



# Notification of Pregnancy and Risk Screening

A MO HealthNet Division (MHD)  
collaboration to redesign and strengthen the  
Notification of Pregnancy process

September 2024

# Overview

- Goals
- New Notice of Pregnancy (NOP) and Risk Screening Process
- Workflow
- NOP and Risk Screening Portal Overview
- Billing and Reimbursement
- Desired Outcomes
- Resources



# Goals

- 01 : Centralized location for reporting the NOP and Risk Screening.
- 02 : Allow providers to report NOP and Risk Screening when the mother is pending eligibility or not enrolled in a Managed Care Plan.
- 03 : Use trusted relationships to capture high-priority information that Managed Care (MC) Health Plans and MHD consider relevant to determine what Social Determinants of Health (SDOH) supports are needed to improve health outcomes.
- 04 : Ensure information is timely, i.e., as early in the prenatal period as possible.

# Goals

05



Build collaborative relationships between providers and MC Health Plan case managers to support their patients/members.

06



Create an opportunity for providers to share case management incentives and additional pregnancy related services and resources with mom.

07



Advise mom to expect a call from the MC Health Plan, creating a warm hand-off between the provider and the plan.

04



# Notice of Pregnancy and Risk Screening Process

MO HealthNet partnered with the MC Health Plans; Home State Health, Show Me Healthy Kids, Healthy Blue, and United HealthCare, to develop a universal [NOP and Risk Screening Portal](#) and [NOP and Risk Screening Form](#). These resources will capture information about the patient's pregnancy and SDOH.

The new portal and form will be available November 1, 2024.

The screenshot shows the web portal interface. At the top, logos for MoHealthNet, Healthy Blue, home state health, and UnitedHealthcare Community Plan are displayed. A sidebar on the left contains a navigation menu with options: Provider Information (selected), Participant Information, Participant Information Continued, Clinical History, Clinical History Continued, Social Risk Factors, and Social Risk Factors Continued. The main content area is titled 'NOTIFICATION OF PREGNANCY AND RISK SCREENING' and contains the following text: 'The purpose of this form is to collect information relevant to clinical and social risk during pregnancy, to initiate contact with participants to offer prenatal case management services and supports, and to update the participant's MO HealthNet benefit category. Health plan members will be contacted by their respective plan upon receiving this information. For MO HealthNet (traditional Medicaid) participants, the medical care provider should inform pregnant women of available prenatal case management benefits, and a referral should be made to a MO HealthNet participating prenatal case management provider. For a list of prenatal case management providers, see: <https://myhealthportal.com/provider-search/>. A pdf of this form may be downloaded [here](#).' Below this text is a 'Provider Information' section with input fields for 'Provider Name: \*', 'NPI: \*', 'Provider Phone Number: \*', and 'Date Completed: \*' (with a date picker). A 'Next' button is located at the bottom of the form.

The screenshot shows the printed form titled 'NOTIFICATION OF PREGNANCY AND RISK SCREENING'. At the top, logos for MoHealthNet, Healthy Blue, home state health, and UnitedHealthcare Community Plan are displayed. The form includes a purpose statement and a list of participating prenatal case management providers: <https://apps.dss.mo.gov/fms/MedicaidProviderSearch/>. The form is divided into several sections:
 

- Provider Information:** Fields for Provider Name, NPI, Provider Phone Number, and Date Completed.
- Participant Information:** Fields for First Name, MI, Last Name, Nickname/Preferred Name, Date of Birth, MO HealthNet DCN (8-digit Medicaid #), Preferred Language, Home Street Address, City, State, Zip Code, Email Address, Home Phone, and Cell Phone (SDOH screener to verify best #).
- Demographics:** Checkboxes for 'Choose all that apply: (Optional)' including American Indian/Alaskan Native, Asian, Black, Hispanic, Other, Pacific Islander, and White. A checkbox for 'Declined to respond'. A permission checkbox for 'MO HealthNet health plans to text cell number to offer health management and pregnancy resources?'.
- Clinical History:** Fields for 'Estimated Gestational Age Today (Weeks) Z34xx' and 'Estimated Due Date'. A section for 'Previous pregnancy outcomes that may elevate risk:' with checkboxes for Pre-term (33-37 weeks gestational age), Extreme or very pre-term (32 weeks or less), Fetal demise and/or incompetent cervix, Early pregnancy loss for any reason, and Delivered by C-section. A section for 'Were there previous pregnancies complicated by hypertensive disorders of pregnancy or peripartum cardiomyopathy?' with Yes/No/NA options. A section for 'Were there other complications in any previous pregnancies such as gestational diabetes, excessive nausea and vomiting, or postpartum depression?' with Yes/No/NA options. A section for 'Is there a known history of substance use that may elevate pregnancy risk, such as:' with checkboxes for marijuana/THC, tobacco, alcohol, opioids, narcotics, amphetamines, or other illicit drugs/substances. A section for 'Is there a history of any other chronic conditions or diagnoses that may elevate pregnancy risk?' with checkboxes for diabetes, anemia, asthma, cardiovascular conditions, or seizures. A section for 'Is there a known history of a serious behavioral health condition, such as depression or bipolar disorder?' with Yes/No options.
- Social Risk Factors:** Fields for 'Name of Screener', 'Best Contact Phone Number', and 'Best Contact Email Address for NOP Confirmation'. A series of Yes/No/NA questions: 'Concerns about being able to access medical care, medications, or medical supplies for pregnancy? Z59.86', 'Does not have consistent access to nutritious food Z59.4', 'Lack of reliable transportation to prenatal visits and other activities to support a healthy pregnancy Z59.82', 'General concerns about housing Z59.0, Z59.1, Z59.81', 'Concerns about domestic abuse (physical, emotional, sexual) Z63.0', 'Concerns related to crime or violence in the community Z65.4', 'At elevated risk for sexually transmitted infections (HIV, syphilis, hepatitis, chlamydia, etc.) affecting pregnancy', 'Currently working with a caseworker/social worker?', 'Will need supplies to care for baby at home (crib, car seat, diapers, etc.)', 'Needs legal assistance on any concern that may impact maternal/fetal health?', 'Lacks a support system (family, friends, etc.) to help with the pregnancy and after delivery', and 'If SUD is a concern, is there interest in treatment or recovery services?'.

