

Healthy Blue

Missouri Member Handbook

833-388-1407 | healthybluemo.com
https://dss.mo.gov/mhd/mc

Physical Address: Healthy Blue | 1831 Chestnut Street | St. Louis, MO 63103
Mailing Address: Member Services | P.O. Box 62509 | Virginia Beach, VA 23466-2509



MISSOURI
MEMBER HANDBOOK

Physical Address:
Healthy Blue
1831 Chestnut St.
St. Louis, MO 63103

Mailing Address:
Member Services
P.O. Box 62509
Virginia Beach, VA 23466-2509

833-388-1407 (TTY 711)
Monday through Friday, 8 a.m. to 5 p.m. Central time
healthybluemo.com

1023498MOMENHBL 06/25 MOC26025 08/26/2025

Healthy Blue

Welcome to MO HealthNet Managed Care

You have been approved for MO HealthNet benefits, and you are enrolled in a MO HealthNet Managed Care health plan where you will get most of your benefits. Each MO HealthNet Managed Care health plan member must have a state Primary Care Provider (PCP). A PCP manages a member's healthcare.

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 online search to find a MO HealthNet approved provider at https://mymohealthportal.com/provider-search/ or you can call **800-392-2161** Central time for a list of MO HealthNet approved providers.

Visually and Hearing Impaired Members

We have this handbook in an easy to read form for people with poor eyesight. Please call us at **833-388-1407** for help. We have a special phone number for people with poor hearing. Members who use a Telecommunications Device for the Deaf (TDD) and American Sign Language can call **TTY 711**. These services are available to you at no cost.

Keeping Your Insurance

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

Interpreter Services

If you do not speak or understand English, call **833-388-1407** to ask for help. We can help if you do not speak or understand English.

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

Healthy Blue

The MO HealthNet Managed Care health plan, Healthy Blue follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call Member Services at 1-833-388-1407 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Central time.

Your rights

Do you feel you didn't get these services, or we discriminated against you for reasons listed above? If so, you can file a grievance. File by mail, email, fax or phone:

Grievance and Appeals Representative
Healthy Blue
P.O. Box 62429
Virginia Beach, VA 23466

Phone: 1-833-388-1407 (TTY 711)
Fax: 1-855-860-9122
Email: MO.HPGA@anthem.com

Need help filing? Call our Grievance and Appeals Representative at the number above. You can also file a civil rights grievance with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:** U.S. Department of Health and Human Services
  200 Independence Ave.
  SW Room 509F, HHH Building
  Washington, DC 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit **www.hhs.gov/ocr/office/file/index.html**.

https://www.healthybluemo.com/missouri-home/healthyblue.html

Table of Contents

WELCOME TO HEALTHY BLUE — YOUR PLAN FOR HEALTHY LIVING 1
IMPORTANT HEALTHY BLUE PHONE NUMBERS 2
IMPORTANT MO HEALTHNET PHONE NUMBERS 3
CALL 24-HOUR NURSE HELP LINE FIRST 4
QUESTIONS OFTEN ASKED ABOUT HEALTHY BLUE 4
WEBSITE INFORMATION 6
Website Features 6
HEALTHY BLUE ID CARD 6
Care You Get Using the MO HealthNet ID Card 7
MEMBER SERVICES 8
TYPES OF CARE 10
Preventive Services 10
Preventive Services Coverage 10
HEALTHCARE APPOINTMENTS 10
Dental Appointments 11
Urgent Care 11
Emergency Medical Services 11
Get Up-to-Date ER Service Providers on our Website 12
ER Services 12
Post-Stabilization Care 18
Post-Stabilization Care Services 18
YOUR PRIMARY CARE PROVIDER 19
What is a Primary Care Provider (PCP)? 19
Choosing and Changing Your Primary Care Provider (PCP) 20
Check the PCP on Your ID Card 20
Getting Medical Care 20
Travel Distance 21
Access to Care 21
Medically Necessary Services 21
Prior Authorization 21
How Do I Cancel or Change an Appointment? 22
What If I Need to See a Specialist? 22
Access to Women's Health Services 22
Special Healthcare Needs 22
Telehealth Service 23
Your Health Benefits in MO HealthNet Managed Care 23
Benefits and Coverage Chart 25
Additional Health Benefits 27
Healthy Rewards Program 31

Network Covered Services 32
Medical Disability/MO HealthNet Fee-For-Service 33
What is Not Covered? 33
Change in Benefits and Services 33
Special Care for Pregnant Members 33
Newborn Coverage 36
Nurse Visits for You and Your Baby 37
First Steps 37
Family Planning 38
Immunization (Shot) Schedule for Children 38
Immunization Record 38
MORE BENEFITS FOR CHILDREN AND WOMEN IN A MO HEALTHNET CATEGORY OF ASSISTANCE FOR PREGNANT WOMEN 40
Lead Screening for Children and Pregnant Women 44
BEHAVIORAL HEALTHCARE 45
CARE MANAGEMENT SERVICES 45
How Care Management Can Help You 46
Health Homes and Care Management 46
DISEASE MANAGEMENT 47
What Programs Do We Offer? 47
How it Works 47
How to Join 48
Disease Management Rights and Responsibilities 48
How Do I Become Eligible to Participate? 49
What If I Don't Want to Take Part? 50
COMMUNITY RESOURCE LINK 50
Help With Problems Beyond Medical Care 50
SECOND OPINION AND THIRD OPINION 50
Out-of-Network Second Opinion 50
HEALTHCARE AWAY FROM HOME 50
WHAT IF I DON'T HAVE TRANSPORTATION? 51
Non-Emergency Medical Transportation (NEMT) 51
ADVOCATES FOR FAMILY HEALTH 52
MEMBER ADVISORY MEETINGS COUNCIL 54
GRIEVANCES AND APPEALS 54
How to File a Grievance or Appeal or Ask For a State Fair Hearing 55
When Will We Make a Decision? 57
FRAUD AND ABUSE 57
CHANGES YOU NEED TO REPORT 59
CHANGING TO ANOTHER MO HEALTHNET MANAGED CARE HEALTH PLAN 59

DISENROLLMENT **60**
MO HEALTHNET ANNUAL REVIEW (ALSO KNOWN AS REDETERMINATION) **61**
TRANSITION OF CARE **61**
INSURANCE **62**
After an Accident, You May Get a Questionnaire 63
EXPLANATION OF BENEFITS **63**
UTILIZATION REVIEW **63**
PLAN STRUCTURE AND OPERATIONS AND HOW OUR PROVIDERS ARE PAID **64**
New Technology (Medical Procedures) 64
Healthy Blue's Quality Improvement Program 64
NOTIFICATION TO MEMBERS **65**
RELEASE FOR ETHICAL REASONS **65**
IF YOU ARE BILLED **65**
DECISIONS ABOUT YOUR HEALTHCARE **66**
Advance Healthcare Directive 66
Member Confidentiality and Privacy 66
MEMBER RIGHTS AND RESPONSIBILITIES **67**
Your Rights as a MO HealthNet Managed Care Health Plan Member 67
IMPORTANT INFORMATION FOR MEMBERS OF A FEDERALLY RECOGNIZED AMERICAN INDIAN OR NATIVE ALASKAN TRIBE **68**
GLOSSARY **70**

Welcome to Healthy Blue — Your Plan for Healthy Living

Congratulations, you have joined Healthy Blue!

We're happy to have you as a member and we'll work hard to earn your trust. Your MO HealthNet Managed Care health plan, Healthy Blue, has many primary care providers (PCPs), hospitals, and clinics you can choose from. We want to put you in charge of your own healthcare. The first step is to take good care of yourself and your family. Let your PCP know if you have any health problems. The next step is to read this handbook carefully. It will help you understand Healthy Blue and your benefits. If you have any questions, day or night, we're always available to help you. Call us at **833-388-1407 (TTY 711)**. During the first 30 days of enrollment you will be receiving a welcome phone call on behalf of Healthy Blue and a new member packet.

Download the Sydney℠ Health Mobile App

This no-cost app provides you, as a member, fast and convenient access to your health insurance information right on your phone. It's like having a personal health assistant in the palm of your hand.

Use the Sydney℠ Health app to find care, share your digital ID card, and check your claims. You can understand your benefits, improve your health, and save money. Easily manage your benefits at your fingertips whenever you need them with your personalized health and wellness information all in one place. Through integration with HealthKit, you have the option to enable sharing information from your fitness devices with this app. This may include tracking your steps, calories, sleep data, and weight management.

When you download the Sydney Health app, you'll be able to manage your health plan anywhere and everywhere you are. Along with tools to use your plan on the go, you can also:

- Get your digital member ID card.
- Get rewards.
- Live chat with an agent.
- Access helpful online tools.
- Find community resources for your well-being.

Download the Sydney℠ Health mobile app from the Apple App Store® or Google Play™.

IMPORTANT CONTACT INFORMATION

Important Healthy Blue Phone Numbers

Service	Phone Number	When to Call
Healthy Blue Member Services	**833-388-1407**	• General questions about Healthy Blue • Change of address • Change of phone number
24-Hour Nurse Help Line	**833-388-1407**	• For medical advice • To decide if you need to go to the emergency room • Available 24/7
24-Hour Nurse Help Line for Children's Mercy Pediatric Care Network	**855-670-2642**	• For medical advice • To decide if you need to go to the emergency room • Available 24/7 • Available to CMPCN members who live in Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon counties.
Rides to Covered Services	**888-597-1193**	• To arrange a ride to routine healthcare appointments • Call at least three days before the appointment • Call if you have to change or cancel your ride • Not all members have this benefit
Dental Care	**888-696-9533**	• To make a dental appointment • Available to all members
Vision Care	**866-352-8455**	• To make a vision appointment • Available to all members

Service	Phone Number	When to Call
24/7 Behavioral Health Crisis Line	**833-405-9088**	• 24/7 crisis line
Behavioral Healthcare	**833-388-1407**	• For help in scheduling an appointment • For any other behavioral health needs
Social Resource Team	**833-439-1058**	• For social needs such as access to food banks, housing, tuition, and transportation assistance.

Important MO HealthNet Phone Numbers

Service	Phone Number	When to Call
MO HealthNet Enrollment Helpline	**800-348-6627**	• For help with questions about changing health plans
Pharmacy	**800-392-2161** or locally at **573-751-6527**	• For questions about your pharmacy benefit • This benefit is from MO HealthNet Fee-for-Service
Family Support Division Information Center	**855-373-4636**	• If you have a change in family size, income, availability of insurance through employer, address, or phone number • You should also report these changes online at dss.mo.gov • For help with MO HealthNet renewal

Make Sure You Have These Items

We look forward to providing your healthcare needs. By now, you should have received your Healthy Blue new member packet, as well as your member ID card. Make sure to check your ID card to see that the PCP listed is correct. If so, you're ready to start using your Healthy Blue benefits. If your PCP is not correct, or if you have any other questions at all, please call Member Services at **833-388-1407**.

Call 24-Hour Nurse Help Line First

Do you have questions about your health? Call 24-Hour Nurse Help Line at **833-388-1407**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642**. Nurses are available 24 hours a day, seven days a week to answer your healthcare questions.

The nurses can give you helpful hints on how to feel better and stay healthy. For example, if an earache is keeping your child awake or you can't sleep because of a headache, you can call one of our nurses for help.

When you call, a nurse will ask some questions about your problem. Give as many details as you can. The nurse can then help you decide if you:

- Can care for yourself at home
- Need to see a doctor or go to the hospital

Remember, a nurse is always there to help. Consider calling 24-Hour Nurse Help Line before going to the emergency room. Our nurses will help you determine if you need emergency care, urgent care or if you should see a doctor. If you think it is a real medical emergency, call **911** first or go to the nearest emergency room.

Questions Often Asked About Healthy Blue

Healthcare decisions can be confusing. We want to help you understand how our MO HealthNet Managed Care health plan works for you. Here are answers to common questions.

1. What is a PCP?

A PCP is a primary care provider. In Healthy Blue, your PCP is a doctor or other licensed provider who you choose from our network to be your main healthcare provider. A PCP can sometimes be a specialist, such as an OB-GYN. It is very important to see your PCP at least once per year. You should also be sure the correct PCP is on your Healthy Blue ID card.

2. What if I need to see a specialist?

Your PCP can help you select a specialist in our network. In some cases, your specialist can even be your PCP.

3. I don't have a car. How do I get to my healthcare appointments?

Some members qualify for transportation benefits. To see if you do, call Member Services at **833-388-1407 (TTY 711)**. If you have transportation benefits, you can schedule a ride by calling **888-597-1193**.

4. What if someone in my family gets sick in the middle of the night?

Always call your PCP first unless it is an emergency. They will let you know what to do. You may also call 24-Hour Nurse Help Line at **833-388-1407** (toll free). If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642**. Someone will be there to answer your questions — 24 hours a day, every day.

5. If my PCP can't see me right away, should I go to the emergency room?

You have options such as urgent care or quick care clinics. These are often found in many grocery and drugstores. They can help with routine illnesses after hours and can provide prescriptions to get you well.

6. When should I go to the emergency room or call 911? If you feel your life or a member of your family's life is in danger or at risk of permanent harm.

7. What should I do if I get sick and I'm out of town?

Unless it is an emergency, call your Healthy Blue PCP. They will help you decide what to do. You may also call 24-Hour Nurse Help Line for help. You can talk to a nurse 24 hours a day, seven days a week. Call **833-388-1407**. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642**. If you think it is an emergency, call **911** or go to the nearest emergency room.

