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**WELCOME**

Welcome to Gateway to Better Health. This program covers primary care services at the health center you chose to enroll with and specialty and urgent care services with a Gateway provider following the rules in this handbook.

The first step in making the most of this coverage is to read this handbook or have someone read it for you. In this handbook, you will find important information about how to keep your coverage. You will also learn what is covered and what rights you have under this coverage. If you have any questions about this coverage, please call your health center.

**COVERAGE OVERVIEW**

You are enrolled in the health center you chose when you applied for Gateway to Better Health.

You will get a Gateway to Better Health card with this member handbook. This is what your card will look like:

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**MEMBER ID CARD**

| JOHN MEMBER Identification Number: ABC0678F1234 Effective Date: July 1, 2014 |
| Primary Care Home/Health Center: Your Health Center Phone: 314-555-1234 |

*Gateway to Better Health is a health care program that covers services at your primary care home. Your primary care home will provide help with specialty care referrals, transportation and access to some medications.*

*Possession of this card does not guarantee eligibility for benefits, but always show this card when receiving medical services.*

*For scheduled transportation issues, call 1.888.513.1417.*

*Providers: To notify the health plan of a hospitalization or for more information on member eligibility, eligibility services, prior authorization or filing claims, call 1.888.513.1417.*

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Bring this card with you every time you get health services. You will have to show it. If you lose your card, call us as soon as possible at 1-888-513-1417 Monday through Friday 8:00 a.m. to 5:00 p.m.

Please open all of your mail from Gateway to Better Health and your primary health center. We will send important letters to you about your health services. Some of these letters will require a response from you, and some of these letters may include notification of changes to the program.

**ELIGIBILITY**

Individuals must meet all of the following Eligibility Requirements to be enrolled in Gateway to Better Health benefits:

1. Must be a citizen of the United States or a legal immigrant who has met the requirements for the five year waiting period for MO HealthNet benefits or a refugee or asylee under the same immigrant eligibility requirements that apply to the MO HealthNet program.
2. Must be a resident of St. Louis City or St. Louis County.
3. Must be 19 to 64 years of age.
4. Must be uninsured.
5. Household income for the family size must not exceed 100% of the Federal Poverty Level.
6. Must not be eligible for coverage under the Federal Medicare program or MO HealthNet.
7. Must choose a primary care physician or primary care home at one of the in network primary care health centers.

Your eligibility for Gateway to Better Health will end if:

- Your citizenship, legal immigrant, refugee, or asylee status changes to the point that you no longer meet the citizenship or immigrant eligibility requirements for MO HealthNet programs;
- You move to an address that is not located in St. Louis City or St. Louis County;
- You “age out” of the program by turning 65 years of age;
- You qualify for or get another form of health insurance;
- Your household’s income exceeds 100% of the Federal Poverty Level;
• You become eligible for coverage under the Federal Medicare program or MO HealthNet;
• You fail to cooperate with the Family Support Division (FSD) by refusing or failing to return requested documentation needed to verify eligibility.

You must tell the local Family Support Division Office (FSD) when changes happen by calling 1-855-FSD-INFO or 314-256-7000. If you do not tell FSD about changes, you may not get information about your health services. You may also miss out on other services that may be available to you.

Call FSD:
• If your address changes
• If you earn changes
• If you become pregnant
• If you become so disabled you will not be able to work for one whole year

Each year, your eligibility for Gateway to Better Health benefits will be under review. It is important that you complete the form that is mailed to you and return it within (10) days of receiving it. You can return the form to your local health center or mail it to the following address:

Family Support Division
Attn: Gateway to Better Health Section
Missouri Department of Social Services
3101 Chouteau Ave
St Louis, MO 63103-9936

Failure to do so will result in the loss of your Gateway to Better Health benefits. If you have questions about the review form, please call the Gateway to Better Health Call Center at 1-888-513-1417 or your local health center for assistance.

HOW TO USE THIS COVERAGE

This coverage only works if it is used correctly. Please make sure you understand the information in this handbook. If you have any questions, please call our call center at 1-888-513-1417 Monday through Friday 8:00 a.m. to 5:00 p.m.

Some important things to remember:

1. Your card will only work at certain locations.

Your card will work at your health center. If you have questions, call your health center and someone will be able to help you.

Your card will also cover specialty care services. A physician at your health center must refer you to a specialist for the visit to be covered. All specialty care services are subject to approval.

