

**Benefits
For You**

**Member
Handbook**



Magnolia[®]
Health Plan





MEMBER HANDBOOK

Other Formats Available

The information in this booklet is about your Magnolia Health Plan (Magnolia) benefits. If you need information in a different language, please call Member Services at 1-866-912-6285 so we can help you.

Spanish: La información incluida en este folleto es acerca de sus beneficios del Plan de Salud Magnolia. Si necesita obtener la información en un idioma diferente, llame al Departamento de Servicios para Miembros al 1-866-912-6285 para que podamos ayudarle.



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MEMBER HANDBOOK

WELCOME

Welcome to Magnolia Health Plan

Magnolia Health Plan (Magnolia) is your new health plan. This Member Handbook describes your healthcare benefits and is designed to make it easy for you to make the most of your Magnolia benefits and services.

Magnolia is a Coordinated Care Organization (CCO) overseen by the Mississippi Division of Medicaid (Medicaid or DOM). You became a Magnolia member because you live in Mississippi, you currently receive Medicaid benefits, and are eligible for the Mississippi Coordinated Access Network (MississippiCAN) program. Magnolia is a healthcare plan that gives you choices – from establishing a Medical Home by choosing your primary care provider (PCP) to participating in special programs that help you stay healthy.

You may also visit our website at www.MagnoliaHealthPlan.com for more information and services.

Member Handbook

The Member Handbook is a detailed guide to Magnolia and your healthcare benefits. It is our contract with you. The Member Handbook explains your rights, your benefits, and your responsibilities as a member of Magnolia's health plan. Please read this booklet carefully. This booklet tells you how to access Magnolia's healthcare services. It also gives you information on your Magnolia benefits and services such as:

- What is covered by Magnolia
- What is not covered by Magnolia
- How to get the care you need
- How to get your prescriptions filled
- What you will have to pay for your healthcare or prescriptions
- What to do if you are unhappy about your health plan or coverage
- Eligibility requirements
- Magnolia's geographic service area
- Materials you will receive from Magnolia

Call Member Services at 1-866-912-6285 to receive an additional copy of the Member Handbook at no charge. You may also visit our website at www.MagnoliaHealthPlan.com to view the Member Handbook.

Your Provider Directory

You will receive a booklet listing Magnolia providers to choose from, including doctors and hospitals. This booklet tells you the doctor's office hours. At any time, you can request an additional copy at no charge by calling Member Services at 1-866-912-6285. Magnolia can also help you pick a PCP. You can

also find the most current version of Magnolia's Provider Directory on the internet at www.MagnoliaHealthPlan.com.

Call your PCP's office to make an appointment within 90 days of enrollment. If you need help, call Member Services at 1-866-912-6285. We will help you make the appointment.

Magnolia Website

Magnolia's website helps you get the answers. Our website has resources and features that make it easy for you to get quality care. Magnolia's website can be found at www.MagnoliaHealthPlan.com. It also gives you information on your Magnolia benefits and services such as:

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

Member Advisory Committee

You can help Magnolia with the way our health plan works. We have a Member Advisory Committee that gives members like you a chance to share your thoughts and ideas with Magnolia. At the meetings, you have a chance to talk about the way services are delivered. The group meets at least two times a year. We may ask members, parents/foster parents, guardians of children who are members, member advocates and Magnolia staff to join in the meeting. This gives you a chance to talk about your concerns with a variety of people. You also have a chance to tell us how we are doing. You may ask questions or share any concerns that you have about the delivery of services. Call Member Services at 1-866-912-6285 if you would like to attend.

Quality Improvement (QI)

Magnolia is committed to providing quality healthcare for you. Our primary goal is to improve your health and help you with any illness or disability. Our program is consistent with National Committee on Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities. To help promote safe, reliable, and quality healthcare, our programs include:

- Conducting a thorough check on providers when they become part of the Magnolia provider network.
- Monitoring the access that Magnolia members have to all types of healthcare services.
- Providing programs and educational items about general healthcare and specific diseases.
- Sending reminders to you to get annual tests, such as an adult physical, cervical cancer screening, and breast cancer screening.



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- Investigating your concerns regarding the healthcare you have received. If you have a concern about the care you received from your doctor or any service provided by Magnolia, please contact us at 1-866-912-6285.

Magnolia believes that getting input from members, like you, can help make the services and quality of our programs better. We conduct a member survey each year that asks questions about your experience with the healthcare and services you are receiving. If you receive one of our member surveys, please be sure to fill out the survey and drop it back in the mail.

How to Contact Us

Magnolia Health Plan

111 East Capitol Street, Suite 500
Jackson, MS 39201

Normal Business Hours of Operation 8:00 a.m. to 5:00 p.m. Central Standard Time

Member Services	1-866-912-6285
TDD/TTY line	1-877-725-7753
Member Services Fax	1-877-779-5219
Mississippi Relay Services (voice to TTY)	711 or 1-800-855-1000
Mississippi Relay Services (TTY to voice)	711 or 1-800-582-2233
Mental Health	1-877-210-8513

(Mental health services are provided through the Mississippi Division of Medicaid, Bureau of Mental Health)

Other Important Phone Numbers

Non-Emergency Transportation (LogistiCare)	1-866-331-6004
Dental/Vision Services	1-866-912-6285
Emergency Services	Call 911

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Magnolia has a free service to help. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. Magnolia members who are blind or visually impaired can call Member Services for an oral interpretation. To arrange for interpretation services, call Member Services at 1-866-912-6285 (TDD/TTY 1-877-725-7753).



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Your Member ID card


When you enroll in Magnolia, you will receive a Magnolia Member ID Card within 14 calendar days of enrollment. This card is proof that you are enrolled with Magnolia. You need to keep this card with you at all times. Please show this card every time you go for any service under the Magnolia program. The Magnolia ID card will show your name, Medicaid ID#, PCP name and number. If you do not get your Magnolia ID card within a few weeks after you join our plan, please call Member Services at 1-866-912-6285. We will send you another card.

You must also keep your state-issued Medicaid ID card in order to receive benefits not covered by Magnolia, such as Hospital Inpatient Services and Behavioral Health Services.

Here is an example of your Magnolia ID card

Front

- Name
- Medicaid ID#
- PCP Name/Number
- Pharmacy vendor information

	Rx: US Script BIN:008019
Member Name: Jane Doe Medicaid ID#: XXXXXXXXXX	
PCP Name: John Doe PCP Number: XXX-XXX-XXXX	
<p>If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Magnolia 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 Magnolia NurseWise® toll-free at 1-866-912-6285 or TDD/TTY 1-877-725-7753 or Mississippi Relay Services at 711. NurseWise is open 24 hours a day.</p>	

Back

- Important Member & Provider Phone Numbers
- Medical claims address
- Website address

MEMBERS: Member Services line 1-866-912-6285 TDD/TTY 1-877-725-7753 Mississippi Relay Services 711 24/7 NurseWise 1-866-912-6285 Dental/Vision 1-866-912-6285	Magnolia Address 111 East Capitol Street Suite 500 Jackson, MS 39201
PROVIDERS: IVR Eligibility inquiry - Prior Auth 1-866-912-6285 US Script Help Desk 1-800-460-8988 Behavioral Health 1-877-210-8513	
Medical claims: Magnolia Attn: CLAIMS PO Box 3090 Farmington, MO 63640-3825 Provider/claims information via the web: www.MagnoliaHealthPlan.com .	