8. Will I have to pay for my prescriptions?

You will get your pharmacy benefits from MO HealthNet Fee-for-Service by using your MO HealthNet ID card. If you have questions about prescriptions, call MO HealthNet Constituent Services at **800-392-2161** or **573-751-6527**. You can also read the *Pharmacy Dispensing Fee* section to learn more, including if you will have to pay for your prescriptions.

9. Will I get an insurance card?

You will actually have two cards. One is your MO HealthNet ID card and one is from Healthy Blue. You should have received a Healthy Blue ID card by now. Please see the *Healthy Blue ID card* section for more details. If you haven't received your Healthy Blue ID card, just call Member Services at **833-388-1407**.

10. What if I lose my card?

If you lose your Healthy Blue ID card, just call Member Services at **833-388-1407**. We will send you another one right away. If you lose your MO HealthNet ID card, contact MO HealthNet Constituent Services at **800-392-2161** or **573-751-6527**.

11. Do I need an authorization to go to the emergency room?

A prior authorization is not required for emergency services. The emergency room is a busy place meant for people with serious or life-threatening injuries or illnesses. If you use the emergency room for nonemergency care, you may have to wait a long time to be seen. Plus, you may have to pay a fee if it's not an emergency.

Website Information

You can get up-to-date information about your MO HealthNet Managed Care health plan on our website at: **healthybluemo.com**. You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers and e-mail addresses.

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

You may also get information about MO HealthNet at dss.mo.gov/mhd.

Website Features

You may be able to find answers to your questions on our website.
Go to **healthybluemo.com** for information about:

- Our member handbook, provider directory, or *Find a Doctor* search tool.
- How we protect your privacy.
- Your member rights and responsibilities.
- Information on member benefits and additional services available to you through Healthy Blue.
- Women's health and pregnancy care.

When you register for a secure online account, you can also:

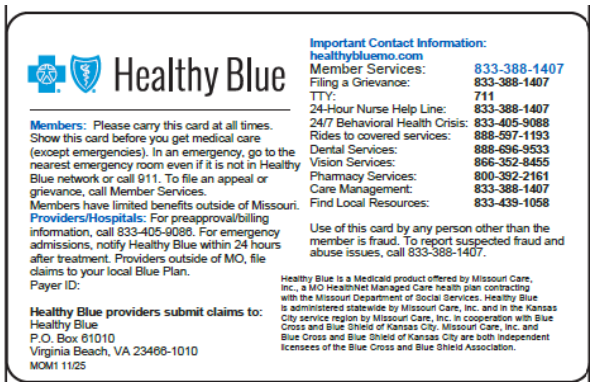
- Update your address and phone number.
- Request a change to your primary care provider (PCP).
- Order member materials like your ID card, member handbook, and provider directory.

Healthy Blue ID Card

You will receive a Healthy Blue ID card. Your ID card will show your health insurance ID number, your name, your PCP's name, and other information about your care. If anything on the card is wrong, please call Healthy Blue at **833-388-1407**. Carry your Healthy Blue ID card and your MO HealthNet ID card with you at all times.

If you don't have your Healthy Blue ID card, you can still get services. You need to bring the documents you got from the State showing you are eligible for a MO HealthNet Managed Care plan.





You are the only person who can use your Healthy Blue ID card. Your Healthy Blue ID card will help you get the healthcare services you need. You are responsible for protecting all your insurance cards. Keep your ID card in a safe place just like you do a driver's license or any other form of personal ID. Do not misuse your card.

Warning: If you give away or loan your Healthy Blue ID card or MO HealthNet ID card or information printed on it, you could lose your MO HealthNet eligibility.

Care You Get Using the MO HealthNet ID Card

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

- Pharmacy
- School-based services including physical therapy (PT), occupational therapy (OT), speech therapy (ST), hearing aid, personal care, private duty nursing, or behavioral health services included in an Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP)
- Visits by a health worker to see if lead is in your home
- Bone marrow and organ transplants
- SAFE/CARE exams for abused children
- Children who are in Alternative Care or get Adoption Subsidy get behavioral health/substance use care through MO HealthNet Fee-for Service using MO HealthNet approved providers. These children get their physical healthcare from Healthy Blue.
- Community Psychiatric Rehabilitation — 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 Healthy Blue Member Services at **833-388-1407** for a list of CSTAR providers.

- Home birth services
- Targeted care management for behavioral health services.
- Abortion — Termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life
- Medications for smoking cessation
- Applied Behavior Analysis (AB) services for children with Autism Spectrum Disorder
- State public health lab services

Member Services

Healthy Blue's normal business hours are Monday through Friday, 8 a.m. to 5 p.m. Central time. Call **833-388-1407** for questions about being a Healthy Blue member or to get help with the care you need. You can call this number from anywhere at no cost to you, even if you're out of town.

Call 24-Hour Nurse Help Line at **833-388-1407** to speak to our nurses. If you are a Children's Mercy Pediatric Care Network member, call **855-670-2642**. They can help you get care you need.

Healthy Blue's Member Services department can:

- Help you choose or change a primary care provider (PCP) to be your personal provider.
- Educate you and your family about managed care, including the way you can get services from managed care and the role of the PCP.
- Explain your rights and responsibilities as a Healthy Blue member.
- Help you get services, answer your questions, or solve a problem you may have with your care.
- Tell you about your benefits and services (what is covered and not covered).
- Explain how you can get specialty care, behavioral health, and hospital services.
- Help you make appointments.
- Set up medically necessary transportation for Healthy Blue members.
- Handle, record, and track your requests promptly and timely.
- Tell you about your PCP's medical and educational background, qualifications, office locations, and office hours.
- Let you know what help may be offered to you and your family in the area you live.
- Tell you about fraud and abuse policies and procedures, and help you report fraud and abuse.
- Give the following information to you when asking the names of providers:
  - Whether the provider currently participates in Healthy Blue
  - Whether the provider is currently accepting new patients
  - Any restrictions on services, including any referral or prior authorization requirements you must meet to get services from the provider

Member Services needs your help, too. Healthy Blue values your ideas and suggestions to change and improve our service to you. Do you have an idea on how we can work better for you? Please call Member Services at **833-388-1407**. Or write to:

Member Services
Healthy Blue
P.O. Box 62509
Virginia Beach, VA 23466-2509

Types of Care

Preventive Services

Preventive services are health care services that keep you healthy and can keep you from going to the hospital or needing higher levels of care. Healthy Blue must provide coverage for preventive services rated 'A' or 'B' by the U.S. Preventive Services Force at 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.

Preventive Services Coverage

Healthy Blue pays for you to have checkups and shots. Healthy Blue pays for important screenings for cancer and other conditions. It is very important that you see your PCP at least once a year.

Healthcare Appointments

Your healthcare providers must see you within 30 days when you call for a regular healthcare and dental appointment. Call **833-388-1407** if you need help.

Pregnant women can see a healthcare 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 p.m., you should be seen by 3 p.m. Sometimes, you may have to wait longer because of an emergency. Please call Healthy Blue at **833-388-1407** if you have problems or need help with an appointment. It is always important that you take all your health insurance cards to your appointments.

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

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

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

After-care appointments must be within seven (7) calendar days after hospital discharge.

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

Dental Appointments
Appointments for dental services are the same for regular and urgent healthcare appointments. Please call DentaQuest at **888-696-9533** to schedule an appointment.

Urgent Care
Sometimes, you need medical care soon, but it is not an emergency. Call Healthy Blue at **833-388-1407** for information about urgent care centers.

It's best to call or go to your PCP's office for things that are not emergencies, like:
- High temperature
- Persistent vomiting or diarrhea
- Symptoms which are of sudden or severe onset but which do not require emergency room services

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

Emergency Medical Services
In an emergency, go to the nearest emergency room, even if it is not in the Healthy Blue network, or call **911**. When you go to the emergency room, a healthcare provider will check to see if you need emergency care. You can call **833-388-1407** 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 wounds.

Emergency medical services are those healthcare items and services furnished that are required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical, behavioral health or substance use condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent lay person, 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.

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 Healthy Blue's 24-Hour Nurse Help Line at **833-388-1407**.

Get Up-to-Date ER Service Providers on our Website
To find the most current list of our in-network ER Service providers, visit **healthybluemo.com**. Our *Find a Doctor* tool has an up-to-date list.

ER Services
Below you will find a list of our ER in-network locations. They are listed first by region, then in alphabetical order by hospital name.

Eastern Region Includes: Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren and Washington counties, as well as St. Louis City	
Alton Memorial Hospital 1 Memorial Drive Alton, IL 62002 618-463-7246	Barnes-Jewish Hospital 1 Barnes Jewish Hospital Plaza St. Louis, MO 63110 314-747-3000
Barnes-Jewish St. Peters Hospital 10 Hospital Drive St. Peters, MO 63376 636-916-9000	Barnes-Jewish West County Hospital 12634 Olive Blvd. St. Louis, MO 63141 314-996-8000
CenterPointe Hospital 4801 Weldon Spring Parkway St. Charles, MO 63304 636-441-7300	Christian Hospital Northeast 11133 Dunn Road St. Louis, MO 63136 314-653-5000
Des Peres Hospital - St. Luke's Des Peres Hospital 2345 Dougherty Ferry Road St. Louis, MO 63122 314-699-9100	Madison Medical Center 611 W. Main St. Fredericktown, MO 63645 573-783-1070
Mercy Hospital Jefferson 1400 Hwy 61 S. Festus, MO 63028 636-933-1000	Mercy Hospital Lincoln 1000 E. Cherry St. Troy, MO 63379 636-528-8551

Eastern Region Includes: Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren and Washington counties, as well as St. Louis City	
Mercy Hospital St. Louis 615 S. New Ballas Road St. Louis, MO 63141 314-251-6000	Mercy Hospital Washington 901 E. Fifth St. Washington, MO 63090 636-239-8000
Missouri Baptist Hospital of Sullivan 751 Sappington Bridge Road Sullivan, MO 63080 573-468-4186	Missouri Baptist Medical Center 3015 N. Ballas Road St. Louis, MO 63131 314-996-5000
Northwest Health Care 1225 Graham Road Florissant, MO 63031 314-953-6000	Parkland Health Center Bonne Terre 7245 Raider Road Bonne Terre, MO 63628 573-358-1400
Parkland Health Center Farmington 1101 W. Liberty St. Farmington, MO 63640 573-756-6451	Pike County Memorial Hospital 2305 W. Georgia St. Louisiana, MO 63353 573-754-5531
Progress West Healthcare Center 2 Progress Point Parkway O'Fallon, MO 63368 636-344-1000	St. Alexius Hospital 3933 S. Broadway St. Louis, MO 63118 314-865-7000
St. Anthony's Medical Center Mercy Hospital South 10010 Kennerly Road St. Louis, MO 63128 314-525-1000	Ste. Genevieve County Memorial Hospital 800 Ste. Genevieve Drive Ste. Genevieve, MO 63670 573-883-2751
St. Louis Children's Hospital One Childrens Place St. Louis, MO 63110 314-454-6000	St. Luke's Hospital 232 S. Woods Mill Road Chesterfield, MO 63017 314-434-1500
SSM Cardinal Glennon Children's Hospital 1465 S. Grand St. Louis, MO 63104 314-577-5600	Washington County Memorial Hospital 300 Health Way Potosi, MO 63664 573-438-5451

Central Region Includes: Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth counties	
Blessing Hospital 1005 Broadway St. Quincy, IL 62301 217-223-8400	Boone Hospital Center 1600 E. Broadway Columbia, MO 65201 573-815-8000
Bothwell Regional Health Center 601 E. 14th St. Sedalia, MO 65301 660-826-8833	Cameron Regional Medical Center 1600 E. Evergreen St. Cameron, MO 64429 816-632-2101
Capital Region Medical Center 1125 Madison St. Jefferson City, MO 65101 573-632-5436	Carroll County Memorial Hospital 1502 N. Jefferson St. Carrollton, MO 64633 660-542-1695
Community Hospital Association 26136 US Highway 59 Fairfax, MO 64446 660-686-2211	Fulton Medical Center 10 S. Hospital Drive Fulton, MO 65251 573-642-3376
General John J. Pershing Memorial Hospital 130 E. Lockling Ave. Brookfield, MO 64628 660-258-2222	Hannibal Regional Hospital 6000 Hospital Drive Hannibal, MO 63401 573-248-1300
Harrison County Hospital 2600 Miller St. Bethany, MO 64424 660-425-2211	Heartland Regional Medical Center 5325 Faraon St. St. Joseph, MO 64506 816-271-6000
Hedrick Medical Center 2799 N. Washington St. Chillicothe, MO 64601 660-646-1480	Hermann Area District Hospital 509 W. 18th St. Hermann, MO 65041 573-486-2191

Central Region Includes: Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth counties	
Iron County Hospital 301 N. Highway 21 Pilot Knob, MO 63663 573-546-1260	John Fitzgibbon Memorial Hospital 2305 S. 65 Hwy Marshall, MO 65340 660-886-7431
Lake Regional Health System 54 Hospital Drive Osage Beach, MO 65065 573-348-8000	Mercy Hospital Lebanon 100 Hospital Drive Lebanon, MO 65536 417-533-6100
Missouri Delta Medical Center 1008 N. Main St. Sikeston, MO 63801 573-471-1600	Moberly Regional Medical Center 1515 Union Ave. Moberly, MO 65270 660-263-8400
Mosaic Medical Center - Maryville 2016 S. Main St. Maryville, MO 64468 816-271-6122	Northeast Regional Medical Center 315 S. Osteopathy Kirksville, MO 63501 660-785-1100
Northwest Medical Center 705 N. College St. Albany, MO 64402 660-726-3941	Pemiscot County Memorial Hospital 946 E. Reed St. Hayti, MO 63851 573-359-1372
Phelps Health Hospital 1000 W. 10th St. Rolla, MO 65401 573-458-8899	Piggott Community Hospital 1206 Gordon Duckworth Drive Piggott, AR 72454 870-598-3881
Pinnacle Regional Hospital 17651 B Hwy Boonville, MO 65233 660-882-7461	Poplar Bluff Regional Medical Center 3100 Oak Grove Road Poplar Bluff, MO 63901 573-776-2000
Putnam County Memorial Hospital 1926 Oak St. Unionville, MO 63565 660-947-2411	St. Francis Medical Center 211 St. Francis Drive Cape Girardeau, MO 63703 573-331-3000

