see if something needs to be reviewed by Home State.

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

Utilization Process

The Utilization Process is the review of services and care provided. This information helps Home State 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'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 (FSD), 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 services. Decisions are based only on your current coverage and appropriateness of care and service. Home State does not reward providers or other people for issuing denials of coverage of care. Financial incentives do not support under use of services.

Emergency Medical Services

In an emergency, go to the nearest emergency room even if it is not in Home State 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 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.

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.

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 Nurse Advice Helpline at 1-855-694-HOME (4663).

It's best to call or go to your PCP's office for things that are not emergencies, like:

- Earaches;
- Sore throat;
- Backaches;
- Small cuts; or
- Cold/flu.

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.

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 abuse 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; or
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- Serious harm to self or others due to an alcohol or drug abuse emergency; or
- 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 services are available by calling 911 or going to one of the following hospitals:

ADAIR COUNTY

Northeast Regional Medical Center
315 S. Osteopathy St.
Kirksville, MO 63501
660-785-1000

AUDRAIN COUNTY

Audrain Medical Center
620 E. Monroe St.
Mexico, MO 65265
573-582-5000

BARTON COUNTY

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

BATES COUNTY

Bates County Memorial Hospital
615 W. Nursery St.
Butler, MO 64730
660-200-7000

BOONE COUNTY

Boone Hospital Center
1600 E. Broadway
Columbia, MO 65201
573-815-8000

BOONE COUNTY

University Hospital
1 Hospital Drive
Columbia, MO 65201
573-882-4141

BOONE COUNTY

Ellis Fischel Cancer Center
1 Hospital Drive
Columbia, MO 65203
573-882-2100

BOONE COUNTY

Women's and Children's Hospital – University of Missouri
404 N Keene Street
Columbia, MO 65201
573-875-9000

CALLAWAY COUNTY

Callaway Community Hospital
10 S. Hospital Dr.
Fulton, MO 65251
573-642-3376

CAPE GIRARDEAU COUNTY

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

CARROLL COUNTY

Carroll County Memorial Hospital
1502 N. Jefferson St.
Carrollton, MO 64633
660-542-1695

CASS COUNTY

Cass Regional Medical Center
2800 E Rock Haven Rd.
Harrisonville, MO 64701
816-380-3474

CASS COUNTY

Research Belton Hospital
17065 S Outer Rd
Belton, MO 64012
816-348-1200

CEDAR COUNTY

Cedar County Memorial Hospital
1401 S. Park St.
El Dorado Springs, MO 64744
417-876-2511

CLAY COUNTY

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

CLAY COUNTY

St. Luke's Northland Hospital-Smithville
601 S. US Highway 169
Smithville, MO 64089
816-532-3700

CLINTON COUNTY

Cameron Regional Medical Center
1600 E. Evergreen St.
Cameron, MO 64429
816-632-2101

COLE COUNTY

Capital Region Medical Center
1125 Madison Street
Jefferson City, MO 65101
573-632-5000

COLE COUNTY

St. Mary's Health Center-Jefferson City
100 St. Mary's Plaza
Jefferson City, MO 65101
573-761-7000

COOPER COUNTY

Cooper County Memorial Hospital
17651 B Highway
Bonneville, MO 65233
660-882-7461

CRAWFORD COUNTY

Missouri Baptist Hospital
751 Sappington Bridge Rd.
Sullivan, MO 63080
573-468-4186

FRANKLIN COUNTY

Mercy Hospital Washington
901 E. 5th Street
Washington, MO 63090
636-239-8000

GASCONADE COUNTY

Hermann Area District Hospital
509 W. 18th St.
Hermann, MO 65041
573-486-2191

GREENE COUNTY

Ozarks Community Hospital
2828 N. National Ave.
Springfield, MO 65803
417-837-4000

GREENE COUNTY

Mercy Hospital Springfield Health Center
1235 E. Cherokee St.
Springfield, MO 65804
417-820-2000