Some services need prior authorization. Services that need prior authorization include things like:
• MRIs;
• Outpatient Surgeries;
• Physical Therapy; and
• Neurological Testing

Your health center will help you get the prior authorization. This prior authorization makes sure that Gateway to Better Health will pay the bill for these services. Failure to get a referral from your primary care doctor and prior authorization may result in you receiving a bill.

2. This coverage pays for a maximum of five (5) urgent care visits at a Gateway provider. Please call the health center printed on the front of your card or the Gateway call center at 1-888-513-1417 to find where you can go for urgent care services. At times, it may be better for you to go to the urgent care center instead of an emergency room.

Go to urgent care for things like:
• Earaches or ear infections;
• Sore throat;
• Backaches;
• Colds, flu, or fever that won’t go away;
• Small cuts;
• Rashes that won’t go away;
• Pulled or strained muscles;
• Vomiting or diarrhea that does not stop.

Gateway to Better Health will not pay for emergency room visits.
BENEFITS

The following services are covered for individuals enrolled in Gateway to Better Health. Services and benefits may require prior approval and can change from time to time. Please call our call center at 1-888-513-1417 Monday through Friday, 8 a.m. to 5 p.m., to get more information about your benefits.

Services Covered by Gateway to Better Health

Primary Care:
• Primary care office visits (podiatry and eye exams included)
• Limited dental services (cleanings, x-rays, and pulling of diseased teeth ONLY)
• Gynecology

Urgent Care:
This coverage pays for a maximum of five (5) urgent care visits per year at a Gateway provider. Gateway to Better Health will only cover urgent care visits at the location chosen by your primary care home as described below. This ensures your urgent care doctor and your primary care doctor can coordinate your care. Please see below for more information about where you may access urgent care.

AFFINIA HEALTHCARE AND MYRTLE HILLIARD DAVIS (CareSTL Health) PATIENTS:
Address: 2220 Lemp Avenue, St. Louis, MO 63104
Phone: 314-898-1782
Hours: Monday – Friday 9:00 a.m. to 7:00 p.m., Saturday 9:00 a.m. to 5:00 p.m.

FAMILY CARE, ST. LOUIS COUNTY DEPARTMENT OF HEALTH AND BJK PEOPLE’S PATIENTS:
SSM Urgent Care: Brentwood
Address: 8820 Manchester Rd, Brentwood, MO 63144
Phone: 314-963-8100
Hours: Daily 8:00 a.m. to 8:00 p.m.
SSM Urgent Care: Shackelford
Address: 1120 Shackelford Road, Florissant, MO 63031
Phone: 314-830-5805
Hours: Monday—Daily 8:00 a.m. to 8:00 p.m.

If you need to speak to a doctor after health center or urgent care hours, you may call your health center’s after-hours line. Please see below for a list of these phone numbers:
Affinia Healthcare: 314-273-2028
Family Care Health Center: 314-747-4754
St. Louis County Department of Public Health: 1-855-804-0459
Myrtle Hilliard Davis Comprehensive Health Center (CareSTL Health): 314-273-0935
Betty Jean Kerr People’s Health Center: 1-844-841-3876

Specialty Care:
Specialty care is for an ongoing health problem that cannot be resolved by your primary care physician. Examples of covered specialty care services include:
• Cardiology: the services of heart and blood specialists;
• Lab work and testing that needs to be done;
• Oncology: the services of tumor and cancer specialists;
• Radiology (X ray, MRI, PET/CT scans);
The Specialty Service Referral Process

In order to get a specialty service, you must get a referral from a primary care doctor at your health center. All specialty services are subject to approval.

Some services need prior authorization. Services that need prior authorization include things like:

- MRIs
- Outpatient Surgeries
- Physical Therapy (only covered if referred after a Gateway approved surgery); and
- Neurological Testing

Your health center will help you get the prior authorization. This prior authorization makes sure that Gateway to Better Health will pay the bill for these services. Failure to get a referral from your primary care doctor and prior authorization may result in you receiving a bill.

Pharmacy Coverage

You will be able to get generic prescriptions and brand name insulin & inhalers that are available through your health center.

If you are prescribed a drug that does not have a generic version, you may still qualify for Prescription Assistance Programs offered by drug manufacturers. Ask your pharmacist for more information.