\* No includes "not disclosed" and "unknown".

# Notice of Pregnancy and Risk Screening Process

The new NOP and Risk Screening process is intended to notify MHD and the MC Health Plans of the patient's pregnancy and SDOH factors to ensure supports can be provided to patients as early as possible.

- MO HealthNet enrolled providers (Fee-For-Service (FFS) and MC Health Plan) who provide obstetric care/services, primary care, and emergency care can complete and bill for the NOP and Risk Screening.
- The NOP and Risk Screening should be completed during any encounter type during which the pregnancy is diagnosed/confirmed.
- Providers should document answers to all questions from the screening with the appropriate SDOH procedure code (Z-codes) in the patient record. SDOH Z-codes and descriptions will be provided later in the presentation.
- The NOP and Risk Screening information can be entered directly into the [NOP and Risk Screening Portal](#). The [NOP and Risk Screening Form](#) is a tool available for collecting information and is not required.

# NOP and Risk Screening Workflow



01 : New obstetric visit – pregnancy diagnosed



02 : Provider staff completes the NOP and Risk Screening with the patient and provides a Rack Card

Rack Card details provided later in this presentation



03 : Provider staff submits NOP and Risk Screening information via the NOP and Risk Screening Portal

# NOP and Risk Screening Workflow

04: The patient will fall in to one of the below categories:

## Patient Assigned to MC Plan

- MC Plan emails provider to confirm receipt of the NOP and Risk Screening with the risk score, contact info, etc.
- Plan Care Manager notifies provider of care actions provided by MC Plan
- Plan Care Manager and provider collaborate on patient health needs

## Patient Not Yet Assigned to MC Plan

- MHD will contact the Family Support Division (FSD) to request assignment and/or will continue to check eligibility
- MHD will notify provider of reason for ongoing pending status after one week
- MHD will send an email/letter encouraging the individual to apply for MO HealthNet if no application is present

## Patient Assigned to Fee-For-Service

- MHD emails participant, copying provider, to confirm the NOP and Risk Screening was received and advises they are eligible for care management services from sources such as Local Public Health Department (if any risk factors are documented on NOP)

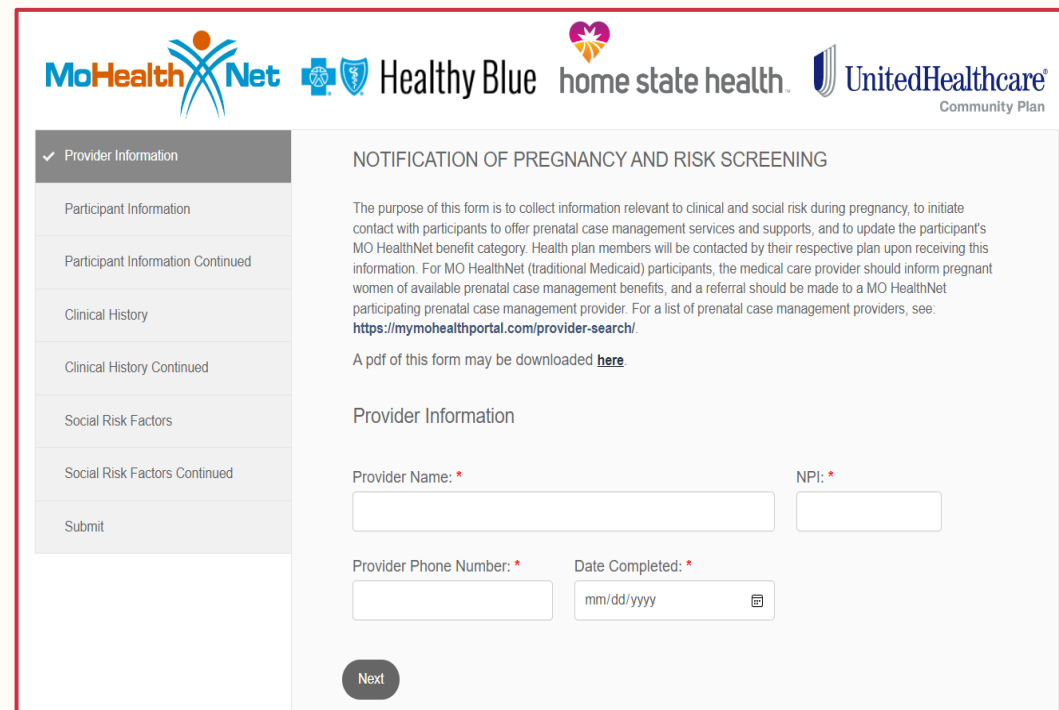


# Notification of Pregnancy and Risk Screening Portal

The MO HealthNet [NOP and Risk Screening Portal](#) provides the information collected from the NOP and Risk Screening to MO HealthNet and the applicable MC Health Plan.

