



Welcome to the plan that
gives your family more.



WELCOME TO HARMONY!

Harmony is glad that you have joined our health care family! It is a smart move. Harmony is a MO HealthNet Managed Care health plan that really puts you in control. You can choose from a large network of great health care providers and hospitals. And your family will get caring health care. We offer the following benefits:

- Transportation to pharmacy and WIC appointments in addition to medical appointments
- Member voicemail
- 24-hour Health Advisor Line

The Harmony Member Handbook will tell you more about your benefits. We hope it will answer most of your questions. Call Member Services at **1-866-822-1340** if you need more help. We have friendly staff trained to answer all your questions. They will make sure you get the most out of your new MO HealthNet Managed Care health plan. As you work with everyone at Harmony, you will see that they put you and your family first, so that you get great health care. Again, we'd like to welcome you to Harmony and wish you good health!

Sincerely,

Harmony Health Plan of Missouri

DEPARTMENT OF SOCIAL SERVICES/MO HEALTHNET DIVISION MO HEALTHNET MANAGED CARE HEALTH RISK ASSESSMENT

Please help us serve your family better by answering the following questions. Your answers are optional. Any answers you choose to give us will be sent to your MO HealthNet health plan so they can help you get the services you need. One of these forms should be completed for each person in your family who is enrolling in a health plan.

Health plans cannot refuse to enroll you because of a medical condition or illness. A health plan cannot ask you to pick another health plan. If this happens, report it to Participant Services at 1-800-392-2161.

Name:	Date of Birth:
Home Phone:	Work Phone:
Emergency Phone/Beeper:	Social Security Number:

PLEASE ANSWER ALL QUESTIONS. CHECK YES OR NO.

1. Is English your main language? YES NO
2. If NO, write your language: _____
If English is not your main language, call 1-866-822-1340 for help.
Si el ingles no es su lenguaje principal, llame 1-866-822-1340 para la ayuda.
3. Do you need a Telecommunications Device for the Deaf (TDD)? YES NO
4. Are you pregnant? YES NO
If YES, when is your baby due? _____
5. Do you have any of the following (answer YES or NO to each):
 - a. Asthma? YES NO
 - b. Diabetes? YES NO
 - c. High blood pressure? YES NO
6. Do you need help getting vaccinations? YES NO
7. Have your children been screened for lead? YES NO
8. Do you need or use any of these (answer YES or NO to each):
 - a. Medications prescribed by a doctor? YES NO
 - b. Mental health treatment or counseling? YES NO
 - c. Substance abuse treatment or counseling? YES NO
 - d. Physical, speech or occupational therapy? YES NO
 - e. Special equipment (for example: to help with moving, walking, talking, hearing, breathing, feeding, personal care, etc.)? YES NO

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WELCOME TO MO HEALTHNET MANAGED CARE

You live in an area of the state where you get most of your benefits from a MO HealthNet Managed Care health plan. Each MO HealthNet Managed Care health plan member must have a primary care provider (PCP). A PCP manages a member's health care. In non-health-plan areas of the state, individuals eligible for MO HealthNet receive health care services through MO HealthNet Fee-for-Service. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. MO HealthNet Fee-for-Service members must go to a MO HealthNet-approved provider. You can do an online search to find a MO HealthNet approved provider at www.dss.mo.gov/mhd/ or you can call 1-800-392-2161 for a list of MO HealthNet-approved providers.

KEEPING YOUR INSURANCE

It is very important you let your Family Support Eligibility Specialist know when your address changes. Important letters and information will be mailed to the address you have given. 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 English, call 1-866-822-1340 to ask for help. We can help if you do not speak or understand English.

- We will get you a translator when needed.
- We may have this book in your language.
- We will get a copy of the grievance and appeal rules in your language.

Si usted no habla inglés, llame al 1-866-822-1340 para obtener ayuda. Podemos ayudarle si usted no habla

o entiende inglés.

- Podemos proporcionarle un traductor cuando lo necesite.
- Tal vez tenemos este libro en su idioma.
- Podemos obtener una copia de las reglas de apelaciones y quejas en su idioma.

VISUALLY AND HEARING- IMPAIRED MEMBERS

We have this handbook in an easy-to-read form for people with poor eyesight. Please call us at 1-866-822-1340 for help. We have a special phone number for people with poor hearing. Members who use a Telecommunications Device for the Deaf (TDD) can call 1-877-650-0952.

WEB SITE INFORMATION

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

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

MEDICAL DISABILITY/MO HEALTHNET FEE-FOR-SERVICE

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

CHANGING TO ANOTHER MO HEALTHNET MANAGED CARE HEALTH PLAN

You may change MO HealthNet Managed Care health plans for any reason during the first 90 days after you become a MO HealthNet Managed Care health plan member. You will also be able to change during your annual open enrollment time. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for help in changing MO HealthNet Managed Care health plans. You may be able to change MO HealthNet Managed Care health plans after 90 days. Some reasons for changing include but are not limited to:

- you have moved out of the MO HealthNet Managed Care area;
- your PCP is no longer with Harmony Health Plan and is in another MO HealthNet Managed Care health plan; or
- your specialist or other health care provider you are currently getting services from is no longer with Harmony Health Plan and is in another MO HealthNet Managed Care health plan.

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

NEWBORN COVERAGE

If you have a baby you must:

- call your Family Support Eligibility Specialist at your local Family Support Division Office 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 Harmony Health Plan at 1-866-822-1340; and
- pick a PCP for your baby in the Harmony Health Plan network.

Your baby will be enrolled in Harmony Health Plan. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 if you want a different MO HealthNet Managed Care health plan for your baby. This is the only phone number you can use to change your baby's MO HealthNet Managed Care health plan. You cannot enroll the baby before birth. You cannot change MO HealthNet Managed Care health plans for your baby until after your baby is born and has a MO HealthNet number. The Family Support Division staff cannot change your baby's MO HealthNet Managed Care health plan. To be sure your baby gets all the services he or she needs, continue to use your current MO HealthNet Managed Care health plan and PCP until the new MO HealthNet Managed Care health plan is effective. If you want to change your baby's MO HealthNet Managed Care health plan, it will be, at most, 45 days before the new MO HealthNet Managed Care health plan is effective.

CHANGES YOU NEED TO REPORT

If you move, it is important that you report your new address by calling your local Family Support Division Office and the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627. Then call Harmony Health Plan at 1-866-822-1340. 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 your local Family Support Division Office include:

- family size (including the birth of any babies);
- income;
- address;
- phone number; and
- availability of insurance.

INSURANCE

You have MO HealthNet Managed Care health care coverage through Harmony Health Plan. 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 Harmony Health Plan pays. If your other health insurance covers a service not covered by MO HealthNet Managed Care, you will owe your provider what your insurance does not pay. It is important that you show all your insurance ID cards to your health care provider.

Harmony Health Plan and your other health insurance policy have rules about getting health care. You must follow the rules for each policy. There are rules about going out-of-network. Some services need prior approval. You may have to pay for the service if you don't follow the rules. For help, call Harmony Health Plan at 1-866-822-1340.

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:

- Harmony Health Plan at 1-866-822-1340; and
- the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627; or
- your local Family Support Division Office.

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 your local Family Support Division Office if your job has health insurance.
- Call Third Party Liability (TPL) at 573-751-2005 to ask about the HIPP program.

You must call Harmony Health Plan at 1-866-822-1340 or your local Family Support Division Office 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.