MEMBER HANDBOOK

HOW YOUR PLAN WORKS

Service Areas Covered

Magnolia is a health plan available through the Mississippi Division of Medicaid (DOM). This means you are covered for benefits as long as you live in Mississippi, you have Medicaid, and use our provider network. Magnolia's service area includes all 82 counties in Mississippi.

Member Services

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

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

Please call 1-866-912-6285 (TDD/TTY 1-877-725-7753). We are open Monday through Friday from 8:00 a.m. to 5:00 p.m. CST. Calls received after business hours are sent directly to NurseWise. NurseWise nurses are available 24 hours a day, seven (7) days a week, including holidays.

NurseWise®

NurseWise is a free health information phone line. NurseWise is ready to answer your health questions 24 hours a day – every day of the year. NurseWise is staffed with registered nurses. These nurses have spent lots of time caring for people. They are ready and eager to help you.

The services listed below are available by calling NurseWise, Magnolia's 24-hour nurse hotline at 1-866-912-6285.

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

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

Membership and Eligibility Information

Eligibility

You must have Medicaid and be eligible for the MississippiCAN program in order to be eligible for this health plan. Magnolia does not determine eligibility. Eligibility is determined by the Mississippi Medicaid Regional Office that serves your area. To locate your Mississippi Medicaid Regional Office, please visit www.medicaid.ms.gov/RegionalOffices.aspx. You may also call Medicaid's toll-free telephone number at 1-800-421-2408.

MississippiCAN program members who may be eligible for Magnolia are as follows:

- **Supplement Security Income (SSI) members** - Persons who are eligible to receive SSI are automatically eligible to receive Medicaid (SSI eligibility is determined by the Social Security Administration).
- **Disabled Child Living at Home** - Disabled children under the age of 18, who are living at home.
- **Working Disabled** - Persons who are disabled, working at least 40 hours per month whose earnings are within the range indicated by Medicaid.
- **Department of Human Services Foster Care** - Children under the age of 18 who reside with a licensed foster family or private child care institutions and are the state's financial responsibility.
- **Breast and Cervical Group** - Women under the age of 65 who are uninsured and have been screened and diagnosed for breast and/or cervical cancer under the Centers for Disease Control and Prevention (CDC) screening program administered by the Mississippi State Department of Health.

Major Life Changes

Life changes might affect your eligibility with Magnolia. If you have a major change in your life, please contact your eligibility source (such as your local Social Security Administration office, Mississippi Department of Human Services county office, or Mississippi Medicaid Regional office) within 10 days after the change happens (or within 10 days after you realize the change has taken place). You should also contact Member Services at 1-866-912-6285.

Some examples of major life changes are:

- A change in your name.
- Move to a different address.
- A change in your job.
- A change in blindness or disability.
- Pregnancy.
- Moving to a new county or out of state.

Also, you should call your eligibility source if you have a change in your family size. This might mean that your family got bigger because of a birth or a marriage. You should also report when your family gets smaller. This may happen because a family member moves away or there is a death in the family. A divorce could also change family size.

Open Enrollment

There will be an annual open enrollment period for MississippiCAN members that Medicaid will tell you about. During this period, you may choose another CCO health plan for any reason. If you want to change your health plan during open enrollment, please contact Medicaid at 1-800-421-2408. They will refer you to the Medicaid Regional Office for your county. You can also visit the state website at www.medicaid.ms.gov.

Disenrollment

You may request to disenroll from Magnolia with or without cause. DOM procedures must be followed for all disenrollment requests. Member's requests for disenrollment must be directed to DOM either orally or in writing. We will ensure your right to disenroll is not restricted in any way.

You may request disenrollment without cause for the following:

- During your initial ninety (90) day enrollment period.
- During annual open enrollment.
- Upon automatic reenrollment if the temporary loss of Medicaid eligibility has caused you to miss the annual disenrollment opportunity
- When DOM imposes an intermediate sanction on Magnolia.

You may request disenrollment with cause for the following:

- If Magnolia does not, because of moral or religious objections, cover the service you are seeking.
- If you need related services to be performed at the same time and not all related services are available within the network.
- Your PCP or another provider determines receiving the services separately would subject you to unnecessary risk, poor quality of care, lack of access to services covered under the plan, or lack of access to providers experienced in dealing with the member's healthcare needs.

We will let DOM know in writing within three (3) business days if one of the following occurs:

- Member no longer reside in the State of Mississippi
- Member dies
- Member no long qualifies for medical assistance under one of the Medicaid eligibility categories in the targeted population

Magnolia shall not disenroll a member for the following reasons:

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



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Magnolia will not directly disenroll any member if your disenrollment is not provided on the state Enrollment file.

Newborn Enrollment

Magnolia will not be responsible for costs associated with newborns on or after the date of birth. They will be enrolled in the traditional Medicaid program on their date of birth. Please contact Magnolia as soon as possible after the birth of your child so we can assist you in this process.

Following the birth of your newborn, the hospital should complete the "Request for Newborn Health Benefits Identification Number" form and submit it to the Medicaid Regional Office that serves the county where you live.

BENEFITS

Covered Services

This section describes your Magnolia covered benefits and benefit limits. With Magnolia, you are entitled to receive medical services and benefits listed in this section. You are responsible for any non-covered services. Covered benefits are listed below.

Please Note:

- Magnolia will not limit or deny services because of a condition you already have.
- For services which are medically necessary and covered by Magnolia, you will not have any co-payments (co-pays), deductibles, or other cost sharing.
- If you receive healthcare services which are not medically necessary or if you receive care from doctors who are out of the Magnolia network, you may be responsible for payment. If you have questions about medical necessity or which doctors are in your network, call Member Services at 1-866-912-6285.

Benefits Grid

Covered Services	Comments and Limitations
Ambulatory Surgery Center	
Emergency Ambulance	Prior authorization required when using a Fixed Wing Airplane, only.
Chiropractic Services	\$700 per benefit year.
Dialysis- Freestanding Dialysis Center Services	
Dental Anesthesia	Outpatient, only.
Dental Services under 21 years of age	\$2,500 per year provided through DentaQuest ; \$4,200 per lifetime for orthodontia under age 21 through DentaQuest.
Dental Services over 21 years of age	Emergent and palliative care, only; \$2,500 per year provided through DentaQuest .
Durable Medical Equipment (DME) and medical supplies*	
Emergency Room Services	6 per benefit year.
Enteral and Parenteral Nutrition for Home Use	
EPSDT	Limited to under 21 years of age.
Eye Glasses	1 per year for adults; 2 per year for children under age 21; provided through OptiCare.
Family Planning	Over-the-counter contraceptives are not covered.