The Portal is secure and HIPAA compliant.

Most questions include a red asterisk (\*), indicating a response is required.



The screenshot shows the 'Notification of Pregnancy and Risk Screening' form. At the top, there are logos for MoHealthNet, Healthy Blue, home state health, and UnitedHealthcare Community Plan. The form has a sidebar menu with the following items: Provider Information (checked), Participant Information, Participant Information Continued, Clinical History, Clinical History Continued, Social Risk Factors, Social Risk Factors Continued, and Submit. The main content area is titled 'NOTIFICATION OF PREGNANCY AND RISK SCREENING' and contains the following text: 'The purpose of this form is to collect information relevant to clinical and social risk during pregnancy, to initiate contact with participants to offer prenatal case management services and supports, and to update the participant's MO HealthNet benefit category. Health plan members will be contacted by their respective plan upon receiving this information. For MO HealthNet (traditional Medicaid) participants, the medical care provider should inform pregnant women of available prenatal case management benefits, and a referral should be made to a MO HealthNet participating prenatal case management provider. For a list of prenatal case management providers, see: <https://mymohealthportal.com/provider-search/>. A pdf of this form may be downloaded [here](#).' Below this text is a 'Provider Information' section with the following fields: 'Provider Name: \*' (text input), 'NPI: \*' (text input), 'Provider Phone Number: \*' (text input), and 'Date Completed: \*' (calendar input with 'mm/dd/yyyy' format). A 'Next' button is located at the bottom of the form.

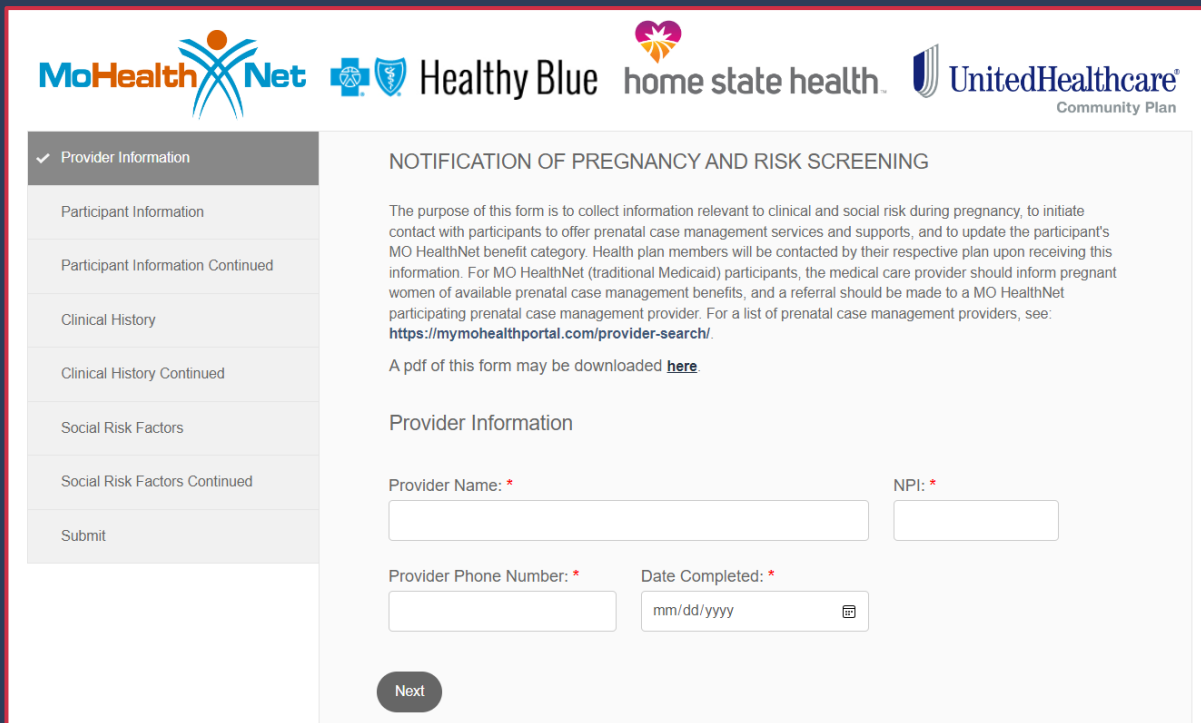
NOP and Risk Screening Portal: <https://tinyurl.com/NofP-MHD>

# NOP and Risk Screening Portal

## Provider Information Screen

Enter the following required information on the Provider Information screen:

- Provider Name
- National Provider Identifier (NPI)
- Provider Phone Number
- Date Completed




The screenshot shows the 'Provider Information' screen of the MoHealthNet portal. The page header includes logos for MoHealthNet, Healthy Blue, home state health, and UnitedHealthcare Community Plan. The main content area is titled 'NOTIFICATION OF PREGNANCY AND RISK SCREENING' and contains a paragraph explaining the form's purpose. Below this, there is a 'Provider Information' section with four required fields: 'Provider Name: \*', 'NPI: \*', 'Provider Phone Number: \*', and 'Date Completed: \*'. The 'Date Completed' field has a placeholder 'mm/dd/yyyy' and a calendar icon. A 'Next' button is located at the bottom left of the form area.