YOUR RIGHTS AS A MO HEALTHNET MANAGED CARE HEALTH PLAN MEMBER

You have the right to:

- be treated with respect and dignity;
- receive needed medical services;
- privacy and confidentiality (including minors) subject to state and federal laws;
- select your own PCP;
- refuse treatment;
- receive information about your health care and treatment options;
- participate in decision-making about your health care;
- have access to your medical records and to request changes, if necessary;
- have someone act on your behalf if you are unable to do so;
- get information on our Physician Incentive Plan, if any, by calling 1-866-822-1340;
- be free of restraint or seclusion from a provider who wants to —
 - make you do something you should not do;
 - punish you;
 - get back at you;
 - make things easier for him or her.
- be free to exercise these rights without retaliation;
- receive one copy of your medical records once a year at no cost to you.

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 this mark next to them: “*”. Some services need prior approval before getting them. Call Harmony Health Plan at 1-866-822-1340 for information about your health benefits.

- Adult day health care*
- Ambulance
- Ambulatory surgical center, birthing center
- Behavioral health and substance abuse
- Cancer screenings
- Dental services related to trauma to the mouth, jaw, teeth or other contiguous sites as a result of injury. Dental services when the absence of dental treatment would adversely affect a pre-existing medical condition.
- Durable medical equipment (DME)
- Emergency medical, behavioral health, and substance abuse services and post-stabilization services
- Family planning
- Home health services
- Hospice, if you are in the last six months of your life
- 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)
- Outpatient hospital, when an overnight stay is not required
- Personal care
- Podiatry, limited medical services for your feet
- Primary care provider (PCP) services
- Specialty care with PCP referral
- Transplant-related services

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

MORE BENEFITS FOR CHILDREN AND WOMEN IN A MO HEALTHNET CATEGORY OF ASSISTANCE FOR PREGNANT WOMEN

A child is anyone less than 21 years of age. Some services need prior approval before getting them. Call 1-866-822-1340 to check. Women must be in a MO HealthNet category of assistance for pregnant women to get these extra benefits.

- Comprehensive day rehabilitation services to help you recover from a serious head injury
- Dental services.
- Diabetes education and self-management training
- Hearing aids and related services
- Podiatry, medical services for your feet
- Vision—children get all their vision care from the health plan. Some pregnant women get their vision care from the health plan, which includes one (1) comprehensive or one (1) limited eye exam a year for refractive error, and one (1) pair of eyeglasses a year.
- MO HealthNet has a special program for children to provide medically necessary services. 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
- screening and testing lead levels in blood
- checking the growth and progress of the child
- vision, hearing and dental screens
- aids to help disabled children talk
- private duty nurses in the home
- dental care and braces for teeth when needed for health reasons
- special therapies such as physical, occupational, and speech
- personal care to help take care of a sick or disabled child
- an unclothed physical exam
- blood and/or urine tests
- immunizations (shots)
- health care 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.

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		

Age	Date of Health Screen	Date of Lead Poison Screen
3 years		Your child needs a Blood Lead Level each year until age 6 if in a high-risk area.
4 years		
5 years		
6–7 years		
8–9 years		
10–11 years		
12–3 years		A Blood Lead Level is recommended for women of child-bearing age.
14–15 years		
16–17 years		
18–19 years		
20 years		

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

Birth	PKU Test
1–2 weeks	PKU and Thyroid Tests
12 months	TB Test, Blood Count, Blood Lead Level
2 years	Blood Lead Level Test
3 years	Blood Lead Level Test if in a high-risk area
4 years	Blood Lead Level Test if in a high-risk area
5 years	Blood Lead Level Test if in a high-risk area
6 years	Blood Lead Level Test if in a high-risk area

LEAD SCREENING FOR CHILDREN & PREGNANT WOMEN

Your child may be at risk for lead poisoning if:

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

There are other ways your child can be poisoned. Call 1-866-822-1340 if you have questions about lead poisoning.

High levels of lead can cause brain damage or even death. Lead in children is a common health concern. Children must be tested for lead:

- Missouri state law says that children must be tested yearly if the child is between 6 months and 6 years and lives in a high-risk area;
- when the child is 1 year old and again at 2 years;
- when the child is between 6 months and 6 years and might have been exposed to lead; and
- if the child is less than 6 years old and has never been tested for lead.

A lead screen has two parts. First, the primary care provider (PCP) will ask questions to see if your child may have been exposed to lead. Then the PCP may take some blood from your child to check for lead.

This is called a blood lead level test. Children at 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, talk with your PCP or obstetrician to see if you may have been exposed to lead.

IMMUNIZATIONS (SHOTS) SCHEDULE FOR CHILDREN

Immunizations (shots) help prevent serious illness.

This record will help keep track when your child is immunized. If your child did not get 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	Hep B	
1 month	Hep B	
2 months	DTaP, Hib, IPV, PCV, Rota	
4 months	DTaP, Hib, IPV, PCV, Rota	
6 months	Hep B, DTaP, Hib, IPV, PCV, Influenza, Rota	
12 months	Hib, PCV, MMR, Varicella, Hep A Series	
15 months	DTaP	
4–6 years	DTaP, IPV, MMR, Varicella	
11–12 years	Tdap or Td, MCV, HPV (3 doses)	
13–18 years	Tdap or Td, MCV, HPV series (catch-up)	
Every year	Influenza (after 6 months)	

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 breast-feeding; and
- do lab tests if your PCP orders them.

HARMONY HUGS PROGRAM

Harmony Hugs is our special program for pregnant women. It's Harmony's way to make sure our mothers-to-be get the care they need before and after they have their baby. We want our members to seek care very early in their pregnancy. This allows us to arrange for tests that look for any risks you may face. We will also assign someone who will work with you to manage your pregnancy. Our members decide if they want to join Harmony Hugs. Harmony will assign a case manager to you. The case manager calls you based on your risk level and your needs. When the case manager calls, he or she will ask about your pregnancy and give you educational information. Harmony will also send you educational materials during your pregnancy. We'll encourage you to schedule exams for yourself and your baby. Newborn babies need a series of regular checkups.

KIDS CLUB

Harmony's Kids Club is especially for children. It teaches children all about health. The Kids Club also features birthday parties! Each month, we hold a birthday party for all children under age 10 whose birthday is that month. The slogan for the Kids Club is "It's Hip to be Healthy." The Kids Club even has its own mascot, Harmie the Hip Hop Hound.

SPECIAL HEALTH CARE NEEDS

If you have a special health care need, call Harmony Health Plan at 1-866-822-1340. Harmony Health Plan 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 Harmony Health Plan for a specialist to be your PCP.

CASE MANAGEMENT SERVICES

Harmony Health Plan will give case management services for members who are:

- pregnant
- children ages 6 years of age or younger with elevated blood lead levels

Within thirty (30) days of enrollment, Harmony Health Plan will do a case management assessment for new members with the following conditions:

- Cancer
- Cardiac Disease
- Hepatitis C
- HIV/AIDS
- Children with special health care needs including Autism Spectrum Disorder
- Sickle Cell Anemia
- Anxiety Disorders; and
- Pervasive Developmental Disorder

You may ask for an assessment for case management services at any time.

BEHAVIORAL HEALTH CARE

Harmony Health Plan will cover your behavioral health needs. A PCP referral is not needed for behavioral health care. You may go to any behavioral health provider on Harmony Health Plan's list of providers. You may get four visits in a year without our OK. Be sure to go to a behavioral health provider in our network. Behavioral health care includes care for people who abuse drugs or alcohol or need other behavioral health services. Call 1-888-684-2026 to get behavioral health services.