Covered Services	Comments and Limitations
Services from Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)	
Genetic Testing	
Health Department Svc	
Hearing Services	Limited to children under 21 years; including cochlear implants.
Home Health Care Services	limited to 25 visits per year.
Hospice Care	Must submit copy of provider's Certificate of Need with prior authorization request.
Hospital Inpatient Services	Limited to 30 days per year; DOM pays facility fees; Magnolia pays Professional Fees.
Hysterectomy	Must include consent form with authorization request.
Laboratory Services	Exception: genetic testing listed above.
Neuro-Psychiatric Services	
Nuclear Cardiology	Including but not limited to: Thallium stress test or nuclear stress test.
Oral Surgeon	All services in must be in office setting.
Orthotics and Prosthetics	
Out-of-Network Physician/Facility/ Services	Not allowed except for emergency department (ED) services and family planning services.
Observation	
Outpatient Therapy (Occupational Therapy, Physical Therapy, and Speech Therapy)	For home therapy, see Home Health Care Services.
Pain Management Services	Includes office visits, consultations, services, treatments, and procedures.
Physician Assistant & Nurse Practitioner Office Visits	No Limit.
Physician Office Services	No Limit.
Plastic Surgeon	All services must be in office setting; services that are for cosmetic purposes only are not a covered benefit.
Podiatrist Services	1 per year; unlimited for systemic condition.
Prescription Drugs	6 per month with no more than 2 of the 6 being brand name drugs.
Radiology Services	
Sleep Study	Outpatient or home setting only.
Specialty Injection/ Infusion (infusion in home setting applies to	See Biopharmaceutical Authorization List on Magnolia website; hard copy

Covered Services	Comments and Limitations
home health benefit limits)	available upon request; infusions administered by Hematology/Oncology do not require prior authorization.
Stereotactic Radiosurgery	
Sterilization Procedures	No Authorization required; must submit Consent Form with Claim.
Surgery-Elective-Potentially Cosmetic	Including but not limited to: Breast Reduction Surgery; Varicose Vein Treatments.
Transplants	All transplants including pre- and post-transplant services.

Non-Covered Services	Comments
Non-emergency transportation	Call LogistiCare at 1-866-331-6004.
Behavioral health services	Call Division of Medicaid, Bureau of Mental Health at 1-800-421-2408.
Surgery or procedures to improve how you look	
Adult vaccinations	See "Covered Services" above for which shots are covered.
Ambulance transport to and from dialysis treatment	Call Member Services at 1-866-912-6128 for situations needing prior authorization.
Reversal of voluntary sterilization	
Infertility Services	Non-coverage includes any services, supplies, or drugs related to the diagnosis or treatment of infertility.
Pregnancy surrogate	Non-coverage includes any services or fees related to using a surrogate to achieve pregnancy.
Birth control supplies without a prescription	Non-coverage includes birth control devices, agents, or preparations that by law do not require a prescription (except when given to you by a network provider during an office visit).
Experimental treatment	Non-coverage includes all services, procedures, supplies, or drugs that are still being tested for safety and are considered under investigation or experimental.
Obesity treatment	Non-coverage includes all procedures to treat obesity or weight control, such as gastric surgery.
All other services not specifically listed or defined by Medicaid	

HOW TO OBTAIN HEALTHCARE

3 Easy Steps to Establish a Medical Home

- 1) Choose a doctor. If you do not choose one, Magnolia will choose one for you. You can find this information on your member ID card. You will be able to switch to a different doctor during our new member welcome call.
- 2) Within 90 days of enrolling, make an appointment with your doctor.
- 3) Talk to your doctor about any health problems you are experiencing.

When you enroll in Magnolia, you must choose a PCP. Your primary care provider, or PCP, is a doctor you see on a regular basis to take care of your medical needs. You should receive all of your basic medical care from your PCP. You can call your PCP when you are sick and do not know what to do. Seeing your doctor for regular check-ups helps you find health problems early. This can help prevent going to the emergency room. If you have never seen your PCP, as soon as you join Magnolia you should call your PCP, introduce yourself as a new member and make an appointment for a preventive visit. It is best to not wait until you are sick to meet your doctor for the first time.

PCP Responsibilities

Your PCP will:

- Make sure that you get all medically necessary services in a timely manner.
- Follow-up on the care you get from other medical providers.
- Take care of referrals for specialty care and services offered.
- Provide any ongoing care you need.
- Update your medical record, including keeping track of all the care that you get with your PCP and specialists.
- Provide services in the same manner for all patients.
- Give you regular physical exams.
- Provide preventive care.
- Give you regular immunizations.
- Make sure you can contact him/her or another doctor at all times.
- Discuss what advance directives are and file the advance directives appropriately in your medical record.

Magnolia believes that seeing your PCP is important. Magnolia offers a program called the CentAccount[®] program. You can earn rewards for healthy behaviors. More information on this program is in your new member welcome packet.

Choosing Your PCP

The Magnolia Provider Directory is a list of all the providers in Magnolia's network, including doctors and hospitals. It shows the addresses, phone numbers, and any languages the provider may speak. When picking a PCP, look for one of the following kinds of providers:

- Family Practitioner.
- General Practitioner.
- Internal Medicine.
- Nurse Practitioner.
- Obstetrician/Gynecologist (OB/GYN).
- Physician Assistants

Specialists can be your PCP for special needs, upon request. Because Magnolia is always working to have the best provider network for all of its members, please check the Magnolia website at www.MagnoliaHealthPlan.com to see if new providers have been added. If you want to know more about the PCP before you choose, please call Member Services at 1-866-912-6285. You may also see a list of network providers at www.MagnoliaHealthPlan.com.

Making an Appointment with Your PCP

Once you have selected a PCP, make an appointment to meet with your doctor within 90 days and at least annually. This will give you and your doctor a chance to get to know each other. Your doctor

can give you medical care, advice, and information about your health. Call your PCP’s office to make an appointment. Remember to take your member ID card with you every time you go to the doctor’s office. **If you have difficulty getting an appointment with or seeing your doctor, please call Member Services at 1-866-912-6285.**

Scheduling/Appointment Waiting Times

Network providers will be open at reasonable times. You will get an appointment based on your medical needs. You should be given an appointment within the following time frames:

Type of PCP Appointment	Scheduling Time Frame
Initial Prenatal visit with OB/GYN	Within three (3) weeks
OB/GYN Prenatal visit during the 1 st and 2 nd Trimester	Within seven (7) days
OB/GYN Prenatal visit during the 3 rd Trimester	Within three (3) days
Preventive Care	Within one (1) month
Regular and Routine	Within one (1) week
Urgent	Within one (1) day
Emergency	Immediately, or refer to ER

Specialists appointments should be provided within thirty (30) days.

After Hours Appointments with Your PCP

You can call your PCP's office for information on receiving after hours care in your area. If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call NurseWise, Magnolia’s 24-hour medical nurse line at 1-866-912-6285 to speak to a nurse. If you have an emergency, call 911 or go to the nearest ER.

NOTE: Except for emergency & family planning, all services must be obtained through Magnolia network providers or pre-approved out of network providers.

IMPORTANT: If you cannot keep an appointment, please call the doctor’s office to cancel at least 24 hours in advance. If you need to change an appointment, call the doctor’s office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call Member Services at 1-866-912-6285.

NOTE: Any requests made on or after the 15th of the month will be effective the first day of the following month.