Central Region Includes: Adair, Andrew, Atchison, Audrain, Benton, Bollinger, Boone, Buchanan, Butler, Caldwell, Callaway, Camden, Cape Girardeau, Carroll, Carter, Chariton, Clark, Clinton, Cole, Cooper, Crawford, Daviess, DeKalb, Dent, Dunklin, Gasconade, Gentry, Grundy, Harrison, Holt, Howard, Iron, Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Osage, Pemiscot, Pettis, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saline, Schuyler, Scotland, Scott, Shelby, Stoddard, Sullivan, Wayne, and Worth counties	
Salem Memorial District Hospital 35629 Highway 72 Salem, MO 65560 573-729-6626	Samaritan Hospital 1205 N. Missouri St. Macon, MO 63552 660-385-8700
Scotland County Hospital 450 Sigler Ave. Memphis, MO 63555 660-465-8511	Sullivan County Memorial Hospital 630 W. Third St. Milan, MO 63556 660-265-4212
Southeast Health Center of Stoddard County 1200 N. One Mile Road Dexter, MO 63841 573-624-5566	Southeast Hospital – Mercy Hospital Southeast 1701 Lacey St. Cape Girardeau, MO 63701 573-334-4822
SSM Health St. Mary's Hospital - Jefferson City 2505 Mission Drive Jefferson City, MO 65109 573-681-3000	SSM St. Mary’s Hospital - Audrain 620 E. Monroe St. Mexico, MO 65265 573-582-5000
University Hospital 1 Hospital Drive Columbia, MO 65212 573-882-4141	Women’s and Children’s Hospital at University of Missouri Children’s Hospital 1021 Hitt St. Columbia, MO 65212 573-882-4141
Wright Memorial Hospital 191 Iowa Blvd. Trenton, MO 64683 660-358-5700	

Western Region Includes: Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon counties	
Bates County Memorial Hospital 615 W. Nursery St. Butler, MO 64730 660-200-7000	Blue Valley Hospital 12850 Metcalf Ave. Overland Park, KS 66213 913-220-2866
Cedar County Memorial Hospital 1401 S. Park St. El Dorado Springs, MO 64744 417-876-2511	Children's Mercy Hospital Kansas 5808 W. 110th St. Overland Park, KS 66211 913-696-8000
Citizen's Memorial Hospital 1500 N. Oakland Ave. Bolivar, MO 65613 417-326-6000	Ellett Memorial Hospital 610 N. Ohio St. Appleton City, MO 64724 660-476-2111
Excelsior Springs City Hospital 1700 Rainbow Blvd. Excelsior Springs, MO 64024 816-630-6081	Liberty Hospital 2525 Glen Hendren Drive Liberty, MO 64068 816-781-7200
Nevada Regional Medical Center 800 S. Ash St. Nevada, MO 64772 417-667-3355	North Kansas City Hospital 2800 Clay Edwards Drive Kansas City, MO 64116 816-691-2000
Ray County Memorial Hospital 904 Wollard Blvd. Richmond, MO 64085 816-470-5432	St. Luke's East Hospital 100 NE St. Luke's Blvd. Lee's Summit, MO 64086 816-347-5000
St. Luke's Hospital of Kansas City 4401 Wornall Road Kansas City, MO 64111 816-932-2000	St. Joseph Medical Center 1000 Carondelet Drive Kansas City, MO 64114 816-942-4400
The Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108 816-234-3000	Truman Medical Center Hospital Hill 2301 Holmes St. Kansas City, MO 64108 816-404-1000
Truman Medical Center Lakewood – University Health Lakewood Medical Center 7900 Lee's Summit Road Kansas City, MO 64139 816-404-7000	Western Missouri Medical Center 403 Burkarth Road Warrensburg, MO 64093 660-747-2500

Southwestern Region Includes: Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Shannon, and Stone counties	
Cox Barton County Hospital 29 NW First Lane Lamar, MO 64759 417-681-5100	Cox Medical Center Branson 525 Branson Landing Blvd. Branson, MO 65616 417-335-7000
Cox Medical Center South 3801 S. National Ave. Springfield, MO 65807 417-269-6000	Cox-Monett Hospital 801 N. Lincoln Ave. Monett, MO 65708 417-235-3144
Cox North 1423 N. Jefferson Ave. Springfield, MO 65802 417-269-3000	Freeman Hospital East 932 E. 34th St. Joplin, MO 64804 417-347-1111
Freeman Hospital West 1102 W. 32nd St. Joplin, MO 64804 417-347-1111	Freeman Neosho Hospital 113 W. Hickory St. Neosho, MO 64850 417-451-1234
Mercy Hospital Springfield 1235 E. Cherokee St. Springfield, MO 65804 417-820-2000	Ozarks Community Hospital of Gravette 1101 Jackson St. SW Gravette, AR 72736 479-787-5291
Ozarks Medical Center 1100 Kentucky Ave. West Plains, MO 65775 417-256-9111	

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

Healthy Blue will pay for post-stabilization care that is:
- Received in or out of our network and is pre-approved by a Healthy Blue provider or representative.

- Received in or out of our network that was not pre-approved by a Healthy Blue provider or representative, but provided to maintain, improve, or resolve the member's condition if:
  - Healthy Blue doesn't respond to a request for pre-approval within 30 minutes.
  - Healthy Blue can't be reached.
  - The Healthy Blue representative and the treating provider cannot reach an agreement about the member's care, and a Healthy Blue provider cannot be reached to discuss the member's care.

Healthy Blue does not pay for out-of-network post-stabilization care that was not pre-approved when:
- A Healthy Blue in-network provider can treat the member at the hospital and takes over the member's care.
- A Healthy Blue provider takes over the member's care through transfer.
- A Healthy Blue representative and the treating provider reach an agreement concerning the member's care.
- The member is discharged.

Your Primary Care Provider

What is a Primary Care Provider (PCP)?
You and each member of your family who is eligible for MO HealthNet Managed Care can choose your own PCP from the Healthy Blue provider directory. To get a provider directory, call Member Services at **833-388-1407**. We will send one to you within 48 hours of your request.

Your PCP is your primary healthcare provider. You, your PCP, and Healthy Blue will work together as a team. We want to make sure you get the best healthcare possible. Your PCP will arrange for the covered services you need.

Our PCPs are trained in different specialties. They include:
- Family and internal medicine
- General practice
- Geriatrics
- Pediatrics
- Obstetrics/Gynecology (OB-GYN)
- Advanced Practice Registered Nurse services

There are also times when a specialist can be your PCP if:
- You have a chronic condition and historical relationship with the specialist; and
- The specialist agrees in writing to assume the responsibilities of the PCP.

It's important to have a good relationship with your PCP. Make sure you talk to your PCP about any health problems or concerns you have. This way, your PCP gets to know you and can help you get the healthcare you need. Always follow your PCP's

instructions about your healthcare. You should always see your PCP at least once a year for a checkup, even if you feel well.

The PCP you have selected may not be taking new patients. If you have questions, call Member Services at **833-388-1407**.

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 healthcare. The PCP knows Healthy Blue'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. There are no limits on how often you may change your PCP. The PCP change will take effect the same day you call Healthy Blue. Children in state custody may change PCPs as often as needed. To do this, call us at **833-388-1407**.

Check the PCP on Your ID Card
It is very important the PCP on your ID card is correct. If the PCP on your ID card is not the one you are going to, please call Member Services to update your information.

Getting Medical Care
Call your primary care provider (PCP) when you need healthcare. Your PCP's phone number is on your Healthy Blue ID Card. Your PCP will help you get the care you need or refer you to a specialist.

These services do not need a PCP referral:

- Birth control or family planning — You may go to our providers or a MO HealthNet approved provider. We will pay for this care, even if the provider is not in Healthy Blue.
- Behavioral healthcare — You may go to any of our behavioral health providers. Just call this toll-free number **833-388-1407**.
- Medical and surgical specialists
- 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 healthcare — You may go to any of our dental health providers. Just call this toll-free number **888-696-9533**.
- Vision care — You may go to any of our vision care providers. Just call this toll-free number **866-352-8455**.

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 and agree to this in writing;
- You go to a provider who is not a Healthy Blue provider without prior approval;
- You do not have prior approval for services that need it.

Travel Distance
Healthy Blue wants to make sure you can see a PCP when you are sick. Your PCP will arrange for the covered services you need. We have PCPs who are within 30 miles of your home. If you need to see a specialist, your PCP can guide you to one. If you have questions, call Member Services at **833-388-1407**.

Access to Care
Healthy Blue must provide urgent care for physical or behavioral health illness within 24 hours, routine care with symptoms within five business days, or routine care without symptoms within 30 calendar days. For maternity care, there are special requirements. Healthy Blue must make providers available within 30 miles from where you live. If there is not a licensed physical or behavioral health provider within your area, you will have access to physical and behavioral health providers within 60 miles from where you live. Call **833-388-1407** if you need help.

Medically Necessary Services
Services covered under your plan must be medically necessary. This means getting the right care, at the right time and in the right setting. Healthy Blue makes decisions based only on the appropriateness of care and your benefit coverage. They are not based on financial rewards to those who make these decisions.

Medical necessity is used to decide if a form of treatment is:
- Appropriate for a physical or behavioral illness or injury.
- Going to improve the function of an injured body part.
- Able to slow the effects of a disability.
- Achieve age-appropriate growth and development.

Healthy Blue provides medically necessary services to children from birth through age 20, that are necessary to ameliorate defects, physical and behavioral health issues, and conditions discovered by the screening services or to correct a problem discovered during an HCY/EPSDT visit.

Prior Authorization
Some services may require prior authorization or review by Healthy Blue prior to services being provided. Your provider can tell you if a service needs review. Some services that need prior authorization are visits to an out of network provider, home health and some surgeries. You do not need prior authorization for emergency medical services, emergency behavioral health services, family planning services, or pregnancy services.

If the request is approved:

- The PCP or specialist can treat as requested.

If the request is denied:
- Healthy Blue's Medical Director will notify the provider why the request was denied.

You will receive a letter from Healthy Blue if a service is denied. The letter will explain why the service was denied. It will also tell you how to request an appeal of the denial. (Please see the *Grievance and Appeals* section for more details about how to request an appeal.) Your PCP or specialist cannot bill you for denied services. If you get a bill for denied services, please call us at **833-388-1407**. You may also call us if you have any questions about this process.

How Do I Cancel or Change an Appointment?
There may be times you need to cancel or change your appointment with your Healthy Blue provider. When this happens, please call their office at least 24 hours before your appointment. This will give the provider more time to see other patients. If you cancel an appointment, you should always try to make an appointment for another time to ensure you receive the care you need.

What If I Need to See a Specialist?
Your PCP is in charge of arranging your healthcare needs. Your PCP can arrange for care from other providers if needed. Be sure to follow your PCP's guidance when you get care from another provider. As long as your PCP has made arrangements, Healthy Blue will pay for medically necessary covered services. Prior authorization rules may apply.

Healthy Blue does not require referrals for in-network providers. This includes specialists.

If Healthy Blue does not have a healthcare provider in our network with appropriate training or experience, we may refer you to an out-of-network provider.

If you have any questions about referrals, please call Member Services at **833-388-1407**.

Access to Women's Health Services
You are allowed to see women's health specialists (OB-GYNs) of choice in Healthy Blue's network for certain services. You may do this for covered routine and preventive healthcare services. For these services, you do not need approval from your PCP or Healthy Blue. Services may include but are not limited to prenatal care, breast exams, mammograms, and pap tests.

Special Healthcare Needs
If you have a special healthcare need, call Healthy Blue at **833-388-1407**. Healthy Blue 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 Healthy Blue for a specialist to be your PCP.

Telehealth Service
This service lets you visit with a provider by video so you can get care closer to home. You don't need to drive far to see a provider.

Telehealth works a lot like a normal office visit:
- Telehealth providers are licensed in the state where they practice.
- A consulting provider may ask a telepresenter to help with your visit.
- Your information will be kept private.

Q: Why should I use telehealth?
A: Most people use the service when they need to see a specialist who doesn't have an office nearby.

Q: Where do I see a telehealth provider?
A: You may be in your home or other private location to use telehealth services.

Q: How do I find a telehealth provider?
A: Telehealth providers can be found on the online *Find a Doctor* tool. You can also call Member Services at **833-388-1407 (TTY 711)** for help finding a telehealth provider. You may also request a printed copy of our provider directory. If you request a directory, it will be mailed within 48 hours of your request.

Q: How can I learn more about telehealth services?
A: Talk to your doctor to learn more about telehealth. You can also call Member Services at **833-388-1407 (TTY 711)**.