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

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

CARE YOU CAN GET USING THE RED CARD OR THE WHITE MO HEALTHNET CARD

You can get some health care that is not covered by Harmony Health Plan. These services are covered by MO HealthNet Fee-for-Service using MO HealthNet-approved providers. Harmony Health Plan 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
- Therapy services for children in a school Individual Education Plan (IEP) or Individualized Family Service plan (IFSP). Parents, the school or the Department of Mental Health may start an IEP or IFSP.
- 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 care through MO HealthNet Fee-for-Service using MO HealthNet approved providers. These children get their physical health care from Harmony Health Plan.
- Community Psychiatric Rehabilitation is a special program run by the Missouri Department of Mental Health for the seriously mentally ill or seriously emotionally disturbed.
- Drug and alcohol treatment from a Comprehensive Substance Treatment and Rehabilitation (CSTAR) provider. Call Harmony Health Plan member services at 1-866-822-1340 for a list of CSTAR providers.
- Targeted case management for behavioral health services
- Abortion—termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life

GETTING MEDICAL CARE

Call your primary care provider (PCP) when you need health care. Your PCP's phone number is on your Harmony Health Plan 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 Harmony Health Plan.
- Behavioral health care—you may go to any of our behavioral health providers. Just call this toll-free number: 1-888-684-2026.
- Local public health agencies—children may go to

local public health agencies for shots. Members may go to local public health agencies 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 GYN providers.
- Dental services for Harmony Health Plan members are provided by Bridgeport. You can find a dentist by looking in our provider listing, or call 1-877-394-9994.
- Vision services are provided by Harmony Health Plan. Look in our provider listing or call 1-866-822-1340 for a vision provider near you.

You may have to pay for services you get if:

- you go to another health care provider without a referral from your PCP;
- you choose to get medical services that are not covered by MO HealthNet Managed Care;
- you go to a provider that is not a Harmony Health Plan provider without prior approval; or
- you do not have prior approval for services that need it.

HEALTH CARE AWAY FROM HOME

- If you need urgent health care when you are away from home, call your PCP or Harmony Health Plan at 1-866-822-1340 for help.
- In an emergency, you do not need to call your PCP first. Go to the nearest emergency room or call 911.
- Call your PCP after an emergency room visit.
- Get your follow-up care from your PCP.
- Routine health care services must be received from your PCP when you get back home.
- All services outside the United States and its territories are not covered.

PHARMACY DISPENSING FEES

Pharmacy Dispensing Fees—Children under 19 do not have to pay a pharmacy dispensing fee. Members 19 and older pay a pharmacy dispensing

fee for each drug they get. This fee is \$0.50 up to \$2.00 for each drug. The amount of this fee is based on the cost of the drug. You should never pay a fee of more than \$2.00 for each drug. Remember, if you get more than one drug at the same time, you will pay these fees for each drug you get. You will not pay a dispensing fee when the medicine is for an emergency, family planning, a foster child, EPSDT/HCY services or a pregnancy-related reason. To ask what you have to pay, call MO HealthNet Participant Services at 1-800-392-2161. You will be able to get your prescription even if you cannot pay. You will still owe the fee and must pay it like your other bills.

NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

NEMT stands for Non-Emergency Medical Transportation. NEMT can be used when you do not have a way to get to your health care appointment without charge. We may use public transportation or bus tokens, vans, taxi or even an ambulance, if necessary, to get you to your health care appointment. Harmony Health Plan 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 OKed before your appointment.

Who can get NEMT services?

- You must be in Harmony Health Plan on the day of your appointment.
- Some people do not get NEMT as part of their benefits. To check, call Member Services at 1-866-822-1340.
- We will only pay for one child and one parent or guardian and/or an attendant if your child is under 21 and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.

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

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

How do I use the NEMT program?

Call 1-866-822-1340. You must call at least 2 days before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your health care provider gives you an urgent care appointment. You can call this number: 1-866-822-1340. If you have an emergency, dial 911 or the local emergency phone number.

EMERGENCY MEDICAL SERVICES

In an emergency, go to the nearest emergency room even if it is not in the Harmony Health Plan network, or call 911. When you go to the emergency room, a health care provider will check to see if you need emergency care. You can call the number

listed on the back of your MO HealthNet Managed Care health plan card anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

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

- chest pain
- stroke
- difficulty breathing
- bad burns
- deep cuts/heavy bleeding; or
- gunshot wound

If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call the Harmony Health Plan Nurse Advice Helpline at 1-866-762-9122.

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

- earaches
- backaches
- cold/flu
- sore throat
- small cuts; or

You should call your PCP to be treated for these things. If you go to the emergency room and it is not an emergency, you may have to pay for the care you get. Emergency medical services are those health care items and services furnished that are required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical or behavioral health or substance abuse condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent 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.

Please refer to the listing of participating providers in the network of hospitals below:

COUNTY	HOSPITAL	PHONE NUMBER
Lincoln	Lincoln County Memorial Hospital, 1000 E Cherry Street, Troy, MO 63379	(636) 528-8551
Saint Charles	SSM St. Joseph Health Center, 300 1st Capitol Drive, Saint Charles, MO 63301	(636) 947-5000
	SSM St. Joseph Hospital West, 100 Medical Plz, Lake St. Louis, MO 63367	(636) 625-5200
	SSM St. Joseph Health Center – Wentzville, 500 Medical Drive, Wentzville, MO 63385	(314) 327-1000
Saint Louis	SSM St. Mary’s Health Center, 6420 Clayton Road, Saint Louis, MO 63117	(314) 768-8000
	Ranken Jordan A Ped Rehab Center, 11365 Dorsett Road, Maryland Heights, MO 63043	(314) 872-6400
	St. Anthony’s Medical Center, 10010 Kennerly Road, Saint Louis, MO 63128	(314) 525-1000
	SSM St. Joseph Hospital of Kirkwood, 525 Couch Avenue, Saint Louis, MO 63122	(314) 966-1500
	SSM DePaul Health Center, 12303 DePaul Drive, Bridgeton, MO 63044	(314) 344-6000
Saint Louis City	Forest Park Hospital, 6150 Oakland Avenue, Saint Louis, MO 63139	(314) 768-3000
	SSM Cardinal Glennon Child, 1465 S Grand Boulevard, Saint Louis, MO 63104	(314) 577-5600
	St. Alexius Hospital, 2639 Miami Street, Saint Louis, MO 63118	(314) 772-1456
	St. Louis University Hospital, 3635 Vista Avenue, Saint Louis, MO 63110	(314) 577-8000
	St. Alexius Hospital, 3933 S Broadway, Saint Louis, MO 63118	(314) 865-3333
Sainte Genevieve	Ste. Genevieve County Memorial Hospital, 802 Ste. Genevieve Drive US Hwy 61 & 32 Sainte Genevieve, MO 63670	(573) 883-2751
Washington	Washington County Memorial Hospital, 300 Health Way, Potosi, MO 63664	(573) 438-5451
Pike	Pike County Memorial Hospital, 2305 W Georgia Street, Louisiana, MO 63353	(573) 754-5531

EMERGENCY TRANSPORTATION

Call 911 or the closest ambulance.