Non-Emergency Medical Transportation (NEMT)

NEMT is Non-Emergency Medical Transportation. NEMT is available to Gateway to Better Health members on a limited basis. All appointments for NEMT must be made at the health center printed on the front of your card and must be made 5 days prior to the appointment.

Who can get NEMT?

You must have Gateway to Better Health coverage on the day of your appointment to get NEMT. NEMT services may be approved as long as:

- The ride is to a provider in the Gateway to Better Health program and the ride is for a service covered by the Gateway to Better Health program.

NEMT will not take you to a pharmacy or to the emergency room.

How do I use the NEMT program?

Call the health center printed on the front of your card. The staff at your health center will help you schedule a ride.

What do I do if I have an issue with my scheduled transportation on the day of my appointment (ex: ride is late)?

Contact “Where’s My Ride?” at 1-866-269-5944 or the Gateway to Better Health call center at 1-888-513-1417.

Emergency Room

Go to the nearest emergency room or call 911 for things like:

- Chest pain;
- A stroke (sudden numbness or weakness, especially on one side of the body, trouble speaking, loss of balance and severe headaches with no known cause);
- Unusual difficulty breathing;
- Bad burns;
- Deep cuts with heavy bleeding;
- Gunshot wound(s).

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 mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical
attention could reasonably be expected by a prudent layperson, possessing average knowledge of health and medicine, to result in:

- placing the patient’s physical or mental health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- serious impairment of bodily functions; or
- serious dysfunction of any bodily organ or part; or
- serious harm to self or others due to an alcohol or drug abuse emergency; or
- injury to self or bodily harm to others; or
- with respect to a pregnant woman who is having contractions:
  - there is inadequate time to effect a safe transfer to another hospital before delivery; or
  - transfer may pose a threat to the health or safety of the woman or the unborn.

If you go to the emergency room, call your doctor. He or she will tell you if you should come in for a check up.

**Gateway to Better Health will not pay for emergency room visits.**

### WHAT IS NOT COVERED

The services listed below are examples of services Gateway to Better Health does not cover.

- Durable medical equipment (glasses, contact lenses, oxygen, etc.)
- Emergency or non-Gateway related transportation
- Services from providers not contracted with Gateway to Better Health
- Services from a provider not located in St. Louis City or County
- Emergency room visits and hospitalizations

Also, your health care will not be covered if:

- You get care at a non-participating health center
- You are referred to a non-participating specialty care provider
- You go to a non-participating Gateway urgent care provider (Call your health center or the Gateway Call Center at 1-888-513-1417 to find where you can go for urgent care services.)

This is meant to be a general list and may not include all items. If you have any specific questions regarding covered benefits, please call our call center at 1-888-513-1417 Monday through Friday 8:00 a.m. to 5:00 p.m.

### What you have to pay for

You will have to pay a small amount every time you see a doctor or get tests. This is called a copay. You will also have to pay a small dispensing fee when you have a prescription filled at your health center.

If you can’t pay your copay or dispensing fee at the time that you get care, you will still get needed services or prescriptions. You will get a bill for the copay or dispensing fee in the mail. You will still owe the fee and must pay it like your other bills. When signing certain paperwork at the health care provider’s office, you may be agreeing to pay for all or a portion of the fees for services provided and/or not covered. If you have questions about how to pay your health care bills, please call your health center.

### Health Care Service Copays

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federally Qualified Health Center Services</td>
<td>$2.00</td>
</tr>
<tr>
<td>X ray and Laboratory Services</td>
<td>$1.00</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$0.50</td>
</tr>
<tr>
<td>Physician Services</td>
<td>$1.00</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$3.00</td>
</tr>
</tbody>
</table>
Optical and Podiatry Services, Based on the Provider’s Billed Amount

<table>
<thead>
<tr>
<th>Billed Amount</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.00 or less</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10.01 to $25.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>$25.01 to $50.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>$50.01 or more</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

Dental, Based on the Provider’s Billed Amount for Each Procedure

<table>
<thead>
<tr>
<th>Procedure Billed Amount</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10.00 or less</td>
<td>$0.50</td>
</tr>
<tr>
<td>$10.01 to $25.00</td>
<td>$1.00</td>
</tr>
<tr>
<td>$25.01 to $50.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>$50.01 or more</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

If you have questions about what you will have to pay for your services, ask the staff at your health center for more information.