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 Healthy Blue at **833-388-1407** for information about your health benefits.
- Ambulance
- Ambulatory surgical center, birthing center
- Asthma education*
- Behavioral health and substance use disorders (including emergency)
- Biopsychosocial treatment of obesity services
- Cancer screenings
- Chiropractic services*
- Complementary and alternative therapies for chronic pain management*
- Dental services* related to trauma to the mouth, jaw, teeth, or other contiguous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia
- Diabetes Prevention Program (DPP) services*

- Durable medical equipment (DME)*
- Emergency medical 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 years (during any 24-month period of time). Replacements within the 24-month period may be available under certain conditions.
- Outpatient hospital, when an overnight stay is not required
- Personal care
- Podiatry*, limited medical services for your feet*
- Primary care provider (PCP) services
- Private Duty Nursing Services*
- Specialty care
- Physical, occupational, and speech therapy services*
- Tobacco cessation counseling
- Transplant-related services
- Transportation to medical appointments*
- Treat No Transport (TNT) services

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

Adult Expansion Group

Individuals who are part of the Adult Expansion Group (AEG) will also receive these services:

- Habilitative therapy services (see glossary for definition)

Benefits and Coverage Chart
The chart below lists some common benefits and services. Managed Care members have no copays. Call Healthy Blue at **833-388-1407** if you have any questions. Call Member Services for benefit limitations and/or authorizations. The benefits that may be limited have an "*" next to them. To learn more, see the *Your Health Benefits in MO HealthNet Managed Care* section.

Benefit/Services	Pregnant Female	Children	Adults
Acupuncture	$0	$0	$0
Allergy Services	$0	$0	$0
Ambulance — Emergency	$0; medically necessary	$0; medically necessary	$0; medically necessary
Ambulatory Surgical Centers	$0	$0	$0
Behavioral Health Services/Substance Use	$0	$0	$0
Birthing Center	$0	Not applicable	Not applicable
Cancer Screenings	$0	$0	$0
Chiropractic Services	$0	$0	$0
Dental Services	$0	$0	$0
Doctor Office Services	$0	$0	$0
Durable Medical Equipment*	$0	$0	$0

Benefit/Services	Pregnant Female	Children	Adults
Emergency Room Services	$0	$0	$0
EPSDT – Early and Periodic Screening, Diagnosis, and Treatment	$0	$0	Not applicable
Family Planning* (sterilizations not covered for members under age 21)	$0	$0	$0
Hearing Aids	$0	$0	Not applicable
Hearing Services	$0	$0	Not applicable
Home Health Services*	$0	$0	$0
Hospice — Non-Institutional	$0	$0	$0
Hospital Services — Inpatient	$0	$0	$0
Hospital Services — Outpatient	$0	$0	$0
Kidney Dialysis	$0	$0	$0
Transplants	Covered by MO HealthNet Fee-for-Service	Covered by MO HealthNet Fee-for-Service	Covered by MO HealthNet Fee-for-Service
Laboratory Diagnostic and Radiology Services	$0	$0	$0
Mammogram	$0	Not applicable	$0

Benefit/Services	Pregnant Female	Children	Adults
Maternity Care	$0	Not applicable	$0
Personal Care Services	$0	$0	$0
Podiatry Services*	$0	$0	$0
Preventive Services	$0	$0	$0
Private Duty Nursing	Not applicable	$0	Not applicable
Prosthetic Devices	$0	$0	$0
Therapy — Physical, Speech, Occupational	$0	$0	Not covered
Transportation — Nonemergent*	$0	$0	$0
Urgent Care Services	$0	$0	$0
Vision Services	$0	$0	$0

Additional Health Benefits
Healthy Blue offers value-added benefits (VABs) to our members at no additional cost. Log on to the Benefit Reward Hub to view the additional health benefits you're eligible for, and redeem them at **healthybluemo.com** or call Healthy Blue Member Services at **833-388-1407 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Limitations and restrictions apply. Benefits and eligibility requirements are subject to change.

Additional Health Benefits Description

Art Therapy	Eligible members receive 10 art therapy sessions to help tap into self-expression to help alleviate

	stress, anxiety, and depression, to promote relaxation and healing, and used as a form of communication and to express feelings.
Asthma and COPD Relief Catalog	Eligible members can select one asthma and COPD relief product item from a custom product catalog, such as: • Travel nebulizer • Hypoallergenic bedding • Pillow covers and mattress covers • HEPA air filters • Asthma spacers
Breast Pump	Eligible members who have received their first breast pump through their pregnancy medical benefit will be eligible for additional electric breast pumps every 24 months.
Community Resource Link	The Community Resource link is an online resource which locates and displays all available local community-based programs, benefits, and services, such as: affordable housing, food security, employment, and other Social Determinants of Health (SDOH) to increase independence and stability.
Community Welcome Centers	The Healthy Blue Community Welcome Centers provide the community and members with services such as: • Providing health and wellness education/events • Connecting those in need with community-based organizations (CBOs) that can assist • Providing meeting space and technology resources to CBOs
Emotional Well-Being Resources	Eligible members receive unlimited access to an online community designed to help members cope with emotional health issues such as depression, anxiety, stress, chronic pain, insomnia, and managing drugs or alcohol.
Equine Therapy	Eligible members receive 10 Equine Therapy sessions to provide beneficial impacts on both the physical and nervous systems. Equine therapy can exhibit improvements in areas, such as: communication and social skills, motor skills,

	reducing anxiety and irritability, sensory integration, and improving self-esteem.
Fresh Food Connect	Eligible members can select one of the following: • Healthy Grocer Card from over 1000 online retailers or in-store at retailers such as Walmart • Three Farm Fresh Produce Boxes • Annual Membership to Sam's Club or Costco
Healthy Adults Healthy Results: ChooseHealthy	The ChooseHealthy program offers over 1,000 resource materials including videos, articles, and self-care tools covering topics such as fitness, exercise, and overall health.
Healthy Adult Healthy Results: Exercise Essentials	Eligible members can choose one of the following: • Gift card to use toward gym membership fees • Gift card to choose from two items in a fitness catalog
Healthy Adult Healthy Results: WW (Weight Watchers)	Eligible members receive a 3-month voucher for the WW Core Membership, a self-guided digital program through the WW app.
Healthy Lifestyle Aids	Eligible members can select one item from a custom catalog of lifestyle aids, such as: • Digital scale • Home blood pressure cuff • Digital thermometer • Pulse oximeter • Heart rate monitor • Lumbar support items
HiSET Assistance	Eligible members receive a gift card to help cover the cost of the HiSET test.
Home Delivered Meals	Members who have recently delivered a baby can participate in this no-cost home meal delivery service.
Home Safety	Eligible members can select up to two (2) home safety items from a custom catalog, such as: • Carbon monoxide detectors

	• Smoke alarms • Fire extinguishers • Lock boxes • Radon detectors • Air quality monitors • Home lead test kits • Water and shower filters
Meditation App Subscription	Eligible members receive a yearly subscription to a meditation app.
Mom and Baby Essentials	Eligible members receive a gift card to purchase items that support a healthy pregnancy and a healthy environment for baby, such as: • Baby monitor • Baby proof items • Convertible car seat • Diapers • High chair • Breastfeeding accessories/pillows • Microwave steam bags • Portable crib
Non-Emergency Medical Transportation (NEMT)	NEMT stands for Non-Emergency Medical Transportation. NEMT can be used when a member does not have a way to get to their healthcare appointment without charge. Healthy Blue may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary to get members to their healthcare appointment. Healthy Blue will give members a ride that meets their needs. Members do not get to choose what kind of car or van or the company that will give them the ride. Members may be able to get help with gas reimbursement costs if they have a friend or a neighbor who can take them. This must be approved before the member's appointment. For Emergency Transportation, call **911** or the closest ambulance service.

Youth Club Memberships	Eligible members receive a gift card to use toward membership fees at youth clubs, such as: • Boys & Girls Clubs • Boy Scouts • Girl Scouts • 4-H Club
Home Safety Catalog	Eligible members can select up to one (1) home safety item from a custom catalog, such as: • Carbon monoxide detectors • Smoke alarms • Fire extinguishers • Lock boxes • Radon detectors • Air quality monitors • Air purifiers • Home lead test kits • Water and shower filters
Sensory Solutions	Eligible members receive a gift card to purchase sensory products.
Online Enrichment Classes	Eligible members can receive a gift card to enroll in various online classes and build a curriculum of interactive, one-of-a-kind classes for kids in areas such as: • Arts • Coding and tech • English • Health and wellness • Life Skills • Math • Music • Science and nature

Healthy Rewards Program

Our Healthy Rewards Program rewards members who complete specific preventive health, wellness, and engagement milestones. Enrollees earn reward dollars to their account, which can be redeemed for a variety of retail gift cards.

How do I start earning Health Rewards?



Register for Health Rewards by logging in to the Benefit Reward Hub at healthybluemo.com. Or call Healthy Rewards toll free at **888-990-8681 (TTY 711)** Monday through Friday from 8 a.m. to 7 p.m. Central time.

2. **Complete** eligible appointments and screenings.

3. **Choose** your gift card. Enjoy!

Limitations and restrictions apply. You must be enrolled in the Healthy Rewards program to earn rewards. Rewards are subject to change.

Network Covered Services

There could be a time when Healthy Blue can't provide a covered service in our network. If that happens, you may be referred to a healthcare provider that is not in our network. We will pay for services until a healthcare provider in our network is available or you can begin to see an in-network provider. To ask for an out-of-network healthcare provider, call Member Services at **833-388-1407**. We will review and process your request within two business days.

In Lieu of Services or Settings (ILOS)

An in lieu of service or setting is an alternative service or setting that the state has approved. This can allow for a more medically appropriate and cost-effective substitute for you to use.

Healthy Blue has been approved to offer the following services under this section:

- Institution of Mental Disease (IMD) – Healthy Blue will offer an inpatient stay in an IMD setting of no more than 15 days of the month for covered inpatient psychiatric or Substance Use Disorder (SUD) services to members ages 21-64.
- Medical Day Care – Healthy Blue will offer Medical Day Care in lieu of Private Duty Nursing.
- Community Paramedicine – Healthy Blue will offer local paramedic visits in the comfort and privacy of your home to discuss health needs and assist in coordination of care with your PCP.
- Community Health Worker Services – Healthy Blue will provide services to you as recommended by a physician or other provider to prevent chronic health complications and/or promote physical and mental health.

How do I apply or learn more about services?

Your participation in ILOS is completely optional and you may ask about alternative services or settings by calling Healthy Blue at **833-388-1407**.

How do I disenroll?

If you engage in the proposed ILOS service(s) and decide you no longer want to be enrolled, you can disenroll at any time by calling Healthy Blue at **833-388-1407**.

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 **800-348-6627** for information and to make your choice.

What is Not Covered?
The services listed below are examples of services Healthy Blue does not cover:

- Some services that have not been approved in advance by your PCP
- Sex-change operations and operations to reverse voluntary sterilization
- Services or items needed only for cosmetic reasons
- Services that Healthy Blue's Medical Director determines to be experimental or provided primarily for research purposes
- Personal care items, like toothbrushes, diapers, and soap, and entertainment items like ordering movies
- Any services not covered by MO HealthNet and not approved by your PCP or Healthy Blue
- Early elective childbirth before 39 weeks that is not medically necessary

Change in Benefits and Services
Healthy Blue will send you a letter any time there is a change in your benefits. We will send the letter so you get it at least 30 days before the change takes effect. The letter will tell you if benefits have changed or stopped.

We also send you letters about your PCP. You will get a letter if your PCP has moved their clinic. We will also send you a letter if your PCP no longer accepts Healthy Blue members. We will send the letter at least 15 days of the move notice and notify you of the PCP's new location and phone number.

Call Member Services at **833-388-1407** if you have questions about changes in benefits or services.

Special Care for Pregnant Members
New Baby, New Life℠ is the Healthy Blue program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetric (OB) healthcare provider for care when you are pregnant. This kind of care is called **prenatal care**. It can help you to have a healthy baby. It is important that you seek prenatal care each time you are pregnant. With our program, you have access to health information and may receive incentives for going to your appointments.

Our program also helps pregnant members with complicated healthcare needs. Nurse care managers work closely with members with high risk pregnancies to provide:

- Prenatal and postpartum education
- Emotional support
- Help in following their OB healthcare provider's care plan
- Information on services and resources in your community

Our nurses also work with OB providers and help with other services you may need. The goal is to promote better health for pregnant members and delivery of healthy babies.

Quality care for you and your baby

At Healthy Blue, we want to give you the very best care during your pregnancy. That's why you also have access to a digital maternity program which is offered at no cost as part of our New Baby, New Life program. The digital maternity program gives you the information and support you need to stay healthy during your pregnancy and after you deliver.

Get to know our Digital Maternity Program

The digital maternity program delivers maternal health education by smartphone app that is helpful and fun. You can count on:

- Prenatal and postpartum education you can use
- Communication with the care management team via chat
- Information delivery on a time schedule that works for you
- No cost to you

Helping you and your baby stay healthy

The Health Blue digital maternity program can give you answers to your questions, plus clinical support, if you need it. There is an important pregnancy screener that you'll complete shortly after you download the app and register, followed by ongoing educational outreach and fun activities via the smartphone app. All you need to do is download the app to learn, have fun, and answer a few questions. You can also chat with the care management team if a question comes up that isn't answered in the app.

If you think you are pregnant:

- Call your PCP or OB provider right away. You do not need a referral from your PCP to see an OB provider
- Call Member Services if you need help finding an OB healthcare provider in the Healthy Blue network

When you become pregnant

When you find out you are pregnant, you must call Member Services at **833-388-1407** to notify Healthy Blue of the pregnancy. You should also report your pregnancy to MO Healthnet's Family Support Division: **https://mydss.mo.gov/**.

Visit our Pregnancy page at **www.healthybluemo.com/missouri-medicaid/care/health-wellness/pregnancy-womens-health.html** for information and resources on how to keep you and your baby healthy. If you would like to receive pregnancy information by mail, please call Member Services.