POST-STABILIZATION CARE

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

POST-STABILIZATION CARE SERVICES

Harmony Health Plan will pay for post-stabilization care that is:

- Received within or outside of our network that was pre-approved by a Harmony Health Plan provider or representative
- Received within or outside of our network that was not pre-approved by Harmony Health Plan, but provided to maintain the member's condition within 30 minutes of a request to Harmony Health Plan for pre-approval of further post-stabilization care services
- Received within or outside of our network that was not pre-approved by a Harmony Health Plan provider or representative but provided to maintain, improve, or resolve the member's condition if:
 - Harmony Health Plan does not respond to a request for a pre-approval within 30 minutes;
 - Harmony Health Plan cannot be reached;
 - The Harmony Health Plan representative and the treating provider cannot reach an agreement about the member's care and a Harmony Health Plan provider is not available to discuss the member's care. If this happens, Harmony Health Plan will give the treating provider the chance to discuss the care with a Harmony Health Plan provider. The treating provider may continue with care until a Harmony Health Plan provider is reached. But if a Harmony Health Plan provider can treat the member at the hospital, he will take over the member's care.

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

Harmony Health Plan no longer pays for post-stabilization that was not pre-approved when:

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

REGULAR HEALTH CARE APPOINTMENTS

Your health care providers must see you within 30 days when you call for a regular health care and dental appointment. Call 1-866-822-1340 if you need help.

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

You should not have to wait longer than one hour from the time of your appointment. For example, if your appointment time is 2pm, you should be seen by 3pm. Sometimes you may have to wait longer because of an emergency. Please call Harmony Health Plan at 1-866-822-1340 if you have problems or need help with an appointment. It is always important that you take all your health insurance cards to your appointments.

URGENT HEALTH CARE APPOINTMENTS

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

- a fever that won't go away
- earaches
- a rash that won't go away
- a pulled or strained muscle; or
- vomiting or diarrhea that doesn't stop

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

- For serious illnesses or injuries, appointments will be available at all times.
- For things like a high temperature and vomiting or diarrhea that won't stop, you must be seen within 24 hours.
- For things like a rash, non-life threatening pain or fever, your provider must see you within five business days or one week, whichever is earlier. Your health care provider will treat you if he or she can. Your health care provider will send you to someone else if he or she is not able to see you that soon. It is always important that you take all your health insurance cards to your appointments.

BEHAVIORAL HEALTH CARE APPOINTMENTS

Appointments for behavioral health care are the same as for regular and urgent health care appointments.

You may see a Harmony Health Plan behavioral health care provider four times yearly without approval. Then after the four behavioral health visits, Harmony Health Plan must OK more visits. Call 1-888-684-2026. It is always important that you take all your health insurance cards to your appointments.

DENTAL APPOINTMENTS

Appointments for dental services are the same as for regular and urgent health care appointments.

SECOND OPINION AND THIRD OPINION

You may want an opinion from a different health care provider. In such cases, you must ask your PCP or Harmony Health Plan to get a second opinion. Harmony Health Plan will pay for it. You may get an opinion from a third provider if your PCP and second opinion provider do not agree. Harmony Health Plan will pay for a third opinion. It is always important that you take all your health insurance cards to your appointments.

CHOOSING AND CHANGING YOUR PRIMARY CARE PROVIDER (PCP)

You must choose a PCP. If you do not, we will choose one for you. Your PCP will manage your health care. The PCP knows the Harmony Health Plan network and can guide you to specialists if you need one. You may ask for a specialist as your PCP if you have a chronic illness or disabling condition. We will work out a plan to make sure you get the care you need. You have a right to change PCPs in our MO HealthNet Managed Care health plan. You may change your PCP anytime. Just call Member Services. Changes made by the 10th of each month are effective immediately. Changes made after the 10th may require additional time. Children in state custody may change PCPs as often as needed. To do this, call us at 1-866-822-1340.

IF YOU ARE BILLED

Harmony Health Plan 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.

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

- the state does not pay your MO HealthNet Managed Care health plan
- your MO HealthNet Managed Care health plan does not pay your provider
- your provider's bill is more than your MO HealthNet Managed Care health plan will pay
- your MO HealthNet Managed Care health plan cannot pay its bills

You may have to pay for services you get if:

- you go to another health care provider without a referral from your PCP
- you choose to get medical services that are not covered by MO HealthNet Managed Care
- you go to a provider that is not a Harmony Health Plan provider without prior approval

**If you get a bill, do not wait!
Call our Member Services
Department at 1-866-822-1340.
Harmony Health Plan will look
into this for you.**

FRAUD AND ABUSE

Committing fraud or abuse is against the law.

Fraud is a dishonest act done on purpose.

Examples of *member* fraud are:

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

An example of *provider* fraud is:

- Billing for services not provided

Abuse is an act that does not follow good practices.

An example of *member* abuse is:

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

An example of *provider* abuse is:

- Prescribing a more expensive item than is necessary

You should report instances of fraud and abuse to:

Harmony Health Plan OR MO HealthNet Division
1-866-822-1340 Participant Services
1-800-392-2161

GRIEVANCES AND APPEALS

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

There are 2 ways to tell Harmony Health Plan 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; or
- A disagreement you may have with a MO HealthNet Managed Care health plan policy.

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;
- Deny payment for a service;

or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within 30 days of receipt of request;
- Make an expedited decision within 3 days of receipt of request;
- Make an appeal decision within 45 days of receipt of request.

Harmony Health Plan must give you a written Notice of Action if any of these actions happen. The Notice of Action will tell you what we did and why, and give you your rights to appeal or ask for a State Fair Hearing.

You Have Some Special Rights When Making A Grievance Or Appeal:

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call 1-866-822-1340 to get help from someone who speaks your language.
3. You may ask anyone such as a family member, your minister, a friend or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within 3 working days or sooner. This is called an expedited review. Call Harmony Health Plan and tell Harmony Health Plan if you think you need an expedited review.
5. Harmony Health Plan 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 Harmony Health Plan changes the time, we must tell you in writing the reason for the delay.
6. If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision, you must appeal within 10 days from the date the Notice of Action was mailed, and tell us not to stop the service while you appeal. If you do not win your appeal, you may have to pay for the medical care you got during this time.
7. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.

How To Make A Grievance Or Appeal Or Ask For A State Fair Hearing:

1. **GRIEVANCE**—You may file a grievance on the telephone, in person, or in writing. Call Harmony Health Plan at 1-866-822-1340 to file a grievance.
 - Harmony Health Plan will write you within 10 days and let you know we got your grievance.
 - Harmony Health Plan must give written notice of a decision within 30 days
2. **APPEAL**—You may file an appeal orally or in writing to Harmony Health Plan. Unless you need an expedited review, you must complete a written request even if you filed orally.
 - You must appeal within 90 days from the date of our Notice of Action.
 - For help on how to make an appeal, call Harmony Health Plan at 1-866-822-1340.

Send your written appeal to:
Harmony Health Plan of Missouri
P.O. Box 31370
Tampa, FL 33631-3370

- Harmony Health Plan must write you within 10 days and let you know we got your appeal.
 - Harmony Health Plan must give written notice of a decision within 45 days, unless it is an expedited review.
3. **STATE FAIR HEARING**—You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan takes an action, or when your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review, you must complete a written request even if you asked orally.
 - You must ask for a State Fair Hearing within 90 days from the date of the MO HealthNet Managed Care health plan's written Notice of Action or Appeal Decision Letter.
 - For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at 1-800-392-2161.

- If you do not speak or understand English, call 1-800-392-2161 to get help from someone who speaks your language.
- You can send your written request to:
Participant Services Unit, MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102-6500
- You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
- You may ask anyone such as a family member, your minister, a friend or an attorney to help you with a State Fair Hearing.
- A decision will be made within 90 days from the date you asked for a hearing.
- If your physical or behavioral health is in danger, a decision will be made within 3 working days. This is called an expedited hearing. Call 1-800-392-2161 if you think you need an expedited hearing.
- If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop, you must ask for a State Fair Hearing within 10 days of the date the written notice of action was mailed, and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

ADVOCATES FOR FAMILY HEALTH

Advocates for Family Health is an ombudsman service. An ombudsman is a problem solver who can advise you and help you. Advocates for Family Health can help you if:

- You need help understanding your rights and benefits under MO HealthNet Managed Care.
- You feel your rights to health care are being denied.
- You are not able to solve the problem by talking to a doctor, 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.