<https://tinyurl.com/NofP-MHD>

# IMPORTANT: Use Correct ID Number – DCN

The NOP and Risk Screening process uses the 8-digit Departmental Client Number (**DCN**). MC Health Plans also assign ID numbers, so it is important providers are using the correct number when entering information into the Portal. Refer to the sample cards below to determine where to locate the patient’s DCN.

**MO HealthNet**  
Department of Social Services





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Date of Birth \_\_\_\_\_

**MO HealthNet ID Number**

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

 **Healthy Blue**

<Member Name> \_\_\_\_\_ PCP Name: \_\_\_\_\_  
 Member ID #: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
**DCN#:** \_\_\_\_\_

Effective Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

 **UnitedHealthcare** | Community Plan

Health Plan (80840) 911-86050-02

Member ID: 001600012 Group Number: MOHNET

Member: REISSUE M ENGLISH Payer ID: 86050

**DCN #:** 99999912

PCP Name: DOUGLAS GETWELL  
 PCP Phone: (717) 851-6816

S1803 MT ROSE AVE STE B3  
 YORK, MO 174033051

0501 UnitedHealthcare Community Plan of Missouri  
 Administered by UnitedHealthcare of the Midwest, Inc.

 **home state health.**


Name: \_\_\_\_\_  
**MO HealthNet ID #:** \_\_\_\_\_  
 PCP Name: \_\_\_\_\_  
 PCP Address : \_\_\_\_\_

PCP Phone #: \_\_\_\_\_

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Home State for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or NurseWise at 1-855-694-4663 (TDD/TTY 1-877-250-6113. Relay 711.

HSHPI0304 | Approved: March 25, 2015

**Show Me Healthy Kids**  
 MANAGED BY HOME STATE HEALTH

 **home state health.**

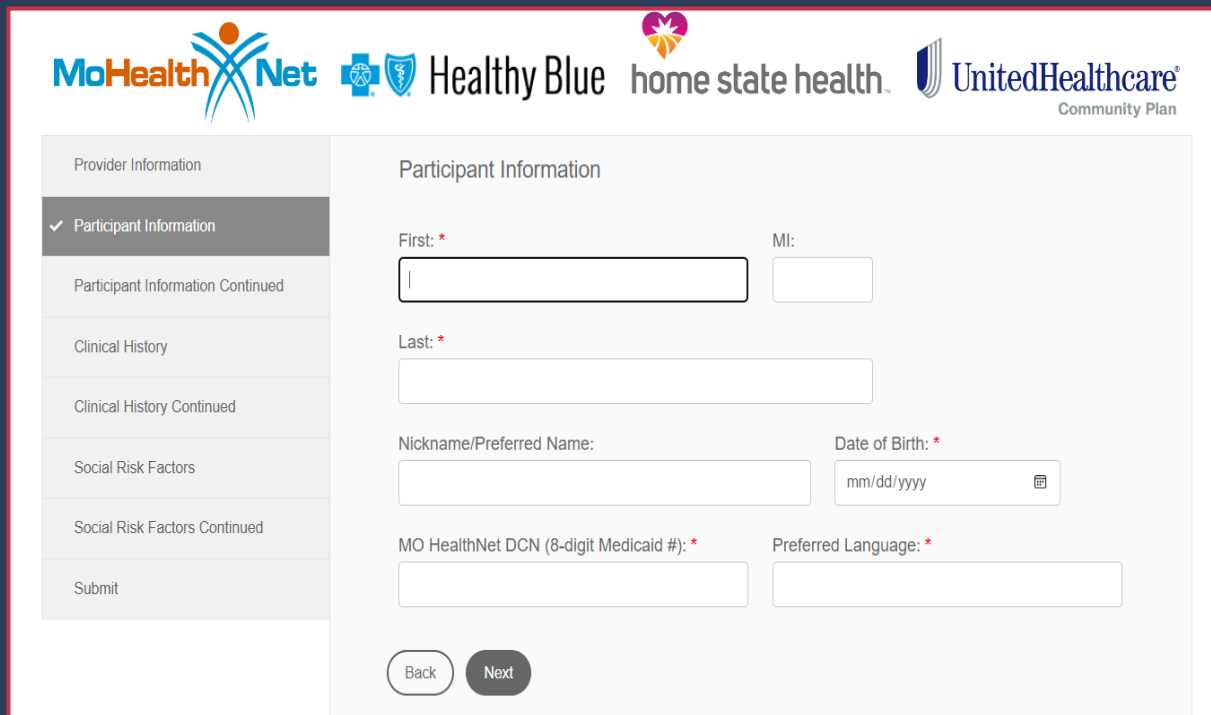
Name: \_\_\_\_\_  
**Member ID #:** \_\_\_\_\_  
 PCP Name: \_\_\_\_\_  
 PCP Address: \_\_\_\_\_