Dispensing Fees

You will be able to get generic prescriptions and brand name insulin & inhalers through your health center. There is a dispensing fee for each drug that you get. The fee is between $0.50 and $2.00 for each drug. The amount of the fee is based on the cost of the drug. You will not pay more than $2.00 for any one covered drug. If you get more than one drug at one time, you will pay a fee for each drug.

If you have questions about how much you will have to pay for your prescriptions, ask your pharmacist or call your health center.

Your Services will not be covered if:

- You go to another provider without a referral from your primary doctor;
- You choose to get care that is not covered by Gateway to Better Health;
- You go to a doctor that is not covered under Gateway to Better Health;
- You do not have prior approval for care that needs prior approval.

Health Care Away from Home

When you need primary care away from home and you cannot get to your doctor, call your health center first.

For life threatening emergencies that happen when you are away from home, call 911. Do not call your health center first. If it is a life threatening emergency, you should get care quickly.

If your condition is not life threatening and you see a doctor away from your health center, Gateway to Better Health will not pay for it. You will have to pay for that visit yourself.

ADVANCE DIRECTIVES

Illness or injury can happen at any time. All adults should consider having an advance directive, even if you are in good health now. Before you make a decision about an advance directive, speak with your family, loved ones and health care provider. You may also want to speak with a lawyer. It is your choice and right to sign an advance directive. No insurance company or health care provider can force you to sign an advance directive.

You have the right to make decisions about your medical care. An advance directive documents your health care decisions when you cannot speak for yourself. It tells your provider what future health care wishes you have if you are too sick to tell them yourself. This is the only time the advance directive is used.

Advance directives can include a living will or durable power of attorney for health care. Your advance directive is included in your medical records. You should tell your provider if you have certain moral and/or religious beliefs that would stop you from making advance directives. Your doctor or other health care provider should write down your objections to making advance directives and will make this a part of your medical records.
YOUR RIGHTS AND RESPONSIBILITIES

Your Rights as a Member

You have the right to:

• Be treated with respect and dignity;
• Receive needed medical services;
• Privacy and confidentiality as stated in state and federal laws;
• Select your own primary care doctor, or main doctor;
• Refuse treatment;
• Receive information about your health care and treatment options;
• Have access to your medical records and request changes in them;
• Have someone act for you if you are unable to act;
• Be treated by a qualified, competent, medical professional;
• Claim these rights and act on them without punishment;
• Receive one copy of your medical records per year at no cost to you.

Your Responsibilities as a Member

To get the best care, you are responsible for:

• Telling the doctors and nurses how you feel;
• Getting medical care when you need it;
• Taking your medications and following your doctor’s advice;
• Following this coverage’s rules for getting health services;
• Keeping the appointments that you make.

DISENROLLMENT RIGHTS

Once approved for Gateway to Better Health, you do not have to continue receiving Gateway to Better Health if you do not want to. You have the right to disenroll from this program. You may terminate this coverage by contacting the Family Support Division (FSD) Chouteau Midtown office at 314 256 7000.

If you want to stay in the program but simply want to change clinics, call our call center at 1 888 513 1417 Monday through Friday 8:00 a.m. to 5:00 p.m.

You may be disenrolled from your health center if:

• You do not follow your PCP’s orders for your health care or continually miss your PCP’s appointments without calling or telling the PCP
• You ignore your Gateway responsibilities (page 8 of the Member Handbook)
• You let someone else use your Gateway benefits and services
• You are abusive or threaten Gateway staff or providers

If you are disenrolled from your health center, you will be able to enroll in a different Gateway health center of your choice.

You have the right to challenge a disenrollment request by contacting both the Gateway to Better Health Program and the provider through the appeal process within ninety (90) days of the provider’s request for disenrollment. The contact information for the Gateway to Better Health Program is:

Gateway to Better Health
1113 Mississippi Avenue
Suite 113
St. Louis, MO 63104
1 888 513 1417
GRIEVANCE POLICY

You may not always be happy with your health coverage. We want to hear from you. We have people who can help you.

You will not lose your coverage because you make a grievance, file an appeal, or ask for a State Fair Hearing.

There are two (2) options available to resolve 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 are receiving;
- Problems getting an appointment;
- Having to wait a long time for your appointment;
- How you were treated by a provider.

An Appeal is a review. You can ask for an appeal when the program:

Takes action to:

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

Gateway to Better Health will 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.