GRUNDY COUNTY

Wright Memorial Hospital
191 Iowa Blvd
Trenton, MO 64683
660-358-5700

HENRY COUNTY

Golden Valley Memorial Hospital
1600 North Second St
Clinton, MO 64735
660-885-5511

IRON COUNTY

Iron County Hospital
301 N. Hwy. 21
Pilot Knob, MO 63663
573-546-1260

JACKSON COUNTY

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

JACKSON COUNTY

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

JACKSON COUNTY

Saint Joseph Medical Center
1000 Carondelet Dr
Kansas City, MO 64114
816-942-4400

JACKSON COUNTY

Children's Mercy Hospital
2401 Gillham Rd.
Kansas City, MO 64108
816-234-3000

JACKSON COUNTY

St. Luke's East Hospital
100 NW St Luke's Blvd
Lee's Summit, MO 64086
816-347-5000

JACKSON COUNTY

St. Luke's Hospital of Kansas City
4401 Wornall Rd
Kansas City, MO 64111
816-932-2000

JACKSON COUNTY

St. Mary's Medical Center
201 NW R D Mize Rd.
Blue Springs, MO 64014
816-228-5900

JACKSON COUNTY

Truman Medical Center – Hospital Hill
2301 Holmes St.
Kansas City, MO 64108
816-404-1000

JACKSON COUNTY

Truman Medical Center – Lakewood
7900 Lee's Summit Rd.
Kansas City, MO 64139
816-404-7000

JACKSON COUNTY

Research Medical Center
2316 E Meyer Blvd
Kansas City, MO 64132
816-276-4000

JACKSON COUNTY

St Luke's Cancer Institute
4321 Washington, Suite 4000
Kansas City, MO 64111
816-932-3300

JEFFERSON COUNTY

Jefferson Memorial Hospital
1400 US Highway 61
Festus, MO 63028
636-933-1000

JOHNSON COUNTY, KANSAS

Blue Valley Hospital
12850 Metcalf

Overland Park, KS 66213
(913) 220-2866

Children's Mercy South

5808 W. 110th St.
Overland Park, KS 66211
913-696-8000

JOHNSON COUNTY, KANSAS

Menorah Medical Center
5721 W 119th Street
Overland Park, KS 66209
913-498-6000

JOHNSON COUNTY, KANSAS

Overland Park Regional Medical Center
10500 Quivira Rd.
Shawnee Mission, KS 66215
913-541-5000

JOHNSON COUNTY, KANSAS

St. Luke's South Hospital
12300 Metcalf Ave.
Overland Park, KS 66213
913-317-7000

JOHNSON COUNTY, KANSAS

Western Missouri Medical Center
403 Burkard Rd.
Warrensburg, MO 64093
660-747-2500