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from Women, Infants and Children program (WIC). You can learn more about WIC and find a location close to you online at https://www.fns.usda.gov/wic.

When you are pregnant, you must go to your PCP or OB provider at least:

- Every four weeks for the first six months
- Every two weeks for the seventh and eight months
- Every week during the last month

Your PCP or OB provider may want you to visit more than this based on your health needs.

When you have a new baby

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 72 hours after a Cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB provider and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB provider may ask you to have an office or in-home nurse visit within 48 hours.

After you have your baby

After your baby is born, the digital maternity program will provide you access to postpartum education as well as valuable education about your baby.

It's important to set up a visit with your PCP or OB healthcare provider after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- The visit should be done between 7 to 84 days after you deliver
- If you delivered by C-section or had complications with your pregnancy or delivery, your PCP or OB provider may ask you to come back for a one or two week checkup.

This is not considered a postpartum checkup. You will still need to go back and see your provider within 7 to 84 days after your delivery for your postpartum checkup.

Healthy Blue may cover the cost of a breast pump. Contact Member Services/the Customer Care Center to learn about how you can get a breast pump.

You can learn more about the New Baby, New Life program and our digital maternity program online at **www.healthybluemo.com/missouri-medicaid/care/health-wellness/pregnancy-womens-health.html** or by calling Member Services at **833-388-1407** and asking to speak to an OB Care Manager.

Newborn Coverage
If you have a baby you must:

- Call the Family Support Division (FSD) Information Center at **855-373-4636** or visit their website at 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 Healthy Blue at **833-388-1407**; and
- Pick a PCP for your baby in Healthy Blue's network.

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

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

Navigating the Neonatal Intensive Care Unit (NICU)
If your baby was born premature or with a serious health condition, they may have been admitted to the NICU. We believe the more you know, the better you will be able to care for your infant. To support you, we have a NICU Care Management program.

We extend our support by helping you to prepare yourself and your home for when your baby is released from the hospital. After your baby is home, our care managers continue to provide education and assistance in improving your baby's health, preventing unnecessary hospital readmissions, and guiding you toward community resources if needed.

The NICU can be a stressful place, bringing unique challenges and concerns you may have never imagined. The anxiety and stress related to having a baby in the NICU can potentially lead to symptoms of post-traumatic stress disorder (PTSD) in parents and caregivers. To reduce the impact of PTSD among our members, we assist by:

- Helping you engage with hospital-based support programs
- Facilitating screenings for potential PTSD
- Connecting you with behavioral health program resources and community support as needed
- Actively asking for your feedback on the provided resources and how an increased awareness of PTSD has helped you

You can learn more about the NICU Care Management program online at **healthybluemo.com/missouri-medicaid/care/health-wellness/pregnancy-womens-health.html** or by calling Member Services at **833-388-1407** and asking to speak to a NICU Care Manager.

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.

First Steps

Healthy Blue 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); or
- Social-emotional (behaviors).

Children are referred to First Steps through:

- Physicians;
- Hospitals, including prenatal and postnatal care facilities;
- Parents;
- Child-care programs;
- Local educational agencies, including school districts and Parents as Teachers;
- Public health facilities;
- Other social service agencies;
- Other healthcare providers;
- Public agencies and staff in the child welfare system, including foster care;
- Homeless family shelters; or
- Domestic violence shelters.

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

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

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

Immunization (Shot) Schedule for Children

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

Immunization Record		
Age	**Shot (Immunization)**	**Date Received**
Birth	HepB	
2 months	DTaP, Hib, IPV, PCV, RV, HepB	
4 months	DTaP, Hib, IPV, PCV, RV	

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

** The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose.*
*** Can be given as early as 12 months, if there are six months since third dose.*
**** A third shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.*
***** Recommended unless your healthcare provider tells you that you cannot safely receive it or that you do not need it. HPV doses depending on age of initial vaccination or condition.*

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 **Healthy Blue at 833-388-1407** to check. Women must be in a MO HealthNet category of assistance for pregnant women to get these extra benefits at no cost to them.

- 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, one (1) pair of eyeglasses every two years, replacement lenses when there is a .50 or greater change, and for children under age 21, replacement frames and/or lenses when lost, broken or medically necessary, and HCY/EPSDT optical screen and services.
- MO HealthNet has a special program to provide medically necessary services to children. The program is called Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Healthy Children and Youth (HCY). Your primary care provider (PCP) can give your child these EPSDT/HCY services. Some examples of EPSDT/HCY services include:
    - Child's medical history
    - An unclothed physical exam
    - Blood and/or urine tests
    - Immunizations (shots)
    - Screening and testing lead levels in blood
    - Checking the growth and progress of the child
    - Vision, hearing, and dental screens
    - Dental care and braces for teeth when needed for health reasons
    - Private duty nurses in the home
    - Special therapies such as physical, occupational, and speech
    - Aids to help disabled children talk
    - Personal care to help take care of a sick or disabled child
    - Healthcare management
    - Psychology/counseling
    - Health education

An EPSDT/HCY Health Screen helps children stay healthy or find problems that may need medical treatment. Your child needs to get regular checkups. Children between

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		

Health Screen & Lead Poison Assessment Record		
Age	**Date of Health Screen**	**Date of Lead Poison Screen**
4 years		Your child needs a blood lead level each year until age 6 if in a high-risk area.
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		

NCQA Recommends the Following Children and Adolescent Well-Care Visits		
Category	**Age**	**Care Needed**
Well-Child Visits First 30 Months of Life	By 15 months	6+ well-child visits by 15 months old with a PCP
	15-30 months	2+ well-child visits by 30 months old with a PCP
Child and Adolescent Well-Care Visits	3-21 years	1 well-care visit each year with a PCP or OB-GYN provider

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	Newborn blood spot screening
1-2 Weeks	Follow up newborn screening or thyroid tests if needed
12 months	TB test, blood count, blood lead level
2 years	Blood lead level test
3 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.

Age	Test
4 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
5 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
6 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.

Lead Screening for Children and Pregnant Women
There are many other ways your child can be lead poisoned. Call **833-388-1407** if you have questions about lead poisoning.

Some of the ways your child may be at risk for lead poisoning include:

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

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

- All children through 6 years of age must be tested annually if they live in or visit a **high-risk** area (Missouri state law requirement).

- Children not living in or visiting a known high-risk area may still need lead testing if questions the primary care provider (PCP) asks parents about lead show there is a possible lead source the child is in contact with.
- All children must be tested at 1 year and 2 years of age, even if the child lives in a **non-high risk** area.
- All children between 1 and 6 years of age must be tested if they have never 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. All children at 1 year old and again at 2 years old must have a blood lead level test. Children with high lead levels in their blood must have follow-up services for lead poisoning.

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

Behavioral Healthcare

Healthy Blue will cover your behavioral health needs. A PCP referral is not needed for behavioral healthcare. You may go to any behavioral health provider on Healthy Blue's list of providers. Be sure to go to a behavioral health provider in our network. Behavioral healthcare includes care for people who abuse drugs or alcohol or need other behavioral health services. Call **833-388-1407** 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 healthcare through MO HealthNet Fee-for-Service using MO HealthNet approved providers. These children get their physical healthcare from Healthy Blue.

If you feel that you are experiencing a **behavioral health crisis**, Healthy Blue has trained staff that is available 24/7 at **833-405-9088**.

Care Management Services

You may ask for an assessment for care management services at any time by calling Healthy Blue at **833-388-1407**.

Healthy Blue will offer care management services for :
- Members with physical, behavioral and medically complex needs,
- Pregnant members, and
- Children with elevated blood lead levels.

Within 15 business days of pregnancy notification, Healthy Blue will offer an assessment and enrollment into Care Management.

Within 30 calendar days of health plan enrollment for new members, Healthy Blue will offer care management assessment with the following conditions:

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

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

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

How Care Management Can Help You

Care Management helps members with special needs. It pairs a member with a care manager. The care manager is a registered nurse (RN) or licensed behavioral health worker who can help you with issues, such as:

- Complex medical and behavioral health needs, including, but not limited to, cancer, chronic pain, HIV/AIDS, and anxiety disorders
- Solid organ and tissue transplants
- Chronic conditions such as asthma, diabetes, high blood pressure, and heart disease
- Children with special healthcare needs
- Lead poisoning
- Pregnancy needs

Health Homes and Care Management

- Members enrolled in health homes will be assessed for conditions other than those that are care managed by the health home.
- Care managers will coordinate with the PCP for members participating in the state's Health Home program.

We're here to help you. For more information about Care Management, please call us at **833-388-1407**. This no-cost program gives you access to a registered nurse or licensed behavioral health worker Monday through Friday from 8 a.m. to 6 p.m. Central time.

Disease Management

A Disease Management (DM) program can help you get more out of life. As part of your Healthy Blue benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

Our team includes registered nurses called DM care managers. They'll help you learn how to better manage your condition or health issue. You can choose to join a DM program at no cost to you.

What Programs Do We Offer?

You can join a Disease Management program to get healthcare and support services if you have any of these conditions:

Asthma	HIV/AIDS
Bipolar Disorder	Hypertension
Chronic Obstructive Pulmonary Disease (COPD)	Major Depressive Disorder – Adult
Congestive Heart Failure (CHF)	Major Depressive Disorder – Child and Adolescent
Coronary Artery Disease (CAD)	Schizophrenia
Diabetes	Substance Use Disorder

How it Works

When you join one of our DM programs, a DM care manager will:

- Help you create health goals and make a plan to reach them.
- Coach you and support you through one-on-one phone calls.
- Track your progress.
- Give you information about local support and caregivers.
- Answer questions about your condition and/or treatment plan (ways to help health issues).
- Send you materials to learn about your condition and overall health and wellness.
- Coordinate your care with your healthcare providers, like helping you with:
  - Making appointments.
  - Getting to healthcare provider visits.
  - Referring you to specialists in our health plan, if needed.
  - Getting any medical equipment you may need.
- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco, like quitting smoking).

Our DM team and your PCP are here to help you with your healthcare needs.

How to Join
We'll send you a letter welcoming you to a DM program, if you qualify. Or, call us toll free at **888-830-4300 (TTY 711)**, Monday through Friday from 8:30 a.m. to 5:30 p.m. Central time.

When you call, we'll:

- Set you up with a DM care manager to get started.
- Ask you some questions about your or your child's health.
- Start working together to create your or your child's plan.

You can also email us at **mdmself-referral@healthybluemo.com**.

Please be aware that emails sent over the internet are usually safe, but there is some risk third parties may access (or receive) these emails without you knowing. By sending your information in an email, you acknowledge (or understand) third parties may access these emails without you knowing.

You can choose to opt out (we'll take you out of the program) of the program at any time. Please call us toll free at **888-830-4300 (TTY 711)**, Monday through Friday from 8:30 a.m. to 5:30 p.m. Central time to opt out. You may also call this number to leave a private message for your DM care manager 24 hours a day.

Useful phone numbers:

In an emergency, call **911**.

Disease Management

Toll free: **888-830-4300 (TTY 711)**

Monday through Friday

8:30 a.m. to 5:30 p.m. Central time

Leave a private message for your care manager 24 hours a day.

After-hours:

Call 24-Hour Nurse Help Line

24 hours a day, seven days a week

833-388-1407 (TTY 711)

Disease Management Rights and Responsibilities
When you join a Disease Management program, you have certain rights and responsibilities. You have the right to:

- Get details about us, such as:
  - Programs and services we offer.
  - Our staff and their qualifications (skills or education).
  - Any contractual relationships (deals we have with other companies).

- Opt out of DM services.
- Know which DM care manager is handling your DM services, and how to ask for a change.
- Get support from us to make healthcare choices with your healthcare providers.
- Ask about all DM-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your health plan), and talk about options with treating healthcare providers.
- Have personal data and medical information kept private.
- Know who has access to your information and how we make sure your information stays secure, private, and confidential.
- Receive polite, respectful treatment from our staff.
- Get information that is clear and easy to understand.
- File grievances to Healthy Blue by calling **888-830-4300 (TTY 711)** toll free, Monday through Friday from 8:30 a.m. to 5:30 p.m. Central time.
    - Get help on how to use the grievance process.
    - Know how much time Healthy Blue has to respond to and resolve issues of quality and grievances.
    - Give us feedback about the Disease Management program.

You also have a responsibility to:

- Follow the care plan that you and your DM care manager agree on.
- Give us information needed to carry out our services.
- Tell us and your healthcare providers if you choose to opt out (leave the program).

Disease Management does not market products or services from outside companies to our members. DM does not own or profit from outside companies on the goods and services we offer.

You can log in to your secure account, or register, at **healthybluemo.com** to ask us to join a DM program. You'll need your member ID number to register (located on your member ID card).

Using your secure account, you can send a secure message to Member Services/Disease Management and ask to join the program.

How Do I Become Eligible to Participate?
There are two ways Healthy Blue members may be enrolled in a Disease Management program. One way is if you are diagnosed with any of the chronic conditions mentioned above. The other way is if you are at risk for any of these conditions. You can also ask your provider to ask for a referral. Would you like to know more about our Disease Management programs? Please call us at **833-388-1407**.

What If I Don't Want to Take Part?

You have the right to make decisions about your healthcare. If we contact you to take part in one of our programs, you may refuse.

If you are already taking part in one of our programs, you may choose to stop at any time by contacting us at **833-388-1407**.