PCP Phone #: \_\_\_\_\_

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Home State for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Nurse Advice Line at 1-877-235-1020 (TTY 711)

# NOP and Risk Screening Portal

## Participant Information Screen



MoHealth Net Healthy Blue home state health. UnitedHealthcare Community Plan

Provider Information

✓ Participant Information

Participant Information Continued

Clinical History

Clinical History Continued

Social Risk Factors

Social Risk Factors Continued

Submit

Participant Information

First: \* MI:

Last: \*

Nickname/Preferred Name: Date of Birth: \*  
mm/dd/yyyy

MO HealthNet DCN (8-digit Medicaid #): \* Preferred Language: \*

Back Next

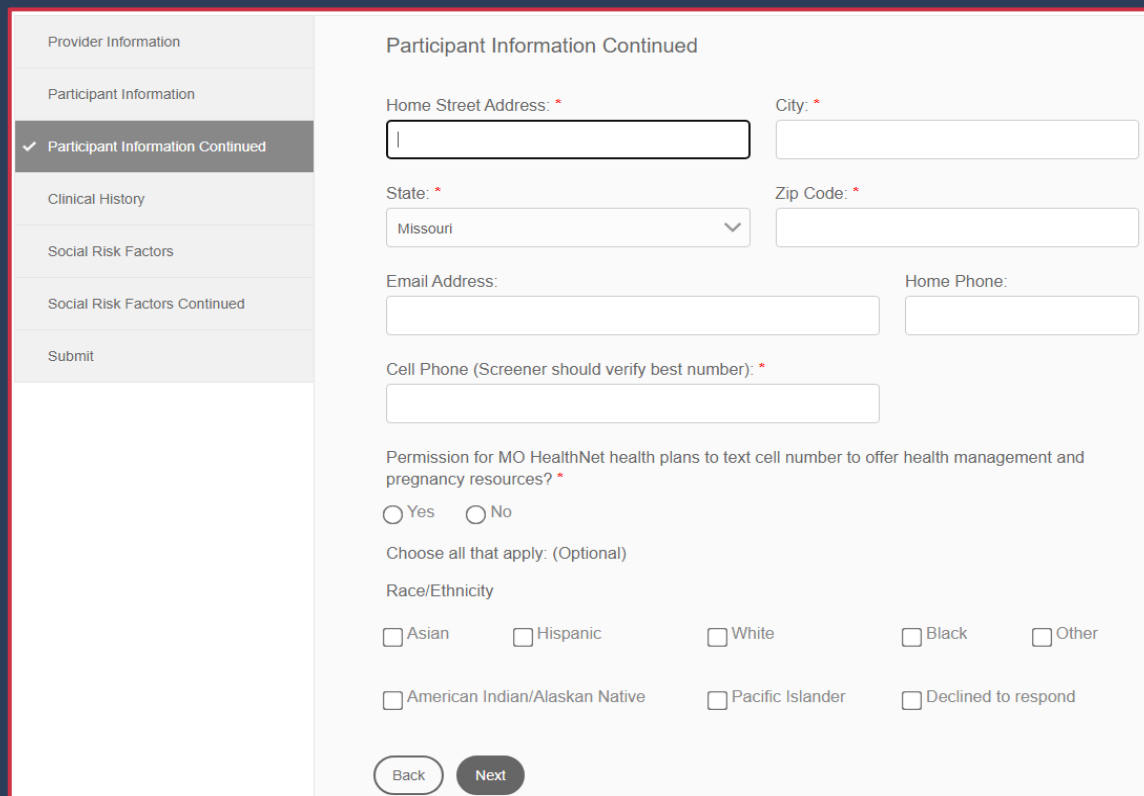
<https://tinyurl.com/NofP-MHD>

Enter the patient's information.

**Every effort should be made to enter an accurate DCN as this will be used to quickly route the patient to the appropriate MC Health Plan.**

If a DCN is not yet assigned, the number "99999999" should be entered. **This will cause a delay** so only use this when the patient has not yet been assigned a DCN.

# NOP and Risk Screening Portal



Participant Information Continued

Home Street Address: \*  City: \*

State: \*  Zip Code: \*

Email Address:  Home Phone:

Cell Phone (Screener should verify best number): \*

Permission for MO HealthNet health plans to text cell number to offer health management and pregnancy resources? \*

Yes  No

Choose all that apply: (Optional)

Race/Ethnicity

Asian  Hispanic  White  Black  Other

American Indian/Alaskan Native  Pacific Islander  Declined to respond

## Participant Information Screen

Enter the patient's contact information and race/ethnicity on this screen.