LACLEDE COUNTY

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

LAFAYETTE COUNTY

Lafayette Regional Health Center
1500 State St
Lexington, MO 64067
660-259-2203

LINCOLN COUNTY

Lincoln County Medical Center
1000 E. Cherry St.
Troy, MO 63379
636-528-8551

LINN COUNTY

Pershing Memorial Hospital

130 E. Lockling St.
Brookfield, MO 64628
660-258-2222

LIVINGSTON COUNTY

Hedrick Medical Center

2799 N. Washington Street
Chillicothe, MO 64601
660-646-1480

MACON COUNTY

Samaritan Memorial Hospital

1205 N. Missouri Street
Macon, MO 63552
660-385-8700

MADISON COUNTY

Madison Medical Center

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

MARION COUNTY

Hannibal Regional Hospital

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

PERRY COUNTY

Perry County

Memorial Hospital
434 N. West St.
Perryville, MO 63775
573-547-2536

PETTIS COUNTY

Bothwell Regional

Health Center
601 E. 14th Street
Sedalia, MO 65301
660-826-8833

PHELPS COUNTY

Phelps County

Regional Medical Center
1000 W. 10th St.
Rolla, MO 65401
573-458-8899

PIKE COUNTY

Pike County

Memorial Hospital
2305 Georgia St.
Louisiana, MO 63353
573-754-5531

PLATTE COUNTY

St. Luke's Northland

Hospital-Barry Road
5830 NW Barry Rd.
Kansas City, MO 64154
816-891-6000

POLK COUNTY

Citizens Memorial Hospital

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

RANDOLPH COUNTY

Moberly Regional

Medical Center
1515 Union Ave.
Moberly, MO 65270
660-263-8400

RAY COUNTY

Ray County Memorial Hospital

904 Wollard Blvd.
Richmond, MO 64085
816-470-5432

SAINT CLAIR COUNTY

Ellett Memorial Hospital

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

SAINT FRANCOIS COUNTY

Mineral Area Regional

Medical Center
1212 Weber Rd.
Farmington, MO 63640
573-756-4581

SAINT FRANCOIS COUNTY

Parkland Health Center –

Bonne Terre
7245 Raider Rd.
Bonne Terre, MO 63628
573-358-1400

SAINT FRANCOIS COUNTY

Parkland Health Center –

Farmington
1101 West Liberty St.
Farmington, MO 63640
573-756-6451

SAINT LOUIS COUNTY

Christian Hospital

11133 Dunn Rd
St. Louis, MO 63136

314-653-5000

SAINT LOUIS COUNTY

Des Peres Hospital

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

SAINT LOUIS COUNTY

Missouri Baptist Medical Center

3015 North Ballas Rd.
St. Louis, MO 63131
314-996-5000

SAINT LOUIS COUNTY

SSM DePaul Health Center

12303 De Paul Dr.
Bridgeton, MO 63044
314-344-6000

SAINT LOUIS COUNTY

SSM Saint Clair Health Center

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

SAINT LOUIS COUNTY

SSM Saint Mary's Health Center

6420 Clayton Rd.
St. Louis, MO 63117
314-768-8000

SAINT LOUIS COUNTY

Saint Anthony's

Medical Center
10010 Kennerly Rd.
St. Louis, MO 63128
314-525-1000

SAINT LOUIS COUNTY

Mercy Hospital

615 South New Ballas Rd
St. Louis, MO 63141
314-251-6090

SAINT LOUIS COUNTY

Saint Luke's Hospital

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

SAINT LOUIS COUNTY

Barnes Jewish West County

Hospital
12634 Olive Blvd.
St. Louis, MO 63141
314-996-8000

SAINT LOUIS CITY

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

SAINT LOUIS CITY

SSM Cardinal Glennon Children's Medical Center
1465 S Grand Blvd
Saint Louis MO 63104
314-577-5600

SAINT LOUIS CITY

Saint Louis Children's Hospital
1 Children's Place
Saint Louis MO 63110
314-454-6000

SAINT LOUIS CITY

Saint Louis University Hospital
3635 Vista Ave.
St. Louis, MO 63110
314-577-8000

SALINE COUNTY

I-70 Community Hospital
105 Hospital Dr.
Sweet Springs MO 65351
636-335-4700

ST. CHARLES COUNTY

Barnes-Jewish St. Peters Hospital
10 Hospital Dr.
St. Peters, MO 63376
636-916-9000

ST. CHARLES COUNTY

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

ST. CHARLES COUNTY

SSM St. Joseph Health Center
300 1st Capitol Drive
St. Charles, MO 63301
636-947-5000

ST. CHARLES COUNTY

SSM St. Joseph Health Center
500 Medical Dr.
Wentzville, MO 63385
636-327-1000

ST. CHARLES COUNTY

SSM St. Joseph's Hospital West
100 Medical Plaza
Lake St. Louis, MO 63367
636-625-5200

STE GENEVIEVE COUNTY

Memorial Hospital
800 Ste. Genevieve Drive
Ste. Genevieve, MO 63670
(573) 883-2751

VERNON COUNTY

Nevada Regional Medical Center
800 South Ash St
Nevada, MO 64772
417-667-3355

WASHINGTON COUNTY

Washington County Memorial Hospital
300 Health Way
Potosi MO 63664
573-438-5451

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 the following symptoms:

- 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 things like a high temperature and vomiting or diarrhea that won't stop, you must be seen within 24 hours;

- For things like a rash, non-life threatening pain or fever, your provider must see you within five business days or one week, whichever is earlier.