LEGAL SERVICES OF EASTERN MISSOURI serves the following regions/counties:

Eastern Region: Franklin, Jefferson, Lincoln, Madison, Perry, Pike, St. Charles, St. Francois, St. Louis, Ste. Genevieve, Warren and Washington counties and St. Louis City.

Central Region: Macon, Marion, Monroe, Montgomery, Ralls and Shelby counties.

For help at no cost to you, call the Advocates for Family Health, Legal Services of Eastern Missouri at 314-534-1263. If calling from outside St. Louis City or county call 1-800-444-0514. You may also write to the following address:

Advocates for Family Health
Legal Services of Eastern Missouri
4232 Forest Park Avenue
St. Louis, MO 63108

LEGAL AID OF WESTERN MISSOURI serves the following regions/counties:

Western Region: Bates, Cass, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Ray, St. Clair and Vernon counties.

Central Region: Benton, Camden, Linn, Morgan, Pettis and Saline counties.

For help at no cost to you in Clay, Jackson and Platte counties, call 816-474-6750. If calling from Benton, Camden, Cass, Henry, Johnson, Lafayette, Morgan, Pettis, Ray, Saline or St. Clair counties, call 1-800-892-2943. If calling from Bates and Vernon counties, call 1-800-492-7095. If calling from Linn county, call 1-800-892-2101. You may also fax us at 816-474-9751 or write to the following address:

Advocates for Family Health
Legal Aid of Western Missouri
1125 Grand Boulevard, Suite 1900
Kansas City, Missouri 64106

MID-MISSOURI LEGAL SERVICES serves the following regions/counties:

Central Region: Audrain, Boone, Callaway, Chariton, Cole, Cooper, Howard, Miller, Moniteau, Osage and Randolph counties.

For help at no cost to you, please call 573-442-0116 or 1-800-568-4931. You may also fax us at 573-875-0173 or write to the following address:

Advocates for Family Health
Mid-Missouri Legal Services
205 E. Forest Avenue
Columbia, MO 65203

LEGAL SERVICES OF SOUTHERN MISSOURI serves the following regions/counties:

Central Region: Gasconade, Laclede, Maries, Phelps and Pulaski counties.

Western Region: Cedar and Polk counties.

For help at no cost to you, please call 417-881-1397 or toll free at 1-800-444-4863. You may also fax us at 417-881-2159 or write to the following address:

Advocates for Family Health
Legal Services of Southern Missouri
2872 South Meadowbrook
Springfield, MO 65807

ADVANCE HEALTH CARE DIRECTIVE

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

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

If you do not have an advance health care directive, your PCP may not know what health care you want. Talk to your PCP or call Harmony Health Plan at 1-866-822-1340 for information on an advance health care directive. Your PCP must keep a written and signed copy of what care you want. An advance directive becomes part of your medical record.

If there is a problem with things not being done the way they should with an advance directive, you may file a complaint with the Missouri Department of Health and Senior Services at 1-573-751-6400 or write them at P.O. Box 570, Jefferson City, MO 65102.

Advance health care directives are available from the Missouri Bar at 1-573-635-4128, or write them at 326 Monroe, Jefferson City, MO 65101.

FIRST STEPS

Harmony Health Plan can help your child get services from First Steps. First Steps is Missouri's Early Intervention program for infants and toddlers with special needs. First Steps helps young children with special needs and their families get services. It is for children, birth to age 3, who have:

- a 50% or greater delay in development or
- a diagnosed medical condition known to cause developmental delay

Children are eligible for First Steps if they have a significant delay in one or more of the following areas:

- cognition (learning)
- communication (speech or hearing)
- adaptive (self help)
- physical (walking); or
- social-emotional

Children are referred to First Steps through:

- physicians
- hospitals, including prenatal and postnatal care facilities
- parents
- child-care programs
- local educational agencies (including special education and Parents as Teachers)
- public health facilities
- other social service agencies
- other health care providers

An assessment is done to establish eligibility and determine the needs of the child. This is:

- provided at no charge to the family and
- arranged by the closest System Point of Entry (SPOE) office to the family's home.

Services are decided and listed on an Individualized Family Service Plan (IFSP) for the child. Harmony Health Plan will refer you. First Steps and Harmony Health Plan will work together to manage your child's care.

GLOSSARY

Adoption Subsidy

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

Advance Directive

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

DCN—Departmental Client Number

Also known as your MO HealthNet number. This is your identification number for MO HealthNet.

Eligibility Group

Members who receive benefits based on age, family size and income.

EPSDT

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

HCY Program

Healthy Children and Youth, also known as EPSDT.

MO HealthNet-Approved Provider

A doctor, nurse, clinic, pharmacy, hospital or other providers enrolled with the MO HealthNet Division as a MO HealthNet-approved provider. MO HealthNet-approved providers provide services in MOHealthNet Fee-for-Service. You will show them your red or your white MO HealthNet card. MO HealthNet-approved providers are sometimes also called MO HealthNet providers. You can do an online search to find a MO HealthNet-approved provider at www.dss.mo.gov/mhd/ or you can call 1-800-392-2161 for a list of MO HealthNet-approved providers.

MO HealthNet Fee-for-Service

A way to get some health care services that are not covered by Harmony Health Plan. These services may be covered by MO HealthNet Fee-for-Service. You can go to any approved provider that takes MO HealthNet Fee-for-Service. Use only your red or your white MO HealthNet card. You may call 1-800-392-2161 to check on how to get these services.

MO HealthNet Managed Care

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

MO HealthNet Managed Care Card

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

 Una Organización de Mantenimiento de la Salud (HMO) con licencia de Missouri
Nombre del miembro: JOHN DOE
Miembro #: 123456789
Su PCP Benton, C.
Nombre del grupo:
Teléfono del PCP [XXX-XXX-XXXX]
DOB 00/00/0000 RX \$0 OV \$0
Dirección del PCP: 0000 S. HALSTED, ST. LOUIS, MO 63178

INFORMACIÓN IMPORTANTE
Harmony es el plan de salud con cuidado administrado de MO HealthNet que le brindará los beneficios de cuidado administrado de MO HealthNet, más correo de voz para miembros y servicios de transporte a todas las citas de cuidado de la salud, a la oficina de WIC y a la farmacia.
Su inscripción en el plan de salud Harmony comenzará el [Effective Date].
La carta adjunta le indicará cómo usar su tarjeta de identificación y cómo acceder al cuidado de su salud.
Si tiene alguna pregunta, por favor visite nuestra página web en www.harmonyhpm.com o llámenos al 1-866-822-1340 (TTY/TDD 1-877-650-0952)

<p>www.harmonyhpm.com For emergencies go to the nearest E.R. or call 911. Contact your Primary Care Provider as soon as possible.</p> <p>Customer Service: 1-866-822-1340 / TTY 1-877-650-0952 24-Hour Nurse Line: 1-866-762-9122 Behavioral Health: 1-888-684-2026 Bridgeport Dental: 1-877-394-9994 Pharmacy Services: 1-800-392-2161 Prior Authorization: 1-866-822-1340 Transportation: 1-866-745-6714</p> <p>Harmony Health Plan P.O. Box 31370 Tampa, FL 33631-3370</p> <p>Medical Claims are to be mailed to: Harmony Health Plan P.O. Box 31372 Tampa, FL 33631-3372 1-866-822-1340</p> <p>Call 1-866-822-1340 24 hours a day, 7 days a week.</p>
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Out-of-Home Care/Alternative Care Services (Foster Care)

Alternative Care is the care of children living in a home other than that of their birth parents. The juvenile court removes the child from their home. The Children's Division then sets a plan of services.