It is important to **directly ask the patient for the best contact phone number** that the MC Health Plans should use when reaching out to the member, explaining that the purpose of the outreach is to **offer additional pregnancy-related services and resources.**

<https://tinyurl.com/NofP-MHD>

# NOP and Risk Screening Portal

## Clinical History Screen

Provider Information

Participant Information

Participant Information Continued

**✓ Clinical History**

Clinical History Continued

Social Risk Factors

Social Risk Factors Continued

Submit

### Clinical History

Estimated Gestational Age Today (In Weeks): \*

Estimated Due Date \*

Gravida: \*  Para: \*  Current Pregnancy: \*

Singleton  Multiple Gestation

Previous pregnancy outcomes that may elevate risk:

Pre-term (under 37 weeks gestational age)  Extreme or very pre-term (32 weeks or less)

Fetal demise and/or incompetent cervix  Early pregnancy loss for any reason

Delivered by C-section  None

Were there previous pregnancies complicated by hypertensive disorders of pregnancy or peripartum cardiomyopathy? \*

Yes  No

Were there other complications in any previous pregnancies such as gestational diabetes, excessive nausea and vomiting, or postpartum depression? \*

Yes  No

Enter the patient's clinical information and any risk factors related to this pregnancy.

**NOTE:** The Estimated Gestational Age Today (In Weeks) field should match the Z3A code submitted on the claim. For example, if "18" is entered in this field on the Portal, then Z3A18 should be coded on the claim.

<https://tinyurl.com/NofP-MHD>

# NOP and Risk Screening Portal

## Clinical History Screen

The language of “known history” is intended to acknowledge that not all risk factors will be known or disclosed to the screener.

Screeners should answer to the best of their knowledge.

### Clinical History Continued

Is there a known history of substance use that may elevate pregnancy risk, such as: \*

Yes  No

marijuana/THC

tobacco

alcohol

opioids, narcotics, amphetamines, or other illicit drugs/substances

Does the patient have hypertension? \*

Yes  No

Does the patient have an autoimmune condition or sickle cell disease? \*

Yes  No

Is there a history of any other chronic conditions or diagnoses that may elevate pregnancy risk, such as diabetes, anemia, asthma, cardiovascular conditions, or seizures? \*

Yes  No

Is there a known history of a serious behavioral health condition, such as depression or bipolar disorder? \*

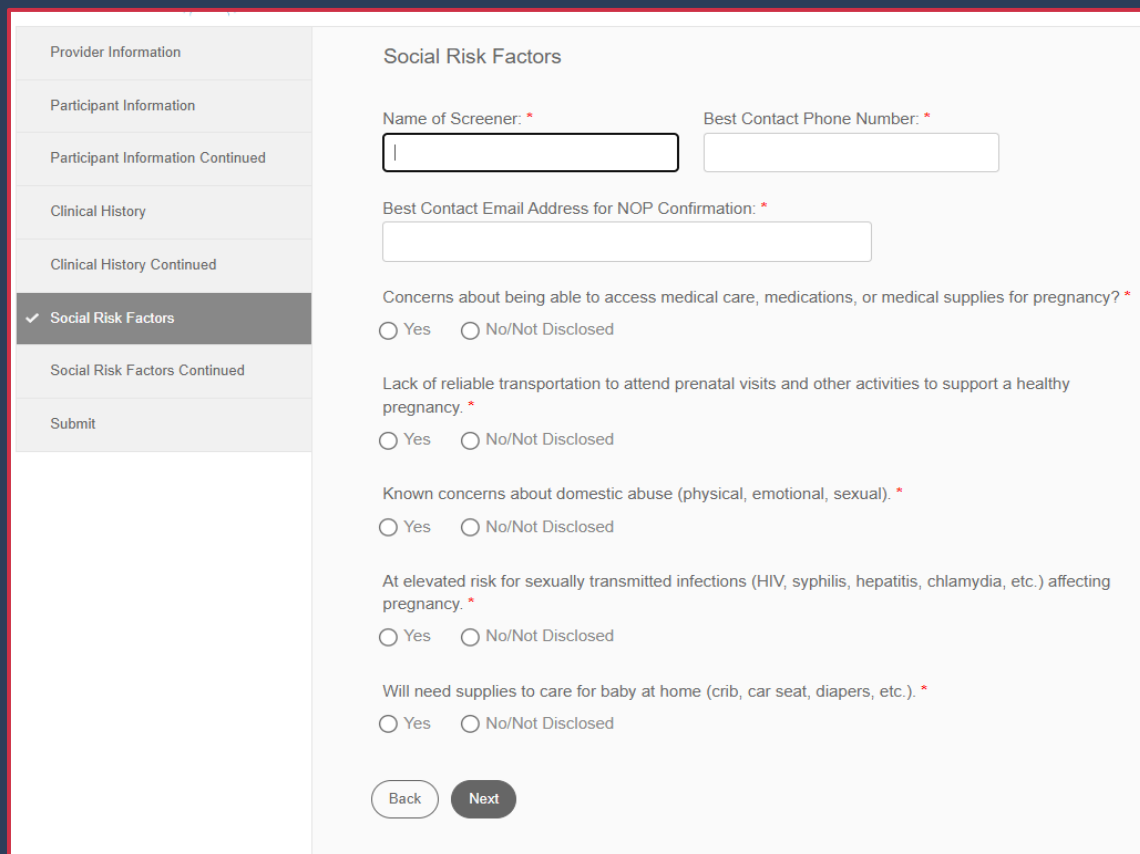
Yes  No

Back

Next

<https://tinyurl.com/NofP-MHD>

# NOP and Risk Screening Portal



**Provider Information**

**Participant Information**

**Participant Information Continued**

**Clinical History**

**Clinical History Continued**

**✓ Social Risk Factors**

**Social Risk Factors Continued**

**Submit**

### Social Risk Factors

Name of Screener: \*

Best Contact Phone Number: \*

Best Contact Email Address for NOP Confirmation: \*

Concerns about being able to access medical care, medications, or medical supplies for pregnancy? \*  
 Yes  No/Not Disclosed