If you would like to make a grievance or an appeal, call us at 1 888 513 1417. You can also put your grievance or appeal in writing to us at:

Gateway to Better Health
1113 Mississippi Avenue
Suite 113
St. Louis, MO 63104

We will make a record of your grievance or appeal. We will send you a written response within 30 days of receiving your grievance or appeal, unless an expedited review is requested.

You have rights when making a grievance or an appeal:

1. A qualified medical professional will look at medical grievances or appeals.
2. If you do not speak English, call Gateway to Better Health to get help from someone who speaks your language.
3. You can ask anyone such as a family member, your minister, a friend or a lawyer to help you make a grievance or an appeal.
4. If your health is in danger, a review will be completed within 3 working days or sooner. This is called an expedited review. Call Gateway to Better Health and tell us if you think you need an expedited review.
5. It may take up to 14 days longer for a decision when you request a change to the date or time of your review. Your health coverage may change the date or time of your review, if they believe it is good for you. If your health coverage changes the date or time of the review, they must tell you in writing why they made the change.
6. If you wish to change health centers, for any reason, you may do so by calling our call center at 1 888 513 1417 Monday through Friday 8:00 a.m. to 5:00 p.m.
7. If you have gotten care and Gateway to Better Health reduces, suspends or ends that care, you can appeal. You must also tell Gateway to Better Health that you want to continue to get care until a decision is made. If you do not win your appeal, you may have to pay for the care you got during this time.
If you are not satisfied with the answer, you have the right to ask for a State Fair Hearing. 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 English call the MO HealthNet Division at 1-800-392-2161 to get someone who speaks your language.

You can send your written requests to:

Participant Services Unit
MO Health Net Division
P.O. Box 6500
Jefferson City, MO 65102-6500

You will be sent a form to complete. When you send it back, a date will be set for your hearing. You can ask anyone such as a family member, your minister, a friend, or a lawyer to help you with a State Fair Hearing.

A decision will be made within 90 days from the day you asked for a hearing. If your 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 received medical care and your coverage reduces, suspends or ends, you can ask for a State Fair Hearing.

In order for medical care not to stop while you appeal the decision, you must appeal within 10 days from the date your written notice from Gateway to Better Health was mailed and tell them not to stop the service while you appeal. If you do not win your appeal, you may have to pay for the care you received during this time.

**Advocates for Family Health**

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

- You need help understanding your rights and benefits under this coverage;
- 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 health coverage;
- You need to talk to someone outside of your Gateway to Better Health program;
- You want help filing a grievance;
- You need help appealing a decision made by your health coverage;
- You need help getting a State Fair Hearing.

**Legal Services of Eastern Missouri**

For free help, call Legal Services of Eastern Missouri at 314-534-1263. You may also write to:

Legal Services of Eastern Missouri
4232 Forest Park Avenue
St. Louis, MO 63108

**FRAUD**

Committing fraud is against the law. Fraud is a dishonest act done on purpose.

Examples of member fraud are:

- Letting someone else use your card
- Getting prescriptions with the intention of abusing or selling drugs

You can help us fight fraud. Keep the cost of your health care down, by reporting fraud. Give us a call at 1-573-751-3285 to report any misuse of this coverage. **No one can take away your coverage because you report fraud.**
DIRECTORY

Family Support Division .......................................................... 314-256-7000 or 1-855-FSD-INFO
Gateway to Better Health Call Center ........................................... 1-888-513-1417
MO HealthNet Division ............................................................ 1-800-392-2161
BJK People’s Health Centers ..................................................... 314-367-7848
St. Louis County Health North Central Community Health Center .... 314-615-9700
St. Louis County Health South County Health Center .................. 314-615-0400
St. Louis County John C. Murphy Health Center ......................... 314-615-0500
Myrtle Hilliard Davis Health Center (CareSTL Health) @ Martin Luther King .............................. 314-367-5820
Myrtle Hilliard Davis Health Center (CareSTL Health) @ Riverview ........................................ 314-389-4566
Myrtle Hilliard Davis Health Center (CareSTL Health) @ Whitter ........................................................................ 314-371-3100
Myrtle Hilliard Davis Health Center (CareSTL Health) @ Pope ......................................................... 314-385-3990
Affinia Healthcare ..................................................................... 314-814-8700
Family Care Health Centers Carondelet Site .................................. 314-353-5190
Family Care Health Centers Manchester Site .............................. 314-531-5444