Visit any of the following urgent care centers

EASTERN REGION

• JEFFERSON COUNTY

Arnold Urgent Care
3619 Richardson Sq. Dr
Arnold, MO 63010
636-717-6700
or 1-866-228-0004

Festus Urgent Care
660 South Truman
Festus, MO
636-931-3800

Imperial Urgent Care
1125 Main Street
Imperial, MO 63052
636-464-4900

Mercy Urgent Care Center
660A Truman Blvd
Festus, MO 63028
636-266-5058

• MID ST. LOUIS COUNTY

Big Bend Urgent Care
10296 Big Bend
Crestwood, MO 63122
314-543-5970

Metro Urgent Care, LLC
123 Concord Plaza
Shopping Center
St. Louis, MO 63128
314-270-9313

AccuHealth
8612 Olive Blvd
St. Louis, MO 63132
(314) 692-8055

Urgent Care Brentwood
8820 Manchester Rd
St. Louis, MO 63144
314-963-8100

St. Luke's Urgent Care Center
455 S Kirkwood Rd

St. Louis, MO 63122
314-965-6871

Fast Track Urgent Care
2686 N. Highway 67
Florissant, MO 63033
314-921-7300

Fast Track Urgent Care
5701 Chippewa St
St. Louis, MO 63109
314-932-5690

Grace Hill Health Centers
2220 Lemp Ave
St. Louis, MO 63104
314-814-8680

Health & Dental Care for Kids
4055 Lindell Blvd
St. Louis, MO 63108
314-535-7701

North City Urgent Care
6113 Ridge Ave
St. Louis, MO 63133
314-921-7300

• WASHINGTON COUNTY

Washington County Urgent Care
300 Healthway
Potosi, MO 63664
573-438-1780

Mercy Urgent Care Center - Washington
901 Patients First Dr
Washington, MO 63090
636-390-1777

• WEST ST. LOUIS COUNTY

After Hours Pediatric Urgent CareCenter, Inc.
1751 Clarkson Rd
Chesterfield, MO 63017
636-519-9559

Creve Coeur Urgent Care
13035 Olive Blvd
Creve Coeur, MO 63141
314-200-4410

Eureka Urgent Care
623 West Fifth St
Eureka, MO 63025
636-549-2100

St. Luke's Urgent Care Center Creve Coeur
11550 Olive Blvd Ste 100
St. Louis, MO 63141
636-542-7690

St. Luke's Urgent Care Center-Ladue
8857A Ladue Rd
Ladue, MO 63124
314-576-8189

Our Urgent Care
2070 McKelvey Rd
Maryland Heights, MO 63043
314-643-9752

St. Luke's Urgent Care Center on Clarkson Rd
232 Clarkson Rd
Ellisville, MO 63011
636-256-8644

North City Urgent Care
6113 Ridge Ave
St. Louis, MO 63133
314-921-7300

SSM DePaul Urgent Care Center
2022 Dorsett Village
Maryland Heights, MO 63043
314-590-0520

Fast Track Urgent Care
9845 W. Florissant St
St. Louis, MO 63136
314-736-6100

• SOUTH ST. LOUIS COUNTY

Fenton Urgent Care

714 Gravois Rd
Fenton, MO 63026
636-326-6100

Lemay Urgent Care
2900 Lemay Ferry Rd
St. Louis, MO 63125
314-543-5294

**Mercy Urgent Care Center-
Tesson Ferry**
12348 Old Tesson Rd
St. Louis, MO 63128
314-272-2014

Mercy Urgent Care Center - Eureka
20 The Legends Parkway
Eureka, MO 63025
636-549-0100

Mercy Urgent Care Center - Fenton
1203 Smizer Mill Rd
Fenton, MO 63026
636-717-1414

St. Luke's Urgent Care Fenton
Dierbergs Fenton Crossing
508 Old Smizer Mill Rd
Fenton, MO 63026
636-343-5223