Lack of reliable transportation to attend prenatal visits and other activities to support a healthy pregnancy. \*  
 Yes  No/Not Disclosed

Known concerns about domestic abuse (physical, emotional, sexual). \*  
 Yes  No/Not Disclosed

At elevated risk for sexually transmitted infections (HIV, syphilis, hepatitis, chlamydia, etc.) affecting pregnancy. \*  
 Yes  No/Not Disclosed

Will need supplies to care for baby at home (crib, car seat, diapers, etc.). \*  
 Yes  No/Not Disclosed

## Social Risk Factors

Enter the name of the person who collected the information. The contact email address may be a shared clinic inbox.

Enter the patient's information related to social risk factors that may affect this pregnancy.

<https://tinyurl.com/NofP-MHD>



# NOP and Risk Screening Portal

## Social Risk Factors

The response “No/Not Disclosed” acknowledges that some information is sensitive and patients may not wish to disclose.

For all social risk factor questions, a “Yes” answer implies that there is a risk.

### Social Risk Factors Continued

Patient has a support system (family, friends, etc.) to help with the pregnancy and after delivery. \*

Yes  No/Not Disclosed

Consistent access to nutritious food. \*

Yes  No/Not Disclosed

General concerns about housing. \*

Yes  No/Not Disclosed

Known concerns related to crime or violence in the community. \*

Yes  No/Not Disclosed

Is the patient currently working with a caseworker/social worker? \*

Yes  No/Not Disclosed

Does the patient need legal assistance on any concern that may impact maternal/fetal health? \*

Yes  No/Not Disclosed

If SUD is a concern, is the patient interested in treatment or recovery services? \*

Yes  No/Not Disclosed

Back

Next

<https://tinyurl.com/NofP-MHD>

# NOP and Risk Screening Portal



## Confirmation

After submitting the NOP and Risk Screening information, a summary and a FormID will be generated. Keep this information for your records.

It's important that providers document the NOP and Risk Screening findings in the patient's record. The information cannot be edited, accessed or retrieved once submitted.

For assistance, contact [MHD.NOP@dss.mo.gov](mailto:MHD.NOP@dss.mo.gov).

<https://tinyurl.com/NofP-MHD>

# Billing and Payment

## Prenatal Screening

The following codes are reimbursed at \$50.00 for completion and entry into the state's new [NOP and Risk Screening Portal](#).

| Code     | Description  |
|----------|--|
| G9919-TH | Positive comprehensive SDOH screening and provision of recommendations/referrals |
| G9920-TH | Negative comprehensive SDOH screening  |

Prenatal diagnosis required on the claim: Gestational age (Z3Axx, where xx is the estimated weeks gestational age) and SDOH Z-codes.

## Postpartum Screening

Providers may also bill and be reimbursed \$50.00 for one postpartum screening. Postpartum screenings should not be entered into the Portal.

Postpartum diagnosis required on the claims: Postpartum code Z39.2.

- At least one SDOH Z-code should be included when billing G9919-TH.
- No SDOH Z-codes should be submitted when billing G9920-TH.

# SDOH Diagnosis Codes

Providers should report all SDOH DX codes identified during the NOP and Risk Screening on the claim.

| Social Risk Factors   | ICD-10 Code                         |
|---|-------------------------------------|
| Concerns about being able to afford this pregnancy, including needed medications  | Z59.86                              |
| Reliable transportation to attend prenatal visits and other activities to support a healthy pregnancy                   | Z59.82                              |
| Known concerns about domestic abuse (physical, emotional, sexual)   | Z63.0                               |
| At risk for sexually transmitted infections (HIV, syphilis, hepatitis, chlamydia, etc.) affecting maternal/fetal health | Captured on NOP no corresponding DX |
| Will need supplies to care for baby at home (crib, car seat, diapers, etc.)   | Captured on NOP no corresponding DX |
| Patient has a support system (family, friends, etc.) to help with the pregnancy and after delivery                      | Captured on NOP no corresponding DX |

| Social Risk Factors  | ICD-10 Code                         |
|--|-------------------------------------|
| Consistent access to nutritious food   | Z59.4                               |
| General concerns about housing   | Z59.0, Z59.1, Z59.81                |
| Known concerns related to crime or violence in the community                                 | Z65.4                               |
| Is the patient currently working with a caseworker/social worker?                            | Captured on NOP no corresponding DX |
| Does the patient need legal assistance on any concern that may impact maternal/fetal health? | Captured on NOP no corresponding DX |
| If SUD is a concern, is the patient interested in treatment or recovery services?            | Captured on NOP no corresponding DX |

# Billing and Payment Limitation

Reimbursement is limited to one prenatal and one postpartum screening per patient, per calendar year.

The new [NOP and Risk Screening Portal](#) and [NOP and Risk Screening Form](#) is also replacing the [Risk Appraisal for Pregnant Women](#).

Providers will now be reimbursed \$50 for entering the NOP and Risk Screening information in the Portal compared to \$8.56 they were previously paid for completion of the Risk Appraisal for Pregnant Women Form (for women in the fee-for-service population).