What to Do if Your Provider Leaves the Magnolia Network

If your PCP is planning to leave the Magnolia provider network, we will send you a notice at least 30 days before the date this occurs. We will automatically reassign you to another PCP. We will send

you a new member ID card identifying your new PCP. You can also change your PCP by calling Member Services at 1-866-912-6285.

Magnolia may approve visits with your doctor for up to 90 days after he/she leaves the network. We can do this if you are in active treatment with your doctor. Members in the second or third trimester of pregnancy can keep the same doctor until after the first post-partum visit. During this time, we will help you find a new doctor. You will receive the same covered services. The doctor must agree to:

- Treat you for your healthcare needs.
- Accept the same payment rate from Magnolia.
- Follow Magnolia's quality assurance standards.
- Follow Magnolia's policies about prior authorization and using a treatment plan.
- Provide necessary medical information to you related to your care.

Continued coverage is only available if your PCP or specialist was not terminated by Magnolia due to quality of care.

Continuity and Transition of Care for New Members

Sometimes new members are getting care from a doctor that is not in Magnolia's provider network. In some cases, you may be allowed to continue care with your doctor for up to 30 days. In order to have your previous doctor's services continue, they must be prior authorized by Magnolia. If you have questions, call Member Services at 1-866-912-6285.

New members in the second or third trimester of pregnancy can keep the same doctor until you have had your baby and completed your first post-partum visit. If you are a member who is terminally ill, you may continue to see your doctor for your care. In order to have your previous doctor's services continue, they must be prior authorized by Magnolia. If you have questions, call Member Services at 1-866-912-6285.

UTILIZATION MANAGEMENT

Medically Necessary Services

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

Prior Authorization for Services

When you need care, always start with a call to your PCP. Some covered services may require prior authorization or review by Magnolia before services are provided. This includes services or visits to an out of network provider and some specialists. Home health services and some surgeries also need to be reviewed. Your doctor can tell you if a service needs review. The list is on Magnolia's website at www.MagnoliaHealthPlan.com. You can also call Member Services at 1-866-912-6285 to see if something needs to be reviewed by Magnolia.

Your doctor will give us information about why you need the service. Magnolia will look to see if the service is covered and that it is appropriate. Magnolia will make the decision as soon as possible, based on your medical condition. Standard decisions are made within 14 days. If the service is urgent, the decision will be made within three (3) days. We will let you and your doctor know if the service is approved or denied. If you or your doctor is not happy with the decision you can ask us to make a second review. This is called an appeal. See the "Member Satisfaction" section in your Member Handbook for more information about appeals.

If there are any major changes to the prior authorization process, we will let you and your doctors know right away.

Second Medical Opinion

You have the right to a second opinion about your treatment choice. This means talking to a different doctor about an issue to see what they have to say. The second doctor is able to give you their point of view. This may help you decide if certain services or methods are best for you. If you want a second opinion, tell your PCP.

Your PCP or Magnolia's Member Services can help you find a doctor to give you a second opinion. You may choose any Magnolia network provider. If you are unable to find a doctor in the Magnolia network, we will help you find a doctor outside the network. If you need to see an out of network provider for the second opinion, it must be prior approved by Magnolia.

Any tests that are ordered for a second opinion should be given by a doctor in the Magnolia network. Tests requested by the doctor giving you a second opinion must be prior approved by Magnolia. Your PCP will look at the second opinion and help you decide on the best treatment plan.

How to Get Medical Care When You Are Out of State

If you are out of the area and have an emergency, **call 911 or go to the nearest ER**. Be sure to call us and report your emergency **within 48 hours**. You do not need prior approval. Magnolia will cover only medically necessary emergency services out of state.

If you are out of state and have an **urgent problem**, go to an urgent care clinic or you may go to a PCP. Be sure to show your Magnolia ID card prior to receiving services.

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

- You are out of state and you have a medical or behavioral health emergency. You can go to an ER in any state if you have a true medical or behavioral health emergency. If you are seen at an out-of-state hospital for an emergency, your follow up care must be with a Magnolia network provider. You may also need to contact your PCP to get a referral if you need to see a specialist.
- It is determined that you need special care that you cannot receive in Mississippi. If Magnolia approves, the cost of the care you get in the other state will be covered. Members are not covered for any services outside of the United States.

Out of Network Care

Out of network emergency services do not need approval from Magnolia. All other covered services from an out of network provider need prior authorization by Magnolia. We will first check to see if there is a network provider that can treat your medical condition. If there is not, we will help you find an out of network provider. You will be financially responsible for payment of the out of network service(s) if Magnolia did not approve the visit or service. If you have questions, call Member Services at 1-866-912-6285. Magnolia will notify you when the referral is approved.

Referrals

You may need to see a certain doctor for specific medical problems, conditions, injuries, and/or diseases. Talk to your PCP first. Your PCP will refer you to a specialist in the Magnolia network who can diagnose and/or treat your specific problem. **Do not go to a specialist without being referred by your PCP.** Generally, a specialist will not be able to see you without approval from Magnolia and from your PCP. There are exceptions and they are listed in the “Self-Referrals” section of your Member Handbook. Always make sure you have a referral from your PCP first. If you have questions about getting a referral, call Member Services at 1-866-912-6285.

Some conditions may need ongoing care from a specialist. Magnolia will allow your PCP to give a standing referral to a specialist in the Magnolia network when:

- The specialist in Magnolia’s network agrees to a treatment plan for you.
- The specialist provides your PCP with updates on your condition and treatment plan.
- The specialist’s services to be provided are part of the benefits covered by Magnolia.

NOTE: If your specialist refers you to another specialist, your specialist may need to obtain authorization by Magnolia and your PCP.

Self-Referrals

You may self-refer for certain covered services. No approval is required from your PCP or Magnolia for these services.

You may receive benefit coverage for the following services whether or not the doctor is in the Magnolia provider network.

- Emergency services.
- Family Planning services and supplies.
- Women's preventive health services.
- Treatment of women's acute health conditions.
- Maternity care.

For more information on women's services, see pages 31-32 of this manual.

Urgent Care-After Hours

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life threatening, yet you cannot wait for a visit to your PCP.

Only go to the emergency room if your doctor tells you to go or you have a life-threatening emergency. When you need urgent care, follow these steps:

- Call your PCP. The name and phone number are on your Magnolia ID card. Your PCP may give you care and directions over the phone.
- If it is after hours and you cannot reach your PCP, call NurseWise at 1-866-912-6285 (TDD/TTY 1-877-725-7753). You will be connected to a nurse. Have your Magnolia ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.

If you are told to see another doctor or go to the nearest hospital emergency room, bring your Magnolia ID card. Ask the doctor to call your PCP or Magnolia.

Emergency Care

Magnolia covers emergency medical services 24 hours a day, seven (7) days a week. Emergency services are required to treat an accidental injury or an onset of what reasonably appears to be a medical condition. An emergency arises when the lack of medical attention could be expected by a reasonable layperson to result in jeopardy to a member's health or, in the case of a pregnant woman, the health of her unborn child.