Community Resource Link

Help With Problems Beyond Medical Care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. Healthy Blue can connect you to resources in your community to help you manage issues beyond your medical care:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed yourself or your family
- Find it hard to get to appointments, work, or school because of transportation issues
- Feel unsafe or are experiencing domestic violence. If you are in immediate danger, call **911**.
- Have another type of need such as:
  - Financial assistance (utilities, rent)
  - Affordable childcare
  - Job/education assistance
  - Family Supplies — diapers, formula, cribs, and more

Visit **healthybluemo.findhelp.com** to learn more. Or call **833-439-1058** to find local resources near you.

Second Opinion and Third Opinion

You may want an opinion from a different healthcare provider. In such cases, you must ask your PCP or Healthy Blue to get a second opinion. Healthy Blue will pay for it.

You may get an opinion from a third provider if your PCP and second opinion provider do not agree. Healthy Blue will pay for a third opinion. It is always important that you take all your health insurance cards to your appointments. Healthy Blue care managers can assist you in finding providers who may be able to provide second and third opinions.

Out-of-Network Second Opinion

You have the right to a second opinion from a different healthcare provider. Healthy Blue will pay for a second opinion from a provider in our network. We can also help you get a second opinion from a provider who is not in our network. This would be done at no cost to you. Healthy Blue care managers can assist you in finding providers who may be able to provide second and third opinions.

Healthcare Away From Home

- If you need urgent healthcare when you are away from home, call your PCP or Healthy Blue at **833-388-1407** 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 healthcare services must be received from your PCP when you get back home.
- All services outside the United States and its Territories are not covered.

What If I Don't Have Transportation?

Emergency Transportation
Call **911** or the closest ambulance service.

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 healthcare appointment or a pharmacy without charge. We may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary to get you to your healthcare appointment. Healthy Blue 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 Healthy Blue on the day of your appointment.
- Some people do not get NEMT as part of their benefits. To check, call Member Services at **833-388-1407**.
- Members under 18 years of age must be accompanied by an adult escort/attendant unless they are a qualified minor or pregnant.
- 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 them. We will not pay for other children or adults.

What healthcare services can I get NEMT to take me to?
- The appointment is to a healthcare provider that is in Healthy Blue or takes MO HealthNet Fee-for-Service.
- The appointment is to a service covered by Healthy Blue or MO HealthNet Fee-for-Service.
- You need a trip to pick up a new prescription, a refill for an existing prescription, or over the counter FDA approved birth control from your pharmacy
- The appointment is to a healthcare 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 healthcare appointment and get a ride.

- Some services already include NEMT. We will not give you a ride to these services. Examples are: Some Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) services; hospice services; Developmental Disability (DD) Waiver services; some Community Psychiatric Rehabilitation (CPR) services; adult day care waiver services; and services provided in your home. School districts must supply a ride to a child's Individual Education Plan (IEP) services.
- The NEMT program can take you to a durable medical equipment (DME) provider only if the DME provider cannot mail or deliver your equipment to you.
- Your or a child's medical appointment requires an overnight stay in another city, county, or state and
    - Volunteer, community, or other ancillary services, like meals and lodging, are not available at no cost to you.

How do I use the NEMT?
Call **833-388-1407**. You must call at least three days before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your healthcare provider gives you an urgent care appointment. You can call this number **833-388-1407**. If you have an emergency, dial **911**, or the local emergency phone number.

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 healthcare 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 below:

Legal Aid of Western Missouri

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

Advocates for Family Health Legal Aid of Western Missouri
4001 Dr. Martin Luther King Jr. Blvd., Ste. 300
Kansas City, MO 64130
816-474-6750
Toll free: 866-897-0947
Fax: **816-474-9751**

Mid-Missouri Legal Services

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

Advocate for Family Health Mid-Missouri Legal Services
117 North Garth
Columbia, MO 65203
573-442-0116
Toll free: 1-800-568-4931
Fax: 573-875-0173

Legal Services of Eastern Missouri

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

Advocates for Family Health Legal Services of Eastern Missouri
701 Market St., Ste 1100
St. Louis, MO 63101
314-534-1263
Toll free: 800-444-0514 ext. 1251 (outside St. Louis City/County)
Fax: **314-451-1187**

Legal Services of Southern Missouri

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

Advocates for Family Health Legal Services of Southern Missouri
3130 S. Delaware Ave.
Springfield, MO 65804
417-881-1397
Toll free: 800-444-4863
Fax: **417-881-2159**

Member Advisory Council

We are meeting in your community.

At Healthy Blue, our members are our reason for being. That's why we want to hear from you.

Member feedback gives us the opportunity to learn from you. How do you feel about your health plan and the healthcare you're getting? We can talk about:

- Your benefits
- Your doctors
- Member Services
- How to change your PCP
- Reasons for making and keeping appointments
- Your Healthy Blue member handbook
- Member rights
- Events in your area

Anything else? We can talk about that, too. Our goal is to offer a comfortable setting where you can share your thoughts. Join us and other Healthy Blue members in your community. We'll provide healthy refreshments for the event. You tell us what's on your mind.

Join a Healthy Blue Member Advisory Council meeting by calling **833-388-1407 or by** emailing **events@healthybluemo.com**

Grievances and Appeals

You may not always be happy with Healthy Blue. We want to hear from you. Healthy Blue has people who can help you. Healthy Blue **cannot take your benefits away because you make a grievance, appeal, or ask for a State Fair Hearing**.

There are two ways to tell Healthy Blue 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.

Healthy Blue must give you a written Notice of Adverse Benefit Determination if any of these actions happen. The Notice of Adverse Benefit Determination will tell you what we did and why and give you your rights to appeal 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 **833-388-1407** to get help from someone who speaks your language.
3. You may ask anyone such as a family member, your religious leader, a friend, or an attorney to help you make a grievance or an appeal with your written consent.
4. If your physical or behavioral health is in danger, a review will be done within 72 hours. This is called an expedited review. Call Healthy Blue and tell Healthy Blue if you think you need an expedited review.
5. Healthy Blue 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 Healthy Blue 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 to continue 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 File a Grievance or Appeal or Ask For a State Fair Hearing

1. **Grievance** — You may file a grievance anytime by telephone, faxing it to **855-860-9122** or in writing. Call Healthy Blue at **833-388-1407** to file a grievance.
   - Healthy Blue will write you within 10 days and let you know we got your grievance.
   - Healthy Blue must give written notice of a decision within 30 days.

2. **Appeal** — You may file an appeal orally or in writing to Healthy Blue. Unless you need an expedited review, you must complete a written request, even if you filed orally.
   - You must appeal within 60 days from the date of our Notice of Adverse Benefit Determination.
   - For help on how to make an appeal, call Healthy Blue at **833-388-1407**.
   - Send your written appeal to:

     Grievance and Appeals Representative
     Healthy Blue
     P.O. Box 62429
     Virginia Beach, VA 23466-2509

   - Or by fax at **855-860-9122**.
   - Healthy Blue must write you within 10 days and let you know we got your appeal.
   - Healthy Blue 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 or you have exhausted your appeal process. 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 calendar days from the date of the MO HealthNet Managed Care health plan's written Notice of Appeal Resolution Letter.
   - For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at **800-392-2161**.
   - If you do not speak or understand English, or need American Sign Language, call, **800-392-2161** to get help from someone who speaks your language at no cost to you. Members who use a Telecommunications Device for the Deaf (TDD) can call **711**. These services are available to you at no cost.
   - You can send your written request to Constituent Services Unit, MO HealthNet Division, P.O. Box 6500, Jefferson City, MO 65102-6500, or fax to **573-526-2471**.
   - You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
   - You may ask anyone, such as a family member, your religious leader, a friend, or an attorney to help you with a State Fair Hearing with your written consent.
   - A decision will be made within 90 days from the date you asked for a hearing.
   - If your physical or behavioral health is in danger, a decision will be made within 3 business days. This is called an expedited hearing. Call **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 to continue, you must ask for a State Fair Hearing within 10 days of the date the written Notice of Appeal Resolution was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

When Will We Make a Decision?

Appeals:

Healthy Blue will allow you to appeal within 60 calendar days from the date of the notice of our decision. (This is called a Notice of Adverse Benefit Determination.)

Healthy Blue will decide within 30 calendar days after we receive the request for preservice appeals, within 30 calendar days after we receive the request for post service appeals, and within 72 hours for expedited appeal.

State Fair Hearing:

MO HealthNet Managed Care requires that you appeal within 90 calendar days of the Notice of Appeal Resolution.

MO HealthNet Managed Care allows 90 days for Healthy Blue to decide on an appeal.

Fraud and Abuse

We work hard to make sure our health programs help you and other members. We also try to stop anyone who might be doing something wrong, like fraud, waste, or abuse. These things can hurt the services you get.

- **Fraud**: This is when someone lies or tricks others on purpose to get something they shouldn't have. It's like cheating, and it's against the law.
- **Waste**: This happens when people use too many services or spend too much money by mistake. It's usually not done on purpose, but it still costs a lot.
- **Abuse**: This is when someone uses health care in the wrong way, like getting services they don't really need or not following the usual rules. It causes extra costs and isn't the right way to use health care.

Examples of Provider Fraud, Waste and Abuse

- Altering medical records to misrepresent actual services provided
- Billing for services not provided
- Billing for medically unnecessary tests or procedures
- Billing professional services performed by untrained or unqualified personnel
- Misrepresentation of diagnosis or services

- Overutilization
- Soliciting, offering or receiving kickbacks or bribes
- Unbundling – when multiple procedure codes are billed individually for a group of procedures which should be covered by a single comprehensive procedure code
- Upcoding – when a Provider bills a health insurance payer using a procedure code for a more expensive service than was actually performed

Examples of Member Fraud, Waste and Abuse

- Forging, altering or selling prescriptions
- Letting someone else use the Member's ID (identification) card
- Relocating to out-of-service Plan area and not notifying us
- Using someone else's ID card

Reporting Fraud, Waste or Abuse

If you think a provider (like a doctor, hospital, counselor, or medical supply company) is doing something wrong—like fraud, waste, or abuse—you have the right to report it. You won't get in trouble for speaking up. If you give your name, it will be kept private.

You have several options for reporting instances of fraud, waste and abuse:

Contact the Special Investigations Unit for MO

- Go to www.fighthealthcarefraud.com and click "Report it" at the top, and fill out the form
- Call Customer Service
- Call our Special Investigations Unit (SIU) fraud hotline at 866-847-8247

Report to the state of Missouri directly:

Healthy Blue Fraud Waste and Abuse Hotline
888-451-1155 (Staffed 24 hours a day, seven days a week)
or
MO HealthNet Division
Constituent Services
800-392-2161

For Participant Fraud or Abuse contact:

Department of Social Services
Division of Legal Services, Investigation Unit
573-751-3285
Send email to MMAC.reportfraud@dss.mo.gov

For Provider Fraud or Abuse contact:

Missouri Medicaid Audit & Compliance Investigations
573-751-3285 or **573-751-3399**
Send email to MMAC.reportfraud@dss.mo.gov

You can report without giving your name. But if you do, please give as much detail as you can. It helps us look into the issue better. We're thankful for your help, but please know we usually don't give updates about the investigation to protect the process. Information we need to know that helps us look into your report about fraud, waste or abuse:

- Name, address and phone number of the person (for example, the doctor(s) name(s), the hospital, nursing home, home health agency, etc.)
- Type of Provider (doctor, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

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 **855-373-4636** or visit their website at dss.mo.gov to access the FSD Program Enrollment System online, and the MO HealthNet Managed Care Enrollment Helpline at **800-348-6627**. Then call Healthy Blue at **833-388-1407**. 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 **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 **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:

- Your PCP or specialist is no longer with Healthy Blue and is in another MO HealthNet Managed Care health plan. This applies to PCPs or specialists you have seen at least once in the last year or you have seen most recently except in the case of an emergency.
- To help you keep all of your family members in the same health plan.
- The health plan does not have a provider that handles your healthcare needs.
- Negative actions from a health plan or provider that impact your ability to get care.

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

Disenrollment

You may be disenrolled from Healthy Blue if:

- You lose your eligibility for MO HealthNet Managed Care.
- You move out of Healthy Blue's service area.
- You do not follow your PCP's orders for your healthcare or continually miss your PCP's appointments without calling or telling the PCP.
- You ignore your Healthy Blue and MO HealthNet Managed Care responsibilities.
- You let someone else use your Healthy Blue benefits and services.
- You are abusive or threaten Healthy Blue staff or providers.
- You decide to change MO HealthNet Managed Care health plans.
- You request a home birth service.

You may request disenrollment from Healthy Blue if:

- You request health plan transfer during open enrollment.
- You request health plan transfer during the first ninety (90) days enrolled in the health plan.
- Just cause reasons that include:
  - Transfer is the resolution to a grievance or appeal;
  - Primary care provider or specialist with whom the member has an established patient/provider relationship does not participate in the health plan but does participate in another health plan. An existing patient/provider relationship is one in which the member saw that provider for the participant at least once in the prior year or the provider who the member has seen most recently (except in the case of an emergency). Transfers to another health plan will be permitted when necessary to ensure continuity of care;
  - Member is pregnant and her primary care provider or obstetrician does not participate in the health plan but does participate in another health plan;
  - Member is a newborn and the primary care provider or pediatrician selected by the mother does not participate in the health plan but does in another health plan;
  - An act of cultural insensitivity that negatively impacts the member's ability to obtain care and cannot be resolved by the health plan;

- Other reasons, including but not limited to, poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with the member's healthcare needs;
- Transfer to another health plan is necessary to correct an error made by the enrollment broker or the state agency during the previous assignment process; and
- May also request transfer in order for all family members to be enrolled with the same health plan; and
- When the state imposes sanctions on a health plan for non-performance of contract requirements.