PCP – A Primary Care Provider is a

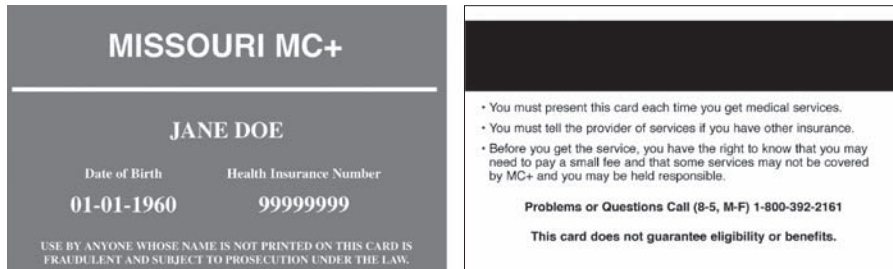
health care provider who manages a member's health care.

Prior Authorization

Your MO HealthNet Managed Care health plan's method of pre-approving certain services.

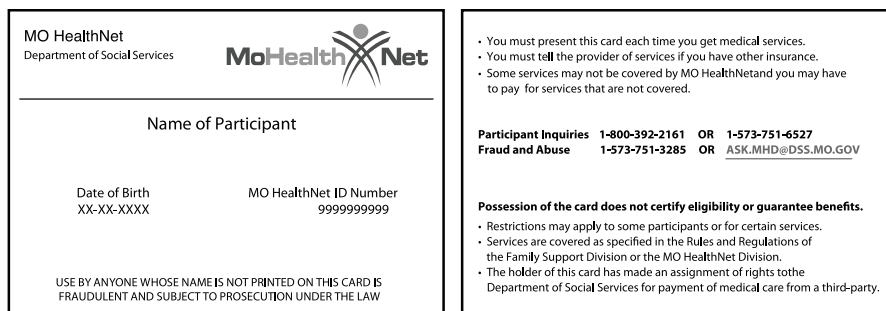
Red MO HealthNet Card

The card sent to you before January 2008, when you are eligible for MO HealthNet.



White MO HealthNet Card (effective January 2008)

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



Referrals

A process used by a PCP to let you get health care from another health care provider, usually for specialty treatment.

GETTING STARTED

This is your member handbook. It tells you how Harmony works. Please read it. Keep it in a safe place so you can find it when you need it.

¿NECESITA ESTA INFORMACIÓN EN ESPAÑOL?

Este libro contiene información que usted necesita saber. Para obtener este libro en español, llame al servicio al cliente al 1-866-822-1340 (TTY 1-877-650-0952). También puede llamar para que le lean el libro en español.

It's easy to get started. Follow these steps. You will be on your way to getting the care you need to keep you and your family healthy. If you have questions about your covered health services or how Harmony Health Plan works, please call Member Services at 1-866-822-1340. One of our Member Services representatives will be happy to help you.

1. Check your ID card. Put it in a safe place.

You should have received your Harmony member ID card in the mail. If not, call Member Services at 1-866-822-1340 (TTY 1-877-650-0952). When you need health care, you will give this card to your provider. Your card has important information about your MO HealthNet Managed Care health plan. Keep this card and your red or white MO HealthNet card with you at all times. Please take the time to look at the information on your ID card. Check the primary care provider (PCP) name on it. If you want to change your PCP, call Member Services at 1-866-822-1340 (TTY 1-877-650-0952). Your member start date is on your ID card.

2. Selecting your primary care provider (PCP).

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

health care. The PCP knows Harmony Health Plan'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. If you have not selected a primary care provider (PCP), please call Member Services immediately at 1-866-822-1340 (TTY 1-877-650-0952). You can choose a PCP from among our network of providers. As your personal provider, he or she will help you arrange for all of the medical care you and your family need. You will find a listing of providers to choose from in your provider directory. Call the provider's office or Harmony Member Services to see if the provider you are choosing is accepting new patients. Changes are made to the provider directory on a continuing basis. To obtain the latest directory listing, call Member Services at 1-866-822-1340 (TTY 1-877-650-0952). With Harmony you can change your PCP as often as necessary without cause. Children in state custody may also change PCPs as often as necessary. Just call Member Services.

3. Visit your primary care provider (PCP).

Your PCP will take care of all routine medical care for you. He or she can arrange specialists or hospital care if needed. If it is not an emergency call your PCP. If you need medical care and your PCP's office is closed, call the number anyway. Your PCP's office will have a message that tells you how to reach them. Your PCP's number is on your ID card. Please get to know your PCP. Call their office to schedule a checkup. As a new member, you should see your PCP within 90 days of joining. If you are pregnant, you should see them within 14 days of this date. Your PCP will get your records from providers you have seen.

4. Learn how to use your benefits.

It's easy to use your MO HealthNet Managed Care health plan benefits. If it is not an emergency, call your PCP. The number is on your ID card. Your PCP will handle all routine care. They can also send you to a specialist or the hospital.

5. In an emergency.

Go to the nearest hospital or call 911 in an emergency. This book tells you about your MO HealthNet Managed Care health plan. It also tells you how you can get care. Read it carefully and pay special notice to the Emergency Care section.

6. Call Harmony Member Services if you need any help.

Call us if you have any questions. We can arrange for translators for all languages. We have materials available in large print, audio tapes and Braille. We can also arrange services for visually or hearing impaired members. Call 1-866-822-1340 (TTY 1-877-650-0952). Member Services is open weekdays from 8am to 5pm Central. Our Member Services staff can help you with the following:

- Explain the operation of the health plan
- Assist members in selecting a primary care provider (PCP) and advice if they are accepting new patients.
- Provide education regarding managed care
- Provide education on how to access care
- Provide education on the role of your primary care provider (PCP)
- Explain member rights and responsibilities
- Explain covered benefits
- Assist members in making appointments and obtaining services
- Arrange members' transportation for medically necessary appointments
- Record and track member inquiries promptly and in a timely fashion

For a current listing of our participating providers, please see our Harmony Provider directory, visit our Web site or call Member Services.

7. Read this book to learn more.

Find out about your dental, vision, and behavioral health benefits.

**You are now ready to use your
Harmony benefits.
We look forward to serving you.**

MEMBER INFORMATION

Your Identification (ID) Card

Every Harmony member gets an ID card. The card shows you are a Harmony member. Show it to providers for care. Also show it to hospitals and drug stores. Keep it with you at all times. Do not let anyone else use your card. If you do, you may lose your benefits.

What If I Lose My Harmony Health Plan ID Card or My Red or White MO HealthNet Card?

If you lose your Harmony Health Plan ID card, call Member Services at 1-866-822-1340 (TTY 1-877-650-0952). They will mail you a new card. If you lose your red or white MO HealthNet card, call your Family Support Eligibility Specialist at your local Family Support Division office.

Your Primary Care Provider (PCP)

Call the PCP on your ID card. They will provide you with routine care. Call now to set a time to see your PCP. As a new member, you should see them within 90 days of the start date on your ID card. If you are pregnant, you should see your PCP within 14 days of the start date. Some providers may not do certain services for religious or moral beliefs.