When to go to the ER

- Broken bones.
- Gun or knife wounds.
- Bleeding that will not stop.
- You are pregnant, in labor and/or bleeding.
- Severe chest pain or heart attack.
- Drug overdose.
- Poisoning.
- Bad burns.
- Shock (you may sweat, feel thirsty or dizzy or have pale skin).
- Convulsions or seizures.
- Trouble breathing.
- Suddenly unable to see, move or speak.

When NOT to go to the ER

- Flu, colds, sore throats, and earaches.
- A sprain or strain.
- A cut or scrape not requiring stitches.
- To get more medicine or have a prescription refilled.
- Diaper rash.

Emergency rooms are for emergencies. If you can, call your doctor first. If your condition is severe, call 911 or go to the nearest hospital. You do not need a doctor's approval. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, a doctor taking calls can help. There may be a message telling you what to do. You can also call NurseWise, our 24-hour medical advice line at 1-866-912-6285 (TDD/TTY 1-877-725-7753) if you have questions.

It is okay if the hospital does not belong to the Magnolia network. You can use any hospital if it is an emergency. You or someone acting on your behalf **MUST** call your PCP and Magnolia within 48 hours of admission. This helps your PCP to provide or arrange for any follow-up care that you may need. We will help you get follow-up care. Call us at 1-866-912-6285 (TDD/TTY 1-877-725-7753).

Emergency Transportation Services

Magnolia covers emergency ambulance ground transportation to the nearest hospital for emergency care. **Ambulance transportation to the hospital emergency room in non-emergency situations is not a covered service under Magnolia and you may have to pay for it.** Ambulance transportation from a healthcare facility to another healthcare facility is covered only when it is medically necessary and it has been arranged and approved by a Magnolia network provider.



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Post-Stabilization Services

These are services that are needed to stabilize your condition after an emergency. They do not require prior authorization. It does not matter whether you receive the emergency care in or outside of the Magnolia network. We will still cover services to make sure you are stable after an emergency.

PHARMACY

Pharmacy Program

Magnolia is committed to providing appropriate, high quality, and cost effective drug therapy to all Magnolia members. Magnolia covers prescription medications. Magnolia also covers certain over-the-counter (OTC) drugs (see below). The pharmacy program does not cover all medications. Magnolia works with doctors and pharmacists to ensure that Magnolia covers the medicines you may need. Some have limits or require prior authorization. See the Prior Authorization section of this manual.

Magnolia will cover **six prescriptions per month**. Only two of these can be brand name medicines. You should use a generic instead of brand whenever possible. When generic drugs are available, the brand name drug will not be covered without prior authorization from Magnolia. If you and your doctor feel a brand-name drug is medically necessary, your doctor can ask for prior authorization. Magnolia's nurses will work with your doctor if you need more than six prescriptions.

Preferred Drug List

Magnolia has a list of covered medications. This is called the Preferred Drug List (PDL). Magnolia watches for new drugs to put on the list of covered medicines. For the most current Magnolia PDL, you may call Member Services at 1-866-912-6285 or visit the Magnolia website www.MagnoliaHealthPlan.com.

Emergency Drug Supply

The 72-hour emergency supply policy: State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a prior authorization (PA) determination. The purpose of providing you this emergency drug supply is to avoid interruption of current therapy or delay in the initiation of therapy.

All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied.

Over-the-Counter Medications

The Magnolia pharmacy program covers a variety of over-the-counter (OTC) medicines. All covered OTCs appear in the Magnolia PDL. **In order for an OTC medicine to be covered by Magnolia, it must be written on a valid prescription, by a licensed doctor.** If you purchase OTC medications without a prescription from a doctor in the Magnolia provider network, you will have to pay for them.

Tobacco Cessation Medications

Magnolia covers certain drugs to help you quit smoking. A prescription written by a licensed doctor is required for these medications. This includes:

- Nicotine replacement products.
- Zyban or Wellbutrin.
- Chantix.

Excluded Drugs

Some drugs are not covered by Magnolia. This includes medicines for:

- Infertility.
- Anorexia, weight loss, or weight gain drugs
- Drugs still being tested.
- Oral vitamins and minerals (except those listed in the PDL).
- Drugs and other agents used for cosmetic purposes or for hair growth.
- Impotence.

Quantity Limits

Some medications on the Magnolia PDL have quantity limits to make sure the drugs you take are safe. If your doctor feels you have a medical reason for getting a larger amount, they can ask Magnolia for prior authorization.

If Magnolia does not grant prior authorization, we will notify you and your doctor and provide information regarding Magnolia's appeal process.

Step Therapy

Some medications listed on the Magnolia PDL may require specific medicines to be used before you can receive the step therapy medicines. If Magnolia has a record that the required medicines were tried first, then the step therapy medicines are automatically covered. If Magnolia does not have a record that the required medicines were tried, your doctor may be required to provide additional information.

If Magnolia does not grant prior authorization, we will notify you and your doctor and provide information regarding Magnolia's appeal process.

Age Limits

Some medications on the Magnolia PDL may have age limits. These are set for certain drugs, based on the U.S. Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care.

Filling a Prescription

You can have your prescriptions filled at a network pharmacy. You can locate a pharmacy near you by using your Magnolia Provider Directory. You may also call Member Services to help you find a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your Magnolia ID card. Please contact Magnolia at 1-866-912-6285 (TDD/TTY 1-877-725-7753) if you have questions about filling your prescriptions.

Specialty Pharmacy Provider

Certain medicines are only covered when they are supplied by Magnolia's specialty pharmacy provider. Caremark is Magnolia's specialty pharmacy provider. These drugs are not available at retail pharmacies. Caremark provides you with the following services:

- They can deliver drugs to your home or doctor's office.
- They have staff that can answer questions about drugs. They are available 24 hours a day, seven (7) days a week.
- They can give you information, materials, and ongoing support. Caremark wants to help you take the drugs the right way to manage your health condition.

If you have questions about any of the pharmacy services, call Member Services at 1-866-912-6285.

HEALTH MANAGEMENT

Health Risk Screening

Magnolia wants to know how we can better serve you. One way we do this is by asking you to fill out the Health Risk Screening form found in your Welcome Packet. This form gives us information to determine your needs. Once you fill out the form, please send it back to us right away in the postage-paid envelope we have provided for you. You can also fill out this form on our website www.MagnoliaHealthPlan.com. If you have questions about the form, please call us at 1-866-912-6285.

Case Management

We understand some members have special needs. In those cases, Magnolia offers our members case management services to assist our members with special healthcare needs. If you have special healthcare needs or you have a disability, case management may be able to help you. Our case managers are registered nurses or social workers. They can help you understand major health problems and arrange care with your doctors. A case manager will work with you and your doctor to help you get the care you need.

This service is for members who have complex medical conditions. These members often see several doctors. They may need medical supplies or help at home.

Conditions may include:

- Sickle Cell
- Multiple Sclerosis
- Kidney or Renal Disease
- Organ Transplants
- HIV/AIDS
- Hemophilia

Our case managers are nurses or social workers that can help members understand their health problems.

Our nurse works with the member and their doctors to help them get the care they need. The nurse can set up home health or other needed services. If you have special healthcare needs or you have a disability, case management may be able to help you. Our Member Services department can give you more information about Case Management Services. You can ask to speak to a case manager.