• **ST. CHARLES COUNTY**

**After Hours Pediatric Urgent Care
Center, Inc**
102 Laura K Drive
O'Fallon, MO 63366
314-272-2014

Mercy Urgent Care Center - O'Fallon
300 Winding Woods Dr
O'Fallon, MO 63366
636-379-4329

Mercy Urgent Care Center - Piper Hill
107 Piper Hill Dr
St. Peters, MO 63376
636-477-8757

Our Urgent Care
1111 W. Pearce Blvd
Wentzville, MO 63385
636-887-4288

Our Urgent Care
2893 Veterans Memorial Hwy
St. Charles, MO 63303
636-724-1100

SSM St. Joseph Urgent Care Center
1475 Kisker Rd, Ste 120

St. Peters, MO 63304
636-498-5800

**St. Luke's Urgent Care Center
at WingHaven**
5551 Winghaven Blvd Ste 100
O'Fallon, MO 63366
636-695-2500

Urgent Care Wall Street
1551 Wall Street
St. Charles, MO 63303
636-669-2211

**St. Luke's Urgent Care Center-
Weldon Springs**
1051 Wolfrum Rd
Weldon Springs, MO 63304
636-300-0370

Urgent Care for Kids
1413 Wentzville Pkwy
Wentzville, MO 63385
636-332-5400

• **ST. LOUIS CITY**

Downtown Urgent Care
916 Olive St
St. Louis, MO 63101
314-436-9300

CENTRAL REGION

• **AUDRAIN COUNTY**

Doc In a Box
623 East Summit St
Mexico, MO 65265
573-581-2347

• **CAMDEN COUNTY**

**SSM St. Mary's Urgent Care
at the Lake**
2265 Bagnel Dam Blvd
Lake Ozark, MO 65049
573-365-6800

• **COLE COUNTY**

**Capital Region Downtown
Urgent Care**
220 Madison Street
Jefferson City, MO 65102
573-632-5000

Urgent Care Clinic Jefferson City
2511 West Edgewood
Jefferson City, MO 65101

573- 761-0304

Capital Region Health Branch West
3308 West Edgewood Jefferson City,
MO 65109
573-893-7848

• **LACLEDE COUNTY**

Mercy Urgent Care Center-Lebanon
120 Hospital Drive

• **MACON COUNTY**

**Urgent Care at Complete Family
Medicine**
1206 N. Missouri Street
Macon, MO 63552
660-395-7575

• **PHELPS COUNTY**

Rolla Urgent Care
1060 S. Bishop Ave
Rolla, MO 65401
573-426-5900

WESTERN REGION

• **CASS COUNTY**

Carespot Professional Services, LLC
13551 Madison Av e
Kansas City, MO 64145
816 -256 - 3095

• **CLAY COUNTY**

**Children's Mercy Northland
Urgent Care**
501 NW Barry Rd
Kansas City , MO 64118
816-413-2500

• **GREENE COUNTY**

Mercy Urgent Care - W. Kearney
2120 W. Kearney St
Springfield, MO 65804
417-869-6191

• **JACKSON COUNTY**

**Blue Springs Urgent
Care** 725 NW State Route
7 Blue Springs, MO 64014
816-229-8187

Carespot Professional Services, LLC
9490 East State St, Rte 350
Raytown, MO 64113
816-743-4345

Carespot Professional

Services, LLC
228 NW Oldham Parkway
Lee's Summit, MO 64081
816-600-4075

Children's Mercy East Urgent

Care 20300 East View Parkway
Independence, MO 64057
816-478-5200

Swope Health Central

3801 Blue Parkway
Kansas City, MO 64130
816-923-5800

• JOHNSON COUNTY

Children's Mercy Blue Valley

6750 W 1 35th Street
Overland Park, KS 66223
913-696-5850

• PLATTE COUNTY

Carespot Professional Services, LLC

6344 North Chatham Ave
Kansas City, MO 64151
816-256-2176

• NEWTON COUNTY

Carespot Professional Services

3500 West 95th St
Leawood, KS 66206
913- 305 - 3167

• OVERLAND PARK, KS

Carespot Professional Services

7935 W. 151st St
Overland Park, KS 66223
913-814-3788

Carespot Professional Services

9507 Antioch Rd
Overland Park, KS 66212
913-696-5850

College Boulevard Urgent Care

6750 W. 135th Street
Overland Park, KS 66223
913-717-4700

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

Post-stabilization care is given after a medical emergency. The goal of this care is to maintain, improve or resolve a member's condition after the emergency.