# Desired Outcomes

01 : Increased number of enrolled members in MC Health Plan case management programs

02 : Increased number of women accessing pregnancy incentives & benefits

03 : Reduce no-show appointment rates for pregnant/postpartum women

04 : Determine when pregnancy was reported, what SDOH needs were documented, and how some of those needs were met

05 : Data can be analyzed to determine what SDOH supports result in improved health outcomes

# Maternal and Infant Health Resources

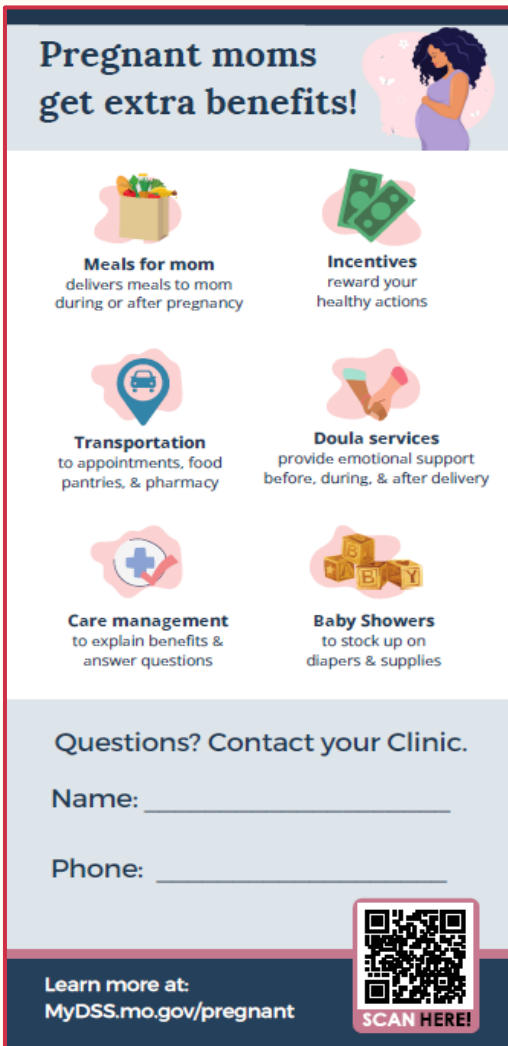
Additional Resources regarding benefits and services available to our pregnant members are available:

**Healthy Moms Healthy Babies** – Offers resources, benefits, and services for providers and members to provide optimal healthcare.

**Compare Health Plans** – Provides an overview and comparison of each MC Health Plans benefits.

**Maternal and Infant Health** – This page provides a wealth of information for providers including presentations from each MC Health Plan outlining benefits and services available to pregnant moms on MO HealthNet.

# Healthy Moms Healthy Babies Rack Cards



The Outreach tab of [Healthy Mom Healthy Babies](#) offers rack cards.

During appointments, providers can supply patients with these helpful rack cards.

One side of the card (shown here) explains the general benefits that all the MC Health Plans have in common.

The rack cards also offer a space for the provider staff to include local contact information if the patient needs further assistance from their provider.

The QR code leads to [MO HealthNet MC Pregnancy Services](#) which offers links to each MC Health Plan for patients to explore their additional benefits and information.



# Healthy Moms Healthy Babies Rack Cards



The other side of the rack cards provides contact information to additional resources to include food assistance, mental health concerns, and more.

The QR code on this side of the card takes the patient directly to [Healthy Moms Healthy Babies](https://healthymomsbabies.mo.gov).

This site offers patients information on receiving healthcare, living a healthy lifestyle, finding support, what they can expect during each stage of their pregnancy, local maternal and infant events in their area, and more.

Rack cards are available in English and Spanish.

# MC Pregnancy Benefits & Services

Use the information below to assist patients with additional benefits:



Patient may log in to their [Healthy Blue Member Account](#) and choose “View Additional Benefits.” This will direct members to Healthy Rewards and to Pregnancy and Women’s Health information. Members may also call Healthy Rewards at (888) 990-8681.



Patient may log in to their [United HealthCare Member Account](#) and choose “Medicaid Benefits.” This will allow the member to scroll through available benefits. Members may also call (866) 292-0359.



Patient may log in to their [Home State Health Member Account](#) and choose “Welcome to Start Smart.” This will allow members have access to various educational materials. To access additional benefits and programs, members must work with a care manager by calling (855) 694-4663 or emailing [HSHPCareManagement@Centene.com](mailto:HSHPCareManagement@Centene.com)

# Care Management Contacts

If a patient reports that she has not been contacted, or if any other questions/concerns arise, contact the appropriate plan:



**Healthy Blue**

[SM\\_MODCMREF@HealthyBlueMO.com](mailto:SM_MODCMREF@HealthyBlueMO.com)



**Home State Health/Show Me Healthy Kids**

[HSHPCareManagement@Centene.com](mailto:HSHPCareManagement@Centene.com)



**United HealthCare**

[mo\\_clinops@uhc.com](mailto:mo_clinops@uhc.com)

For other NOP-related questions, contact:



**MO HealthNet Division**

[MHD.NOP@dss.mo.gov](mailto:MHD.NOP@dss.mo.gov)



Thank  
You!