Disease Management

Magnolia has several programs to improve the health of our members. We know this means more than just helping you to see a doctor. It also means helping you find your way through the healthcare system so you get the treatments and the social services you need. It also means helping you understand and manage your health conditions. We do this through education and personal help from Magnolia staff. The goal of this service is to add to the quality of your care and help you to improve your health. Magnolia works with Nurtur to give disease management services to our members. Nurtur Health Coaches know a lot about conditions like:

- Asthma.
- Diabetes.
- High blood pressure.
- Heart problems.
- Weight Management

All of our programs are geared toward helping you understand and actively manage your health. We are here to help you with things like:

- How to take medicines.
- What screening tests to get.
- When to call the doctor.

We will help you get the things you need. We will provide tools to help you learn and take control of your condition. For more information call Member Services at 1-866-912-6285. You can ask to speak to a Health Coach.

CentAccount[®] Program

Magnolia has a program to reward you for completing healthy behaviors. These healthy behaviors begin with a Health Risk Screening received in your Welcome Packet. New rewards will be added to your CentAccount card once you complete each healthy behavior. Your CentAccount card can be used for health-related products at stores which accept MasterCard[®] (such as Target, Wal-Mart, Walgreens, and local pharmacies). You can also use the card for health-related services at healthcare provider offices that accept MasterCard. Information on the CentAccount program can be found on our website at www.MagnoliaHealthPlan.com. Please call Member Services at 1-866-912-6285 for more information.

When You Are Pregnant

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

- Go to the doctor as soon as you think you are pregnant. It is important for your health and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It's even better to see your doctor before you get pregnant to get your body ready for pregnancy.
- Make an appointment with your dentist for a cleaning and checkup.
- Set a goal to live a healthier lifestyle. Healthy lifestyle habits include exercising, eating balanced healthy meals, and resting for 8-10 hours at night.

Pregnancy & Maternity Services

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

- You have had three or more miscarriages.
- You have given birth to a premature baby (this means the baby came before 37 weeks of pregnancy), or a “preemie”.
- You gave birth to a stillborn baby.

A note about folic acid: Folic acid is a very important nutrient that can help you have a healthier baby. You should take folic acid before you become pregnant or as soon as you find out you are pregnant. Some foods that have folic acid in them include: orange juice, green vegetables, beans, peas, fortified breakfast cereals, enriched rice, and whole wheat bread. It is difficult to get enough folic acid from food alone. Ask your doctor about taking prenatal vitamins and see your doctor as soon as you think you are pregnant. If you have questions about folic acid or your pregnancy, call Member Services at 1-866-912-6285.

Start Smart for Your Baby[®]

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

If you are pregnant and smoke cigarettes, Magnolia can help you stop smoking. We have a special smoking cessation program for pregnant women that is available at no cost to you. The program has trained healthcare clinicians who are ready to build one-to-one contacts with you. They will provide education, counseling, and the support you need to help you quit smoking. Working as a

team over the telephone, you and your health coach can develop a plan to make changes in your behavior and lifestyle. These coaches will encourage and motivate you to stop smoking.

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. We can help you contact Medicaid to find out if you qualify for maternity coverage. Please call Member Services at 1-866-912-6285 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need.

MemberConnections[®]

Member**Connections** is a program that promotes preventive health and connects you to quality healthcare and community social services. Member**Connections** Representatives are specially trained staff that provide support to Magnolia members. They can help you determine which doctors are available in your area, find support services, and help arrange for needed services. The Member**Connections** Representatives work with Magnolia's Case Managers to ensure your healthcare needs are addressed. Please call Member Services at 1-866-912-6285. They can also visit your home to help you with healthcare needs and social services.

ConnectionsPLUS[®]

ConnectionsPLUS is part of the Member**Connections** program that provides free cell phones to certain members who do not have safe, reliable access to a telephone. This program allows our members to have 24-hour instant access to physicians, case managers, Magnolia staff, telehealth services, and 911. To learn more about the program, please contact Member Services at 1-866-912-6285 or log onto our website at www.MagnoliaHealthPlan.com.

MEMBER SATISFACTION

We hope you will always be happy with us and our network providers. If you are not happy, please let us know. Magnolia has steps for handling any problems you may have. Magnolia offers all of our members the following processes to achieve member satisfaction:

- Internal Grievance Process.
- Internal Appeal Process.
- Access to State Fair Hearing.

Magnolia maintains records of each grievance and appeal filed by our members or by their authorized representatives, and the responses to each grievance and appeal, for a period of seven (7) years.

Internal Grievance Process

Magnolia wants to fully resolve your problems or concerns. Magnolia will not hold it against you or treat you differently if you file a grievance. **A Grievance is an expression of dissatisfaction about any matter other than an “action”.** Grievances are any oral or written complaint submitted to Magnolia that has been initiated by you, or your authorized representative, including your provider, concerning any aspect or action of Magnolia relative to you. An appeal is a request to review of an action or adverse determination and the steps for an Internal Appeal are followed.

How to File a Grievance

Filing a grievance will **not** affect your healthcare services. We **want** to know your concerns so we can improve our services.

To file a grievance, call Member Services at 1-866-912-6285. You can also write a letter and mail or fax your grievance to Magnolia at 1-877-851-3995. Be sure to include:

- Your first and last name.
- Your Medicaid ID number.
- Your address and telephone number.
- What you are unhappy with.
- What you would like to have happen.

A grievance may be filed in writing by mailing it to the address below or faxing it to 1-877-851-3995. You can also call us at 1-866-912-6285 or file the grievance in person at:

**Magnolia Health Plan
Grievance and Appeal Coordinator
111 East Capitol Street, Suite 500
Jackson, MS 39201**

If you file a written grievance, the Grievance and Appeal Coordinator (GAC) will send you a letter within five (5) days letting you know that we have received your grievance. If you submit your grievance by phone or in person, there is no need for written acknowledgement.

If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance or appeal. You can call Member Services to receive a form or go to www.MagnoliaHealthPlan.com. This form is to assign your right to file a grievance or appeal to someone else. A doctor acting for you can file a grievance or appeal for you.

If you have any proof or information that supports your grievance, you may send it to us and we will add it to your case. You may supply this information to Magnolia by including it with a letter, or by sending us an email, a fax, or by bringing it to Magnolia in person. You may also request to receive copies of any documentation that Magnolia used to make the decision about your care, grievance, or appeal.

To review your request, we may need to obtain additional information. If a signed **Authorization to Release Information** form is not included with your grievance, a form will be sent to you for signature. If a signed authorization is not provided within 30 business days of the request, Magnolia may issue a decision on the grievance without review of some or all of the information. When a signed request is received by your authorized representative, appropriate proof of your designation must be provided.

You can expect a resolution and a written response from Magnolia within 30 days of your grievance. If Magnolia needs more than 30 days to resolve the grievance, we will contact you to receive approval from you and inform you within two (2) working days.

There will be no retaliation against you or your representative for filing a grievance or appeal with Magnolia.

Internal Appeal Process

Filing an Appeal

An appeal is a request to review a Notice of Adverse Action. This review makes us look again at the Notice of Action. You can request this review by phone or in writing.