If you're having problems with your healthcare, please call Member Services. We'll write to you and try to contact you at least three times within 90 days. You may change health plans if you're not happy with the care you're getting. If you'd like to know how to change your MO HealthNet Managed Care health plan, call the Enrollment Help Line at **800-348-6627**.

Healthy Blue wants to work with you to help resolve any problems you may have. If you cannot work with Healthy Blue, the state may change your MO HealthNet Managed Care health plan.

MO HealthNet Annual Review (also known as Redetermination)

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

Transition of Care

Getting the care you need is very important to us. That is why we will work with you to make sure you get your care when:

- You're leaving another health plan and just starting with us.
- One of your providers leaves our network.
- You leave our health plan to go to another one.
- You're transitioning to adulthood and need help choosing an adult primary care practitioner.

We want to be sure you can still see your doctors and get your medications. If you move from another health plan to ours, you will not need prior authorizations for medical or behavioral care for a period of time. This is true whether you see an in-network or out-of-network provider. That time frame is 60 days after your start date with us, or until you

are able to safely transfer to an in-network provider. This will help you to move to our plan smoothly with no interruption in your care.

Transitioning pregnant members can still receive services from their behavioral health provider, without prior authorization, until:

- The birth of the child
- The end of their pregnancy, or
- They are no longer eligible for coverage.

Please call or have your provider call us if any of the following apply to you. You can reach us at **833-388-1407**.

If you:

- See a specialist.
- Get therapy (for example, occupational or physical therapy).
- Use durable medical equipment, like oxygen or a wheelchair.
- Receive in-home services (for example, wound care or in-home infusion).
- Are pregnant and in your third trimester.

Insurance

You have MO HealthNet Managed Care healthcare coverage through Healthy Blue. 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 Healthy Blue 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 healthcare provider.

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

Healthy Blue and your other health insurance policy have rules about getting healthcare. 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 Healthy Blue at **833-388-1407**.

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:

- Healthy Blue at **833-388-1407**; and
- the MO HealthNet Managed Care Enrollment Helpline at **800-348-6627**; or
- the Family Support Division (FSD) Information Center at **855-373-4636**, or you may visit their website at 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 **855-373-4636**, or you may visit their website at 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 Healthy Blue at **833-388-1407** or the Family Support Division (FSD) Information Center at **855-373-4636**, or you may visit their website at 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.

After an Accident, You May Get a Questionnaire
By law, we must sometimes ask you for more information after you get treatment after an accident or injury. You may get a questionnaire if this happens.

It is important that you fill out this questionnaire. We will send them until you respond. Your answers are important, even if you were not in an accident. You may also call with your answers. To do this, call **800-877-6876**.

Explanation of Benefits

You may request an explanation of benefits (EOB) from Healthy Blue. An EOB will consist of a list of services that were billed to Healthy Blue. This list will contain paid and unpaid claims. For any unpaid claims, the list will give the reason the claim was not paid. You can also find this information in the member portal of our website at **healthybluemo.com**.

Please call Member Services at **833-388-1407** if you see a service on your EOB that you did not receive.

Utilization Review

Healthy Blue makes sure that you get the right care, at the right time, and in the right setting. To do this, we may review the requests we receive for some of your medical services. These reviews may take place:

- Before you receive services. This is called prior authorization.
- While you receive services. This may happen if you are in the hospital.
- After you have received services. This is called a retrospective review.

Sometimes we may have to deny a service. If we have to deny a service, we will notify you by letter. You or your provider can always appeal a decision we made. You may

have questions or want to talk about how we made a decision. If so, you can contact Healthy Blue at **833-388-1407**. Ask to speak with someone in Utilization Review.

Plan Structure and Operations and How Our Providers Are Paid

You may have other questions about how our plan works. Questions like:

- What's the make-up of our company?
- How do we run our business?
- How do we pay the providers who are in our network?
- Does how we pay our providers affect the way they authorize a service for you?
- Do we offer rewards to the providers in our network?

If you do have questions, call us and we'll answer them for you. Call Member Services at **833-388-1407**.

New Technology (Medical Procedures)

Healthy Blue is always looking at new medical procedures and services. We do this to make sure you get safe, up-to-date, and high-quality medical care. A team of healthcare providers looks at new healthcare methods. Then the team decides if these should become covered services. Investigational services and treatments that are being researched and studied are not covered services.

To decide if new technology will be a covered service, Healthy Blue will:

- Study the purpose of each technology.
- Review medical literature.
- Determine the impact of a new technology.
- Develop guidelines for how and when to use the technology.

Healthy Blue's Quality Improvement Program

We want to make sure you have access to high-quality healthcare services that are safe and make you healthier. Healthy Blue's Quality Improvement program reviews your care. We check the quality of care you receive. Our Quality Improvement program wants to make sure you have:

- Easy access to quality medical and behavioral care.
- A checkup every year.
- Health management programs that meet your needs.
- Help with any chronic conditions or illnesses you have.
- Support when you need it most, like after hospital admissions or when you are sick.
- High satisfaction with your healthcare providers and with the health plan.

One of the ways we measure quality of care is through HEDIS®. HEDIS stands for Healthcare Effectiveness Data and Information Set. It was developed by the National Committee for Quality Assurance (NCQA). The data help us track important health

information. We look at things like how often our members see their PCP, take their asthma-control medications, or have important health screenings.

Healthy Blue also wants to make sure you are happy with the services you get from your healthcare provider and from us. To do this, we look at CAHPS® data. The CAHPS survey asks questions to see how happy you are with the care you receive. Please know that the survey is anonymous. No one can see who the answers came from. Also, your benefits will not change whether you take the survey or not.

Healthy Blue shares HEDIS and CAHPS results with you and our providers through means such as educational materials, blogs, committees, and meetings. We work with our providers to make sure the services they give you and the services we give you add to your healthcare in a good way.

You can learn more about Healthy Blue's Quality Improvement program, including what we do to improve your care. You may also ask for hard copies of information about our program. Please call us at **833-388-1407**. We'll be happy to help you.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Notification to Members

Healthy Blue members are notified at least thirty (30) calendar days in advance when there are health plan operation changes such as a network change.

Healthy Blue members are notified, in writing, at least fifteen (15) calendar days in advance when their in-network primary care provider (PCP) leaves our network. Members will also receive a new member identification card with the PCP's name and telephone number.

Release for Ethical Reasons

Healthy Blue will not object to covering services due to moral or religious reasons.

If so, Healthy Blue will let you know how and where else to get the service and will notify you within 30 calendar days prior to any change in our policy.

If You Are Billed

Healthy Blue 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 healthcare 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 Healthy Blue provider without prior approval.

If you get a bill, do not wait. Call our Member Services office at **833-388-1407**. Healthy Blue will look into this for you.

Decisions About Your Healthcare

Advance Healthcare 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 healthcare 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 healthcare directive, your PCP may not know what healthcare you want. Talk to your PCP or call Healthy Blue at **833-388-1407** for information on an advance healthcare directive. Your PCP must keep a written and signed copy of what care you want. An advance directive becomes part of your medical record.

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

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

Member Confidentiality and Privacy

We want to remind you that Healthy Blue may use your information for health plan activities. Also, you can look at your records, get a copy of them, or change them. Your

healthcare information will be kept private and confidential. It will be given out only if the law allows or if you tell Healthy Blue to give it out.

As a Healthy Blue member, you have the right to ask for limits on the use or release of your health information. You may also deny the release of your health records, other than when they are used for treatment, payment, or healthcare operations. You may ask that we change your health information. Also, you may ask Healthy Blue to give you a list of when we have disclosed your health information.

If you have questions about this, call Member Services at **833-388-1407**.

Member Rights and Responsibilities

Healthy Blue believes that our members are important. Below is a list of member rights and responsibilities. If we both agree to follow them, it will help us work together.

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 healthcare and treatment options.
- Participate in decision-making with practitioners about your healthcare.
- 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, type of compensation arrangement and whether stop-loss insurance is provided, if any, by calling **833-388-1407**.
- Be free of restraint or seclusion from a provider who wants to:
  - Make you do something you should not do.
  - Punish you.
  - Get back at you.
  - Make things easier for them.
- Be free to exercise these rights without retaliation.
- Receive one copy of your medical records once a year at no cost to you.

Healthy Blue Members Have Additional Rights To:

- Voice grievances or appeals about Healthy Blue or the care it provides.
- Make recommendations regarding Healthy Blue's member rights and responsibilities policy.
- Receive information about Healthy Blue, its services, its practitioners and providers, and their rights and responsibilities.

- An open discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Get information on our Physician Incentive Plan, if any, by calling **833-388-1407 (TTY 711)**.

You Have a Responsibility To:

- Read and follow this handbook.
- Show your Healthy Blue ID card and your MO HealthNet ID card to each healthcare provider before you get medical services.
- Know the name of your PCP and be sure the correct one is on your ID card.
- Keep your address and phone number current with Healthy Blue and MO HealthNet.
- Get approval from your PCP before you get services from any other provider, unless it is an emergency. There are exceptions, like family planning. Call Member Services at **833-388-1407** if you have questions.
- Make appointments ahead of time for all PCP visits or transportation, if eligible.
- Be on time for appointments or cancel the day before your appointment.
- Give your PCP your past health information that they may need to give you care. Your PCP needs to see shot (immunization) records for members up to age 21.
- Tell your PCP if you do not understand your medical care so you can help decide upon your treatment goals.
- Follow your PCP's instructions and guidelines.
- Tell Healthy Blue and the Family Support Division Information Center if you have changes or your family has changes that will change your eligibility.
- Pay for services you get without approval from Healthy Blue or your PCP.
- Tell Healthy Blue and the Family Support Division Information Center if you have an accident at work, a car accident, or are involved in a personal injury, tort, product liability, or malpractice lawsuit.
- Give a copy of your living will or advance directives to your PCP to include with your medical records.
- Supply information that Healthy Blue and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care that you've agreed to with your practitioners.
- Understand your health problems and participate in developing agreed-upon goals, to the degree possible.

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 healthcare coverage.

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

Mail: MO HealthNet Division
Constituent Services Unit
P.O. Box 6500
Jefferson City, MO 65102-6500

Phone: **800-392-2161**

Fax: **573-526-2471**

Email: Scan your records and email to Ask.MHD@dss.mo.gov.
Type the words *Constituent Services Unit* in the subject line of your email.

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

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

Glossary

Words/Phrases
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 healthcare as a MO HealthNet Managed Care health plan member or may choose to get healthcare through MO HealthNet Fee-for-Service using MO HealthNet approved providers.
Advance Directive — An advance directive allows you to leave written directions about your medical treatment decisions and/or ask someone to decide your care for you.
Adverse Benefit Determination — (1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit; (2) The reduction, suspension, or termination of a previously authorized service; (3) The denial, in whole or in part, of payment for a service; (4) The failure to provide services in a timely manner as defined in the appointment standards; (5) The failure of the health plan to act within the time frames regarding the standard resolution of grievances and appeals; (6) The denial of a member's request to exercise their right to obtain services outside the network; or (7) The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.
Appeal — A way for you, someone representing you, or your provider 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; or make an appeal decision within thirty (30) days of receipt of request.

Words/Phrases
Appeal Resolution — The written determination concerning an appeal.
Copayment — Your share for cost of services provided. A set amount of money that you will have to pay for the medical service you received. MO HealthNet Managed Care members do not pay a copay.
DCN — Departmental Client Number — also known as your MO HealthNet number. This is your identification number for MO HealthNet. MO HealthNet is the name of Missouri's state Medicaid organization.
Durable medical equipment — Necessary medical equipment that your provider has ordered for you, to assist you in and out of your home because of your medical condition.
Eligibility Group — Members who receive benefits based on age, family size, and income.
Emergency medical condition — A condition that requires medical attention right away. Call **911** or go to the nearest emergency room even if it is not in your health plan network.
Emergency medical transportation — Any transportation used in the case of emergencies, such as ambulances, helicopters, or planes.
Emergency services — Any type of care that is needed in the case of an emergency, including emergency transportation or care provided in an emergency room. When you go the emergency room, a healthcare 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.

Words/Phrases
EPSDT — Early Periodic Screening, Diagnosis, and Treatment, a federal program that covers important services for people under the age of 21. Also known as the Healthy Children and Youth (HCY) in Missouri Medicaid.
Excluded services — Medical services that your MO HealthNet Managed Care health plan does not pay for.
Grievance — A way to show dissatisfaction about things like: the quality of care or services you received, the way you were treated by a provider, a disagreement you may have with a MO HealthNet Managed Care health plan policy, or you do not agree to extend the time for a decision of a grievance or an appeal.
Grievance and Appeal System — The processes the health plan implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.
Habilitation services and devices — Healthcare services that help you keep, improve, acquire — either partially or fully — skills related to communication and activities of daily living, such as: talking, walking, and hearing. These services include: physical therapy, occupational therapy, speech-language pathology, and audiology. Medical devices, which include assistive devices and durable medical equipment, are used with habilitation services to improve your physical function and mobility.
Health insurance — MO HealthNet Managed Care health plan is insurance that covers your medical, behavioral health, vision, dental, and some other services. You may also have other health insurance from a job or another source in addition to MO HealthNet, which helps you with paying for medical services. If you have other health insurance besides MO HealthNet Managed Care, this is called your primary insurance. This insurance company must pay for most of your health services before your MO HealthNet Managed Care health plan pays.