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

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

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

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

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

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

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, taxi, or even an ambulance, if necessary to get you to your health care appointment. Home State 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 in Home State 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 age 17 must have an adult ride with them.
- We will only pay for one child and one parent/guardian and/or an attendant if your child is under age 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 not 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 Home State or takes MO HealthNet Fee-for-Service.
- The appointment is to a service covered by Home State 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 health care 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 (DME) provider only if the DME provider cannot mail or deliver your equipment to you.

How do I use the NEMT program?

Call 1-855-694-HOME (4663). If you have an appointment with your PCP or OB you can call the same day of the appointment to arrange transportation. Please note that we require one hour notice for same day appointments. All other appointments require at least 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 this number 1-855-694-HOME (4663). If you have an emergency, dial 911, or the local emergency phone number.

Emergency Transportation

Call 911 or the closest ambulance.

Emergency Ambulance Transportation

Home State 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 and you may have to pay for it. Ambulance transportation from a healthcare facility to another healthcare facility is covered only when it is medically necessary and it has been arranged and approved by a Home State network provider.

Enhanced Services for Transportation*

Home State offers transportation services for the following:

- Prescription pick up immediately following a medical appointment
- Home, a child's school and medical appointments (multiple stops)
- Hospital visits to a child in NICU

*For members with transportation as a covered benefit.

Regular Health Care Appointments

Your health care providers must see you within 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 months of pregnancy, you must be seen within seven days of asking. In the last three months of your pregnancy, you must be seen within three days of asking.

You should not have to wait longer than one 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 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.

Urgent Health Care Appointments

Sometimes you need medical care soon, but it is not an emergency. Some examples of urgent care are

- 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 things like a high temperature and vomiting or diarrhea that won't stop, you must be seen within 24 hours;
- For things like a rash, non-life threatening pain or fever, your provider must see you within five business days or one week, whichever is earlier.

Your health care provider will treat 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.

Behavioral Health Care Appointments

For Behavioral health and substance abuse services, you must be seen within the following time frames:

- Aftercare appointments within seven (7) calendar days after hospital discharge.
- Routine care with or without symptoms within two (2) weeks.
- Urgent care appointments that require care immediately but do not constitute emergencies, within seventy-two (72) hours.

You may see a Home State behavioral health care provider five times yearly without approval. Then after the five behavioral health visits, Home State must okay more visits. Call 1-855-694-HOME (4663). 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.

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 to get a second opinion. Home State 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 will pay for a third opinion. It is always important that you take all your health insurance cards to your appointments.

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's 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

Primary care providers shall serve as the member's initial and most important contact. PCP's 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 admissions of members;
- Manage the medical and healthcare 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 hours 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 case 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 to 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, including but not limited to, services provided by the PCP, specialists, and providers of ancillary services.
- Adhere to the EPSDT periodicity schedule for members under age twenty-one (21);
- Follow established procedures for coordination of in-network and out-of-network services for members, including 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 stabilization; 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.

If You Are Billed

Home State 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;
- 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 network 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 will look into this for you.

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 red card or white MO HealthNet card.
- 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

or

**For Participant Fraud or Abuse – Department of Social Services Division of Legal Services,
Investigation Unit**

1-573-751-3285; Send email to MMAC.reportfraud@dss.mo.gov

or

For Provider Fraud or Abuse – Missouri Medicaid Audit & Compliance Investigations

1(573) 751-3285 or 1 (573) 751-3399; Send email to MMAC.reportfraud@dss.mo.gov

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 **cannot take your benefits away because you make a grievance, appeal, or ask for a State Fair Hearing.**

There are two 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 extend the time for a decision of a grievance or an appeal.