Actions occur when Magnolia:

- Denies the care requested.
- Decreases the amount of care.
- Ends care that has previously been approved.
- Denies payment for care and you may have to pay for it.

You will know that Magnolia is taking an action because we will send you a letter. The letter is called a **Notice of Action**. If you do not agree with the action, you may request an **Appeal**.

Who may file an Appeal?

- You, the member (or the parent or guardian of a minor member).
- A person named by you.
- A doctor acting for you.

You must give written permission if someone else files an appeal for you. Magnolia will include a form in the Notice of Action letter. Contact Member Services at 1-866-912-6285 if you need help. We can assist you in filing an appeal.

When Does an Appeal Have to be Filed?

The Notice of Action will tell you about this process. **You may file an appeal within 30 days from the date of the Notice of Action.** If you make your request by phone or in person, you must also send Magnolia a letter confirming your request.

You may ask to keep getting care related to your review while we decide. You may have to pay for this care, if the decision is not in your favor.

Magnolia will give you a written decision within **30 days** from the date of your request. If more than **30 days** is needed to make a decision, we will send a letter to you. Magnolia will ask for extra time if more information is needed. The extra time may be better for your case. Magnolia will ask for the extra 14 days in writing. The letter will say why we need more time.

Expedited Appeals

You or your doctor may want us to make a fast decision. You can ask for an Expedited Review if you or your doctor feel that your health is at risk. If you feel this is needed, call our Grievance and Appeal Coordinator at 1-866-912-6285. **We will decide within 72 hours of receipt of the appeal request.** However, the review period may be up to 14 days. You will also receive a letter telling the reason for the decision and what to do if you don't like the decision.

Medicaid Fair Hearing for Appeals

What if I am still not happy?

If you are dissatisfied with Magnolia's decision, you may request a State Fair Hearing. You also have the right to appeal to Medicaid:

- At the same time that you appeal to Magnolia.
- After you have exhausted your appeal rights with Magnolia.

- Instead of appealing to Magnolia.

You or your doctor may request a Medicaid Fair Hearing within **30 days** of receiving the notice of action or resolution. If you request a Medicaid Fair Hearing and want your benefits to continue, you must file your request within **10 days** from the date you receive our decision. If the Medicaid State Fair Hearing finds that Magnolia's decision was right, you may be responsible for the cost of the continued benefits.

To request a State Fair Hearing from Medicaid, please write to:

**Division of Medicaid, Office of the Governor
Attn: Appeals Department
550 High Street, Suite 1000
Jackson, Mississippi 39201
Ph: 601-359-6050 or 1-800-421-0488
Fax: 601-359-9153**

Hearing by a Court of Competent Jurisdiction

If you are not happy with the final decision from either Magnolia or from Medicaid's State Fair Hearing, you have the right to request a review with the County Court in the county where you live.

Waste, Abuse, and Fraud (WAF) Program

Authority and Responsibility

Magnolia is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this. **Here is the address and phone numbers:**

**Magnolia Health Plan
Compliance Department
111 East Capitol Street, Suite 500
Jackson, MS 39201
1-866-912-6285**

Or you can call Magnolia's Waste, Abuse, and Fraud Hotline at 1-866-685-8664

Waste, abuse, and fraud means that any member, any provider, or another person is misusing Medicaid, MississippiCAN program, or Magnolia resources. This could include things like:

- Loaning, selling or giving your
- Billing Magnolia for "free" services.



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- Magnolia member ID card or Medicaid ID card to someone.
- Misusing Magnolia or Medicaid benefits.
- Wrongful billing to Magnolia by a provider.
- Billing Magnolia for services not provided.
- Any action to defraud Magnolia, Medicaid, or the MississippiCAN program.

You can also report fraud and abuse to Medicaid. Medicaid's address and phone number are:

**Division of Medicaid
Office of the Governor
Attn: Appeals Department
550 High Street, Suite 1000
Jackson, Mississippi 39201
Ph: 601-359-6050 or 1-800-421-0488
Fax: 601-359-9153**

Your healthcare benefits are given to you based on your eligibility for both Medicaid and the MississippiCAN program. You must not share your benefits with anyone. Magnolia's network providers must also report any misuse of benefits to Magnolia. Magnolia must also report any misuse or wrongful use of benefits to Medicaid. If you misuse your benefits, you could lose them. Medicaid may also take legal action against you if you misuse your benefits.

If you think a doctor, a hospital, another Magnolia member, or another person is misusing the Medicaid, MississippiCAN, or Magnolia resources, tell us right away. We will take action against anyone who does this. Magnolia will take your call about waste, abuse, and fraud seriously. Call Magnolia's WAF Hotline at 1-866-685-8664. You do not need to give your name.

What to do if you get a Bill

Be sure to talk with your doctor about services that are covered and services that are not covered. You should not be billed for services that are covered, as long as you follow plan rules. If you get a bill for a service that should be covered by Magnolia, call your provider right away. Make sure your provider has all of your insurance information and knows to bill Magnolia. If you still get bills from the provider after you give your insurance information, call Member Services for help at 1-866-912-6285. Do not pay the bill yourself.

If you ask for a service that is not covered by Magnolia, your doctor will ask you to sign a statement saying you will pay for the service yourself. If you sign a statement saying you will pay for the non-covered service, then you are responsible for the bill. If you have any questions about a bill, you can call Member Services at 1-866-912-6285.



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Other Insurance

You must let Magnolia and Medicaid know if you have other insurance coverage with another company. Magnolia can help coordinate your other benefits with your other insurance company.

Accidental Injury or Illness (Subrogation)

If a Magnolia member has to see a doctor for an injury or illness that was caused by another person or business, you must call Member Services at 1-866-912-6285 to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store, then another insurance company might have to pay the doctor's bills and/or hospital bills. When you call, we will need the name of the person at fault, their insurance company, and the names of any attorneys involved.

Member Rights and Responsibilities

Members are informed of their rights and responsibilities through the Member Handbook. Magnolia network providers are also expected to respect and honor member's rights.

Magnolia members have the following rights:

- To receive information about Magnolia, its benefits, its services, its network providers, and member rights and responsibilities.
- To be treated with respect and with due consideration for your dignity and the right to privacy and non-discrimination as required by law.
- To access all covered services, including certified nurse midwife services and pediatric or family nurse practitioner services.
- To participate with your doctors in making decisions regarding your healthcare, including the right to refuse treatment.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in the Federal regulations on the use of restraints and seclusion.
- To receive healthcare services that are accessible, are comparable in amount, duration, and scope to those provided under Medicaid Fee-For-Service (FFS) and are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- To receive assistance from both Medicaid and Magnolia in understanding the requirements and benefits of Magnolia.
- To receive family planning services from any participating Medicaid doctor without prior authorization.
- To a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To receive information on the Grievance, Appeal and Medicaid's State Fair Hearing procedures.
- To voice grievances or file appeals about Magnolia decisions that affect your privacy, benefits, or the care provided.
- To request and receive a copy of your medical record.
- To make recommendations regarding Magnolia's member rights and responsibilities policies.
- To request that your medical record be corrected.
- To expect your medical records and care be kept confidential as required by law.