Appointments

You deserve to be treated with respect. We also ask you to treat your providers with respect by keeping appointments. If you have an appointment with your PCP or for lab tests or X-rays, please remember to get there on time. Sometimes we all need to change our plans. If you can't keep an appointment, please call the provider and let them know. When possible, call at least one day ahead. This way, you will help yourself and other patients get the best care. If you are having trouble scheduling an appointment, call Harmony Health Plan Member Services toll free at 1-866-822-1340 (TTY 1-877-650-0952).

ONGOING SPECIALIST CARE

If you have a condition which requires ongoing care from a specialist, you can request to have a standing referral. Your PCP will give you the standing referral to the specialist you need. You may also call Harmony's Member Services for help getting a standing referral at 1-866-822-1340. If your condition is life-threatening or degenerative and you need specialized medical care over a long period of time, you can request a specialist who will be responsible for providing or coordinating your care. You can also request access to a specialty care center. Your PCP will help you arrange for this care. Harmony's Member Services staff can also work with you to arrange for this care. Just call 1-866-822-1340. If Harmony does not have the type of provider you need in our network, we will find one for you outside of our network. Call Harmony's Member Services staff at 1-866-822-1340. We will find a provider with the training and experience to meet your particular health care needs.

HOW TO GET AFTER-HOURS MEDICAL CARE

If you get sick or hurt when your Primary Care Provider's (PCP) office isn't open, and it is not an emergency, call your PCP. Your PCP's office will have a message that tells you how to reach them. Your PCP's phone number is on your ID card.

OUT-OF-AREA CARE

It is important to get care when you are sick or hurt. If you need care or are injured while away from the Harmony service area, call us toll-free at 1-866-822-1340 (TTY 1-877-650-0952). We can help you.

Dental Services

Call 1-877-394-9994 to set up all dental care. Harmony will provide medically necessary dental services for all members under the age of 21. Kids who need dental services can get their care through a plan dentist. Services include:

- Two exams per year
- One X-ray per year
- Wellness services
- Dentures
- Oral surgery
- Orthodontic treatment

MO HealthNet Managed Care dental services related to trauma to the mouth, jaw, teeth or other contiguous sites as a result of injury. Dental services when the absence of dental treatment would adversely affect a pre-existing medical condition.

Bridgeport Dental provides dental services to Harmony's members. Call them at 1-877-394-9994 to choose a dentist. You will find the listing in your Harmony provider directory. They can also answer your questions about dental care.

Optical Services

Harmony will provide medically necessary optical services for all members under the age of 21. Optical services include but are not limited to eye exams, office visits, treatment, prosthetic eyes and eyeglasses. 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 prosthetic), and one pair of eyeglasses every two years (during any 24-month period).

Disease and Case Management Programs

Harmony has programs that help members with certain diseases and conditions get care. They include:

- Asthma
- Diabetes
- HIV/AIDS
- High lead levels
- Pregnancy
- Other complex conditions

Call Member Services at 1-866-822-1340 (TTY 1-877-650-0952) for more information or to enroll.

Guides are available for people with asthma, diabetes and heart disease. Call Member Services at 1-866-822-1340 (TTY 1-877-650-0952).

IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT HARMONY HEALTH PLAN OF MISSOURI

Member Notifications

Harmony will notify members of significant changes (including cancellations) in member benefits or services. Harmony will publish the change or cancellation in the member newsletter, a revised member handbook or a separate mailing.

Quality and Member Satisfaction Information

You can ask about Harmony Health Plan's performance and member satisfaction. Call Member Services at 1-866-822-1340 (TTY 1-877-650-0952).

Member Steering Committee

The primary purpose of the committee is to allow our members to provide feedback and offer ideas.

Your participation allows us to better understand your needs and help us improve our benefits. Call our Member Services Department for more information.

Additional Information

You can ask about the structure and operation of Harmony Health Plan. You may also contact Harmony if you would like to receive:

- One copy of your medical records at no cost to you
- An Explanation of Benefits (EOB)

Call Member Services at 1-866-822-1340 (TTY 1-877-650-0952).

How Providers Are Paid

Harmony works hard to give you the care you need. As a result, we work with many providers. You may ask how they are paid, and if how they are paid will affect your provider's use of referrals. You also may ask if it will affect other services you may need. Call Member Services at 1-866-822-1340 (TTY 1-877-650-0952) for details.

Utilization Review Process

Utilization review helps the plan make sure you get the best care possible. The plan has a staff that looks into how care is used. They want to make sure it is used in the right way. They make sure treatment plans are being followed. They also ensure care from different providers follows your PCP's treatment plan. Call the Member Services Department at 1-866-822-1340 to find out more about this process.

Authorization and Referral Process/ Prior Authorization

Your PCP will need to give some information to the plan before they can give services. This is called "prior authorization". Some services from specialists and hospitals need prior authorization from your

PCP or specialist. Your provider has been given this information. Call the plan or your PCP to find out what needs prior approval. This is some of what needs to be verified:

- That the member is eligible to get the service.
- That the service is a medical necessity.*
- The service is offered by a plan network provider. The plan must OK services performed by a non-plan provider.

*Medical Necessity (used in determining benefit coverage)—services furnished or proposed to be furnished is (are) reasonable and medically necessary for prevention, diagnosis, or treatment of a physical or mental illness or injury; to achieve age appropriate growth and development; to minimize the progression of disability; or to attain, maintain, or regain functional capacity; in accordance with accepted standards of practice in the medical community of the area in which the physical or behavioral health services are rendered; and service(s) could not have been omitted without adversely affecting the member's condition or the quality of medical care rendered; and service(s) is (are) furnished in the most appropriate setting. Services are not approved just because it is more convenient for the member or Health Care Provider. Prior authorization is not required for emergency services.

To learn more about the Harmony Health Plan's authorization and referral process, call 1-866-822-1340 (TTY 1-877-650-0952).

Web Site

To learn more about Harmony and your benefits, visit www.harmonyhpm.com.

HARMONY HEALTH PLAN OF MISSOURI MEMBER RIGHTS

As a Harmony member, you have the right:

- To get information about the plan, its services, its PCPs and health care providers.
- To get information about your rights and responsibilities.
- To know the names and titles of PCPs and other health care providers caring for you.
- To be treated with respect.
- To be treated with dignity.
- To have the right to privacy.
- To decide with your PCP on the care you get.
- To talk openly about care you need for your health, regardless of cost or benefit coverage, as well as choices and risks involved. The information must be given in a way you understand.
- To know about your health care needs after you get out of the hospital or leave the Health Care Provider's office.
- To refuse care, as long as you agree to be responsible for your decision.
- To refuse to take part in any medical research.
- To complain about the plan or the care it provides and to know that if you do, it will not affect how you are treated.
- To not be responsible for the plan's debts.
- To be free from any form of restraint or seclusion as a means of force, discipline, convenience, or revenge.
- To have access to your medical records.
- To have your records kept private.
- To make your health care wishes known through Advance Directives.
- To have input in the plan's member rights.
- To appeal medical or administrative decisions by using the plan or the State's grievance process.
- To exercise these rights no matter what your sex, age, race, ethnicity, income, education, or religion.
- To have all Harmony Health Plan staff observe your rights.

- To have all the above rights apply to the person legally able to make decisions about your health care.