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

Takes action to:

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

Or fails to:

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

Home State Health must give you a written Notice of Action if any of these actions happen. The Notice of Action will tell you what we did and why and give you your rights to appeal or 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, 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 3 working days or sooner. This is called an expedited review. Call Home State and tell Home State if you think you need an expedited review.
5. Home State may take up to 14 days longer to decide if you request the change of time or if we think it is in your best interest. If Home State 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 10 days from the date the notice of action 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 or Ask for a State Hearing

1. **GRIEVANCE** - You may file a grievance on the telephone, in person, or in writing. Call Home State at 1-855-694-HOME (4663) to file a grievance.
 - Home State will write you within 10 days and let you know we got your grievance.
 - Home State must give written notice of a decision within 30 days.
2. **APPEAL** - You may file an appeal orally or in writing to Home State. Unless you need an expedited review, you must complete a written request even if you filed orally.
 - You must appeal within 90 days from the date of our Notice of Action.
 - For help on how to make an appeal, call Home State at 1-855-694-HOME (4663).
 - Send your written appeal to:

16090 Swingley Ridge Road, Suite 500
Chesterfield, MO 63017
 - Home State must write you within 10 days and let you know we got your appeal.
 - Home State must give written notice of a decision within 30 days unless it is an expedited review.

3. **STATE FAIR HEARING** – You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan takes an action or when 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 90 days from the date of the MO HealthNet Managed Care health plan's written Notice of Action or Appeal Decision Letter.
 - 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, call 1-800-392-2161 to get help from someone who speaks your language.
 - You can send your written request to Participant Services Unit, MO HealthNet Division, P.O. Box 6500, Jefferson City, MO 65102-6500.
 - 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 90 days from the date you ask for a hearing.
 - If your physical or behavioral health is in danger, a decision will be made within 3 working 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 10 days of the date the written notice of action 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.

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.
- 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.

For Clay, Jackson and Platte counties:

Call Legal Aid of Western Missouri at (816) 474-6750.

Ask for Advocates for Family Health.

For Bates, Benton, Camden, Cass, Henry, Johnson, Lafayette, Linn, Morgan, Pettis, Ray, Saline, St. Clair and Vernon counties:

Call Legal Aid of Western Missouri at (816) 474-6750 or 1 (866) 897-0947.

Ask for Advocates for Family Health.

For Franklin, Jefferson, Lincoln, Macon, Madison, Marion, Monroe, Montgomery, Perry, Pike, Ralls, Shelby, St. Charles, St. Francois, St. Louis, Ste. Genevieve, Warren, and Washington counties, and St. Louis City:

Call Legal Services of Eastern Missouri at (314) 534-1263 or 1 (800) 444-0514.

Ask for Advocates for Family Health.

For Cedar, Gasconade, Laclede, Maries, Phelps, Polk, and Pulaski counties:

Call Legal Services of Southern Missouri at (417) 881-1397 or 1 (800) 444-4863.

Ask for the Advocates for Family Health.

For Audrain, Boone, Callaway, Chariton, Cole, Cooper, Howard, Miller, Moniteau, Osage, and Randolph counties:

Call Mid-Missouri Legal Services Corp. at (573) 442-0116 or 1 (800) 568-4931.

Ask for Advocates for Family Health.

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 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, 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, Missouri 65102. You may email at: info@health.mo.gov

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

First Steps

Home State 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 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);
- 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;
- 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 can refer you to First Steps. First Steps and Home State will work together to manage your child's care.

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 Premium Collections Unit by mail, fax, or email. Be sure to include your child's MO HealthNet identification card number.

MAIL:

MO HealthNet Division
Premium Collections Unit
P.O. Box 6500
Jefferson City, MO 65102-6500
FAX: (573) 526-2471

EMAIL: Scan your records and email to Ask.MHD@dss.mo.gov. Type the words Premium Collections Unit in the subject line of your email.