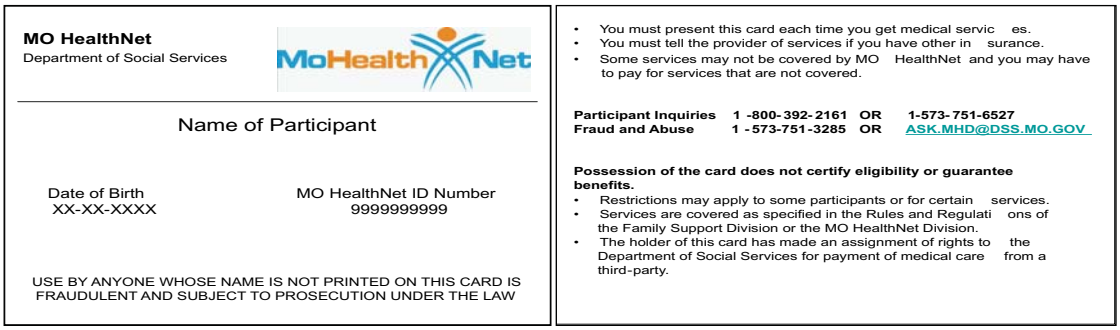
Words/Phrases
Home healthcare — Services provided in the member's home for a member who has an acute illness or long term illness which can be managed at home. Services include skilled nurse visits, home health aide visits, and medical supplies.
Hospice services — Services that can be given to an adult or child who is in the last six months of their life. The goal of hospices is to provide pain relief and support to the patient and family.
Hospitalization — When your doctor requires you to stay in the hospital for certain medical services to be done or certain medical conditions where you have to be monitored so your condition can be treated or does not get worse.
Hospital outpatient care — When you receive medical services in a hospital that do not require actually staying in the hospital for a long time after those services. For example, after you have a hospital outpatient procedure, you can go home.
Inquiry — A request from a member for information that would clarify health plan policy, benefits, procedures, or any aspect of health plan function but does not express dissatisfaction.
Medically necessary — The standard used to decide if a form of treatment is appropriate for a physical or behavioral illness or injury; is going to improve the function of an injured body part; or will be able to slow the effects of a disability.
MO HealthNet Approved Provider — A doctor, nurse, clinic, pharmacy, hospital, or other providers enrolled with the MO HealthNet Division as a MO HealthNet approved provider. A MO HealthNet approved provider may offer services in MO HealthNet Fee-for-Service and your managed care Medicaid plan. You will show them your MO HealthNet ID Card. MO HealthNet approved providers are sometimes

Words/Phrases

also called MO HealthNet providers. You can do an online search to find a MO HealthNet approved provider at: **apps.dss.mo.gov/fmsMedicaidProviderSearch** or you can call **800-392-2161** for a list of MO HealthNet approved providers.

MO HealthNet Fee-for-Service — A way to get some healthcare services that are not covered by Healthy Blue. These services may be covered by MO HealthNet Fee-for-Service. You can go to any approved provider that takes MO HealthNet Fee-for-Service. Use only your MO HealthNet ID Card. You may call **800-392-2161** to check on how to get these services.

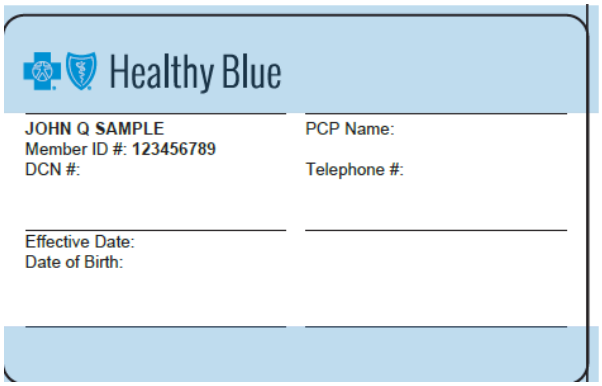
MO HealthNet ID Card — The card sent to you when you are eligible for MO HealthNet.

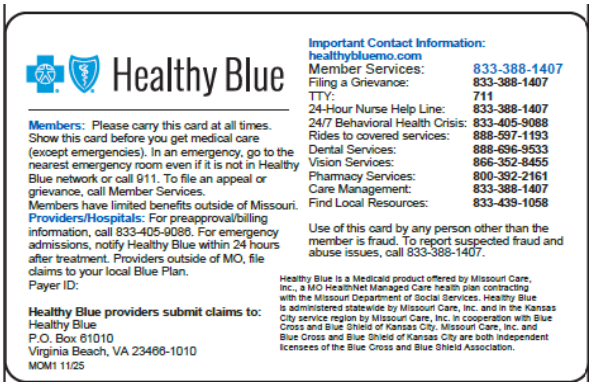


MO HealthNet Managed Care — A way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan, like Healthy Blue. You are assigned to a MO HealthNet Managed Care health plan. You must choose a Primary Care Provider. Use your MO HealthNet Managed Care Card and your MO HealthNet ID Card to get services. 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 **800-392-2161** to check on how to get services.

Words/Phrases

MO HealthNet Managed Care Card — The card sent to you by your MO HealthNet Managed Care health plan.





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

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

Out of Home Care/Alternative Care Services (Foster Care) — 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 (primary care provider) — A primary care provider is a healthcare provider who manages a member's healthcare. Usually, a PCP is a family medicine, internal medicine, pediatric, or OB/GYN provider.

Participating provider — A healthcare provider who you can see because they are signed up with your MO HealthNet Managed Care health plan.

Physician services — Medical services provided to you by a provider who is a licensed doctor to practice under state law.

Words/Phrases
Plan — A health plan that provides, covers, and arranges medical services that are needed by its members for a fixed rate.
Preauthorization or prior authorization — Your MO HealthNet Managed Care health plan's method ofreviewing a request from a provider to see if the service will be covered.
Premium — An amount of money that is paid for someone to receive healthcare insurance.
Prescription drug coverage — A way for you to get coverage for your medications. MO HealthNet Managed Care members prescription drug coverage is provided by Fee-For-Service.
Prescription drugs — Medications that require prescriptions or a doctor's order.
Referrals — A process used by a PCP to let you get healthcare from another healthcare provider, usually for specialty treatment. Healthy Blue does not require a referral to see a specialist who is in the Healthy Blue network.
Rehabilitation services and devices — Healthcare services that help you keep, improve, and restore skills and functions for daily living that have been lost or impaired because of an injury, illness, or disability. These services include physical therapy, occupational therapy, speech-language pathology, and psychiatric services that can occur in an outpatient or inpatient setting. Medical devices, which include assistive devices and durable medical equipment, are used with rehabilitation services to improve your physical function and mobility.
Words/Phrases

Skilled nursing care — Care given to you in a nursing home for a short period of time because of an injury or illness. The staff taking care of you can be a nurse, speech therapist, physical therapist, or occupational therapist. The staff can help you with bathing, dressing, personal care, eating, and walking. These are rehabilitation services. Other services that may be provided to you are social and educational activities, transportation if needed, laboratory, radiology, pharmacy services, and hospice care-end of life and respite care.
Specialist — A medical professional who has a lot of knowledge about your chronic illness. If you have a chronic illness and are seeing a specialist for your medical care, you may ask your MO HealthNet Managed Care health plan for a specialist to be your primary care provider.
Urgent care — Urgent care appointments for physical or behavioral illness injuries which require care immediately but are not emergencies such as high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services

If English is not your first language, we can translate for you. We can also give you info in other formats at no cost to you. That includes Braille, audio, large print, and provide American Sign Language interpreter services. Just give us a call at 833-388-1407 (TTY 711).

Spanish:

Si su lengua materna no es el inglés, podemos brindar una traducción para usted. También podemos brindarle información en otros formatos sin costo alguno. Esto incluye Braille, audio, letra grande, y servicios de interpretación de lenguaje de señas estadounidense. Simplemente llámenos al 833-388-1407 (TTY 711).

Vietnamese:

Nếu tiếng Anh không phải là ngôn ngữ đầu tiên của quý vị, chúng tôi có thể dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin bằng các định dạng khác mẽn phí. Điều đó bao gồm chữ nổi, âm thanh, chữ in lớn và cung cấp dịch vụ phiên dịch Ngôn ngữ Ký hiệu Hoa Kỳ. Chỉ cần gọi cho chúng tôi theo số 833-388-1407 (TTY 711).

Chinese:

如果英語不是您的母語，我們可以為您翻譯。我們也可以免費為您提供其他格式的資訊。其中包括盲文、音訊、大字型,並提供美國手語翻譯服務。請給我們打電話：833-388-1407 (TTY 711)。

Serbo-Croation:

Ako engleski nije vaš prvi jezik, možemo za vas prevoditi. Možemo vam takođe besplatno dati informacije u drugim formatima. To uključuje Brajevu azbuku, audio zapis, veliki format slova, i pružamo usluge tumačenja na američkom znakovnom jeziku. Jednostavno nas pozovite na 833-388-1407 (TTY 711).

German:

Sollte Englisch nicht Ihre Muttersprache sein, können wir für Sie übersetzen. Wir bieten Ihnen auch kostenlos Informationen in anderen Formaten an. Dabei sind Braille, Audio, Großdruck, sowie Dolmetscher-Dienste in Amerikanischer Zeichensprache inbegriffen. Rufen Sie uns einfach unter der Rufnummer 833-388-1407 (TTY 711) an.

Arabic:

إذا لم تكن اللغة الإنجليزية هي لغتك الأم، فيمكننا الترجمة لك. يمكننا أيضًا أن نقدم لك معلومات في تنسيقات أخرى مجانًا. يتضمن ذلك كتابة البرايل والتسجيلات الصوتية والطباعة الكبيرة وتوفير خدمات مترجم لغة الإشارة الأمريكية. فقط اتصل بنا على الرقم
.833-388-1407 (TTY 711)

Korean:

영어가 모국어가 아닌 경우 통역을 해 드릴 수 있습니다. 정보를 다른 형식으로 무료로도 제공해 드릴 수 있습니다. 여기에는 점자, 오디오, 큰 활자, 및 미국 수화통역 서비스가 포함됩니다. 전화 연락처는 833-388-1407 (TTY 711)번입니다.

Russian:

Если английский не является вашим родным языком, мы можем предоставить вам услуги перевода. Кроме того, мы также можем бесплатно предоставлять вам информацию в иных форматах. Например, на шрифте Брайля, в виде аудиозаписи, напечатанную крупным шрифтом или в переводе на американский язык жестов. Просто позвоните нам по телефону 833-388-1407 (TTY 711).

French:

Si l’anglais n'est pas votre langue maternelle, on peut fournir la traduction pour vous. Nous pouvons également vous fournir des informations en autres formats gratuitement pour vous. Cela inclut le Braille, l’audio, le gros caractère, et fournir les services d'interprétation en langue des signes américaine. Appelez-nous au 833-388-1407 (TTY 711).

Tagalog:

Kung hindi Ingles ang inyong unang wika, maaari kaming magsalin para sa inyo. Maaari din kaming magbigay sa inyo ng impormasyon sa ibang mga format nang wala kayong babayaran. Kabilang diyan ang Braille, audio, malalaking letra, at magbigay ng mga serbisyo ng interpreter ng Wikang Isinisenyas ng Amerika. Tumawag lang sa amin sa 833-388-1407 (TTY 711).

Pennsylvania Dutch:

Wann Englisch net dei aerschde Schprooch iss, mir kenne fer dich iwwersetze. Mir kenne aa dir Info in annere Formats gewwe, mitaus Koscht. Sell meehnt Braile, Audio, Greesere Dricke, un

aa American Sign Language lwwersetzer gewwe. Ruf uns aa 833-388-1407 (TTY 711).

Persian (Farsi):

اگر انگلیسی زبان اول شما نیست، ما می توانیم متن ها را برای شما ترجمه کنیم. ما همچنین می توانیم اطلاعات را بدون هیچ هزینه ای در سایر قالب ها به شما ارائه کنیم. این قالب ها عبارت از خط مخصوص نابینایان (بریل)، قالب صوتی، متن های با چاپ بزرگ و همچنین خدمات ترجمه شفاهی به زبان اشاره آمریکایی می باشند. تنها کافیست تا با ما با شماره (TTY 711) 833-388-1407 تماس بگیرید.

Cushite:

Afaan Ingiliffaa afaan dhalootaakee miti yoo ta’e, qooqa siif jijjiiruu ni dandeenya. Akkasumas kaffaltii malee odeeffannoo bifa gara biraatiin siif kennuu ni dandeenya. Kunis tajaajila Barruu Qaroo Dhabeeyyii, sagalee, maxxansa qubee guguddaa fi hiiktuu Qooqa Mallattoo Ameerikaa kan dabalatudha. Kanarratti nuuf bilbili 833-388-1407 (TTY 711).

Portuguese:

Se o inglês não for a sua primeira língua, podemos traduzir para si. Também podemos dar informações em outros formatos sem nenhum custo para si. Isso inclui Braille, áudio, grande impressão, e fornecer serviços de intérprete da Língua Gestual Americana. Basta ligar-nos. 833-388-1407 (TTY 711).

Amharic:

እንግሊዘኛ የመጀመርያ ቋንቋዎ ካልሆነ፣ እኛ ልናስተረጉምልዎ እንችላለን። በተጨማሪ በሌሎች ፎርማቶች መረጃ ለእርስዎ ያለምንም ወጪ ልንሰጥዎ እንችላለን። ይህ የብሬል፣ የድምጽ፣ የትልቅ ህትመት እና የአሜሪካ የምልክት ቋንቋ አስተርጓሚ አገልግሎቶችን ያካትታል። ለኛ በ 833-388-1407 (TTY 711) መደወል ብቻ ነው።

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

Physical Address: Healthy Blue | 1831 Chestnut Street | St. Louis, MO 63103
Mailing Address: Member Services | P.O. Box 62509 | Virginia Beach, VA 23466-2509

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

1084136MOM SPHBL 06/25

MOC26025 08/26/2025