You have responsibilities as a member:

- To give information that the plan and its PCPs and health care providers need to provide care.
- To follow plans and instructions for care that you have agreed on with your Health Care Provider.
- To understand your health problems.
- To help set treatment goals that you and your Health Care Provider agree to.
- To read the Member Handbook to understand how Harmony Health Plan works.
- To always carry your Member card.
- To always carry your red or white MO HealthNet card.
- To show your ID cards to each health care provider.
- To schedule appointments for all non-emergency care through your PCP.
- To get a referral from your PCP for specialty care.
- To cooperate with the people providing your health care.
- To be on time for appointments.
- To notify your Health Care Provider's office if you need to cancel or change an appointment.
- To respect the rights of all health care providers.
- To respect the property of all health care providers.
- To respect the rights of other patients.
- To not be disruptive in your Health Care Provider's office.
- To know the medicines you take, what they are for, and how to take them the right way.
- To make sure your PCP has copies of all previous medical records.
- To let your plan know within 48 hours, or as soon as possible, if you are admitted to the hospital or receive emergency room care.

NOTICE OF PRIVACY PRACTICES

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

1. Why WellCare Provides This Notice

WellCare is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of WellCare’s legal duties and privacy practices with respect to PHI. PHI includes information that can be used to identify you and has been created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. This notice explains our privacy practices that are applicable to you, a valued member of WellCare. We appreciate the confidence and trust that you have bestowed upon us. Your privacy is very important to us, and we take this duty seriously.

WellCare is required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy practices at any time. Any changes to our policies and procedures will apply to the PHI we already have in our possession. If we make material change to our policies and procedures about your PHI, we will update this notice, post a new notice on our Web site at www.wellcare.com and, to the extent required by applicable law, promptly mail a notice of the changes to you.

2. WellCare Needs Information to Provide Services

The types of PHI we collect on each of our members will include, but not necessarily be

limited to: (i) the information that you provide to us or that we receive from regulatory authorities, your employer or benefits plan sponsor on an application or any other form, in person or in writing, electronically or by telephone (such as your name, address, social security number, date of birth, dependent information, marital status, health or medical history, employment information and other insurance carrier history); and (ii) your contact and affiliation in any form with any of our agents, business partners, or any other party (such as medical records, health care claims, premium payments, verification of your eligibility, appeal and grievance information, information to process requests for health care authorizations and enrollment applications).

3. Treatment, Payment and Health Care Operations

We use and disclose your PHI primarily for your treatment, payment and our health care operations. The following list describes the most common uses and disclosures that WellCare and its business partners may make that are permitted by law.

- To a doctor, a hospital or other health care provider in order to provide your medical care.
- To pay claims for covered services provided to you by doctors, hospitals or other health care providers.
- For the daily operations of WellCare, including but not limited to, processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of health care professionals, and determining premiums.

¹ This Notice of Privacy Practices is applicable to the following subsidiaries of WellCare Health Plans, Inc.: WellCare of Florida, Inc., HealthEase of Florida, Inc., WellCare of New York, Inc., WellCare of Connecticut, Inc., WellCare of Louisiana, Inc., WellCare of Georgia, Inc., WellCare of Ohio, Inc., Harmony Behavioral Health, Inc., Harmony Behavioral Health of Florida, Inc., Harmony Health Plan of Illinois, Inc., Harmony Health Plan of Missouri, Inc., WellCare Prescription Insurance, Inc., WellCare Health Insurance of Arizona, Inc., WellCare Health Insurance of Illinois, Inc., and WellCare Health Insurance of New York, Inc.

- To your plan sponsor to permit them to perform plan administration functions.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you.

4. Other Uses and Disclosures of PHI

WellCare may use or disclose information about you:

- To your family and friends if you are unavailable to communicate, such as in a medical or other emergency.
- When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement officials. For example, we make disclosures to regulatory agencies when a law requires that we report information. We may also disclose PHI pursuant to subpoena as part of a judicial or administrative proceeding.
- To government agencies for public health activities or health oversight activities, such as disclosures to agencies that regulate Medicare and Medicaid services.
- To appropriate authorities regarding abuse, neglect, or domestic violence.
- To military authorities.
- For research purposes in limited circumstances.
- For procurement, banking or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner or funeral director.

5. Uses and Disclosure Requiring Authorization

In other situations, WellCare will require a specific authorization before we use or disclose your PHI. For example, WellCare will seek your authorization before using or disclosing your PHI if we seek to offer unsolicited marketing resources to you for a purpose that is not related to your health benefits or health condition. You have the right to revoke such an authorization at any time by notifying us in writing.

6. Your Individual Rights

A. Access. You have the right to review and obtain a copy of your information that may be used to make decisions about you such as claims and medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, and per hour for staff time to locate and copy your information, and postage.

B. Confidential Communications. You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.

C. Amendment. You have the right to request an amendment of information we maintain about you if you believe that it is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will provide you a written explanation of the denial.

D. Accounting. You have the right to receive a list of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, or health care operations, and certain other activities. If you request this information more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

E. Notice. All WellCare members and prospective members have the right to receive a written copy of this notice upon request at any time.

F. Restrictions. You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

G. Contact. All of your applicable privacy right can be exercised by contacting WellCare. If you wish to write to us, please write to the Chief Privacy Officer. If you call us, please call the toll-free phone number on your membership card and a Member Services associate will assist you. You may also call the number below.

WellCare Health Plans, Inc.
Attention: Chief Privacy Officer
8735 Henderson Road, Ren. 2
Tampa, FL 33634
Phone: 813-290-6200

7. Complaints

If you believe this policy has been violated with respect to information about you or your covered dependents and you wish to file a complaint with us, it may be done either verbally or in writing. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will not retaliate against you for filing a complaint. **Effective Date: October 1, 2006**

ACCESS TO MEDICAL SERVICES

The plan has a medical team to offer quick service to members. Travel time to medical services:

Provider/Service Type	Distance Standards (in minutes)		
	Urban County	Basic County	Rural County
Physicians			
PCPs	10	20	30
Obstetrics/Gynecology	15	30	60
Neurology	25	50	100
Dermatology	25	50	100
Physical Medicine/Rehab	25	50	100
Podiatry	25	50	100
Vision Care/Primary Eye Care	15	30	60
Allergy	25	50	100
Cardiology	25	50	100
Endocrinology	25	50	100
Gastroenterology	25	50	100
Hematology/Oncology	25	50	100
Infectious Disease	25	50	100
Nephrology	25	50	100
Ophthalmology	25	50	100
Orthopedics	25	50	100
Otolaryngology	25	50	100
Pediatric	25	50	100
Pulmonary Disease	25	50	100
Rheumatology	25	50	100
Urology	25	50	100
General Surgery	15	30	60
Psychiatrist – Adult/General	15	40	80
Psychiatrist – Child/Adolescent	22	45	90
Psychologists/Other Therapists	10	20	40
Chiropractor	15	30	60
Hospitals			
Basic Hospital	30	30	30
Secondary Hospital	50	50	50

Tertiary Services

Level I or Level II trauma unit	100	100	100
Neonatal intensive care unit	100	100	100
Perinatology services	100	100	100
Comprehensive cancer services	100	100	100
Comprehensive cardiac services	100	100	100
Pediatric subspecialty care	100	100	100

Mental Health Facilities

Inpatient mental health treatment facility	25	40	75
Ambulatory mental health treatment providers	15	25	45
Residential mental health treatment providers	20	30	50

Ancillary Services

Physical Therapy	30	30	30
Occupational Therapy	30	30	30
Speech Therapy	50	50	50
Audiology	50	50	50

Pharmacy

Pharmacy	10	20	30
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The time is right to put Harmony in your life.

If you have any questions about information contained in this handbook, please call us.
Member Services: 1-866-822-1340 (TTY: 1-877-650-0952)