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

Glossary

Adoption Subsidy - subsidy services supporting a family adopting a child. Financial, medical, and support services for the child until age 18 or in some cases until age 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.

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

Eligibility Group - members who receive benefits based on age, family size, and income.

EPSDT - Early Periodic Screening, Diagnosis, and Treatment, also known as HCY.

HCY Program - Healthy Children and Youth, also known as EPSDT.

MO HealthNet Approved Provider - a doctor, nurse, clinic, pharmacy, hospital, or other providers 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 red or your white MO HealthNet card. MO HealthNet approved providers are sometimes also called MO HealthNet providers. You can do an on-line 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 - a way to get some health care services that are not covered by Home State. 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 red or white MOHealthNet card. You may call 1-800-392-2161 to check on how to get these services.

MO HealthNet Managed Care - a way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan in certain counties of the State. 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 red or white MO HealthNet card to get services. While you are waiting to get in a MO HealthNet Managed Care health plan for health care, you get services from MO HealthNet Fee-for-Service. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. You may call 1-800-392-2161 to check on how to get services.

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



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 NurseWise at 1-855-694-4663 (TDD/TTY 1-877-250-6113, Relay 711).

HSHP15134 | Approved: March 25, 2015

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 NurseWise: 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

Provider/claims information via the web: www.HomeStateHealth.com
Farmington, MO 63640-3829

TDD/TTY: 1-877-250-6113

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

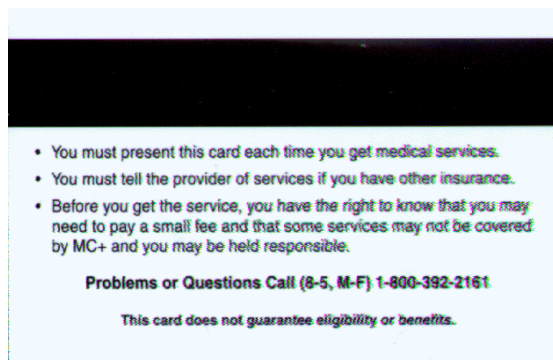
**EDI/EFT/ERA please visit
Provider Resources at
www.homestatehealth.com**

Out of Home Care/Alternative Care Services (Foster Care) - Alternative 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.

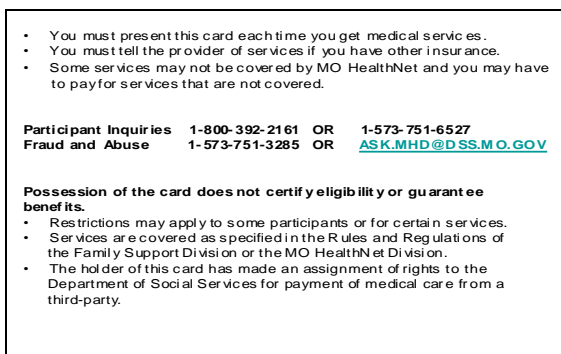
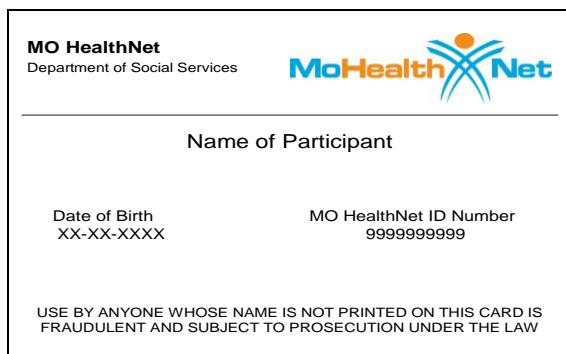
PCP - a Primary Care Provider is a health care provider who manages a member's health care.

Prior Authorization – your MO HealthNet Managed Care health plan's method of pre-approving certain services.

Red MO HealthNet Card - the card sent to you before January 2008 when you are eligible for MO HealthNet.



White MO HealthNet Card (effective January 2008) – the card sent to you when you are eligible for MO HealthNet.



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