- To receive Magnolia’s policy on referrals for specialty care and other benefits not provided by the member’s PCP.
- To privacy of healthcare needs and information as required by federal law (Standards for Privacy of Individually Identifiable Health Information).
- To exercise these rights without adversely affecting the way Magnolia and its network providers treat you.
- To allow or refuse your personal information be sent to another party for other uses unless the release of information is required by law.
- To choose a PCP and to change to another PCP in Magnolia’s network.
- To receive timely access to care, including referrals to specialists when medically necessary without barriers.
- To file for a Medicaid State Fair Hearing
- To receive materials – including enrollment notices, information materials, instructional materials, and available treatment options and alternatives - in a manner and format that may be easily understood.
- To make an advance directive, such as a living will.
- To choose a person to represent you for the use of your information by Magnolia if you are unable to.
- To get a second opinion from a qualified healthcare professional.
- To receive oral interpretation services free of charge for all non-English languages.
- To be notified that oral interpretation is available and how to access those services.
- As a potential member, to receive information about the basic features of managed care; which populations may or may not enroll in the program and Magnolia’s responsibilities for coordination of care in a timely manner in order to make an informed choice.
- To receive information on the following:
 - Benefits covered.
 - Procedures for obtaining benefits, including any authorization requirements.
 - Cost sharing requirements.
 - Service area.
 - Names, locations, telephone numbers and non-English language spoken by current Magnolia doctors, including at a minimum, PCPs, specialists, and hospitals.
 - Any restrictions on your freedom of choice among network providers.
 - Doctors who are not accepting new patients.
 - Benefits not offered by Magnolia, but available to you and how to obtain those benefits, including how transportation is provided.
- To receive a complete description of disenrollment rights at least annually.
- To receive notice of any significant changes in the Benefits Package at least 30 days before the intended effective date of the change.
- To receive detailed information on emergency and after-hours coverage, to include, but not limited to:

- What constitutes an emergency medical condition, emergency services, and post-stabilization services.
- Those emergency services do not require prior authorization.
- The process and procedures for obtaining emergency services.
- The locations of any emergency settings and other locations at which doctors and hospitals furnish emergency services and post-stabilization services covered under the contract.
- Your right to use any hospital or other setting for emergency care.
- Post-stabilization care services rules in accordance with Federal guidelines.

Magnolia members have the following responsibilities:

- To inform Magnolia of the loss or theft of their ID card.
- To present your ID card when using healthcare services.
- To be familiar with Magnolia procedures to the best of your ability.
- To call or contact Magnolia to obtain information and have questions clarified.
- To provide information (to the extent possible) that Magnolia and its doctors need in order to provide care.
- To follow the prescribed treatment (plans and instructions) for care that has been agreed upon with your doctors.
- To inform your doctor on reasons you cannot follow the prescribed treatment of care recommended by your doctor.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- To keep your medical appointments and follow-up appointments.
- To access preventive care services.
- To follow the policies and procedures of Magnolia and Medicaid.
- To be honest with doctors and treat them with respect and kindness.
- To get regular medical care from your PCP before seeing a specialist.
- To follow the steps of the appeal process.
- To notify Magnolia, Medicaid, and your doctors of any changes that may affect your membership, your healthcare needs, or your access to benefits. Some examples may include:
 - If you have a baby.
 - If your address changes.
 - If your telephone number changes.
 - If you or one of your children are covered by another plan.
 - If you have a special medical concern.
 - If your family size changes.

- To keep all your scheduled appointments
- To be on time for your scheduled appointments
- To cancel your scheduled appointments at least twenty-four (24) hours in advance if you cannot keep an appointment.
- To access care by following Magnolia rules; failure to do so may cause you may be responsible for the charges.

Advance Directives

All Magnolia adult members have a right to make Advance Directives for healthcare decisions. This includes planning treatment before you need it. Advance Directives are forms you can complete to protect your rights for medical care. You can complete the Mississippi Advance Health Care Directive form. This form can be found on the Mississippi State Department of Health's (MSDH) website, www.msdh.state.ms.us. You can also call Member Services at 1-866-912-6285 for help in finding the form. Once completed, ask you PCP to put the form in your file. You can also talk to your PCP about Advance Directives.

Together, you and your PCP can make decisions that will set your mind at ease. It can help your PCP and other providers understand your wishes about your health. Advance Directives will not take away your right to make your own decisions and will work only when you are unable to speak for yourself.

Examples of Advance Directives include:

- Living Will.
- Health Care Power of Attorney.
- "Do Not Resuscitate" Orders.

You should not be discriminated against for not having an Advance Directive.

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.

Protecting Your Privacy

NOTICE OF PRIVACY PRACTICES

Privacy Notice

Effective: January 1, 2011

For help to translate or understand this, please call 1-866-912-6285. If you are hearing impaired, call our TDD/TTY line at 1-877-725-7753 or Relay 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono. 1-866-912-6285. TDD/TTY 1-877-725-7753 or Relay 711.

Interpreter services are provided free of charge to you.

At Magnolia, your privacy is important to us. We will do all we can to protect your health records. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to exercise those rights and who can see your health records. This notice does not apply to information that does not identify you.

When we talk about your health records in this notice, it includes any information about all of your health services while you are a member of Magnolia. This includes providing healthcare to you and also includes payment for your healthcare while you are our member.

Please note: *You will also receive a Privacy Notice from Medicaid outlining their rules for your health records. Other health plans and healthcare providers may have other rules when using or sharing your health records. We ask that you obtain a copy of their Privacy Notices and read them carefully.*

How We Use or Share Your Health Records

Here are ways we may use or share your health records:

- To help pay your medical bills given to us by healthcare providers.
- To help your healthcare providers give you the proper care. For example, if you are in the hospital, we may give them your records sent to us by your doctor.
- To help manage your healthcare. For example, we might talk to your doctor about a disease or wellness program that could help improve your health.

- To help resolve any appeals or grievances filed by you or a healthcare provider with Magnolia or the State of Mississippi.
- To assist others who help us provide your health services. We will not share your records with these outside groups unless they agree to protect your records.
- For public health or disaster relief efforts.
- To remind you if you have a doctor's visit coming up.
- To give you information about other healthcare treatments and programs, such as how to stop smoking or lose weight.

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that oversee Magnolia, such as DOM or the U.S. Department of Health and Human Services.
- For public health actions. For example, the FDA may need to check or track medicines and medical device problems.
- To public health groups if we believe there is a serious public health or safety threat.
- To a health agency for certain activities. This might include audits, inspections, and licensure or enforcement actions.
- To a court or administrative agency.
- To law enforcement. For example, records may be used to identify or find someone who is a suspect, fugitive, material witness or missing person.
- To a government person about child abuse, neglect or violence in your home.
- To a coroner or medical examiner to identify a dead person or help find a cause of death. These may be needed by a funeral director to help them carry out their duties.
- For organ transplant purposes.
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the President and others.
- For job-related injuries due to your state's worker compensation laws.
- If one of the above reasons does not apply, we must obtain your written approval to use or share your health records with others. If you change your mind, you may retract your written approval at any time.
- If sharing your health information is not allowed by or limited by a state law, we will obey the law that protects your health information best.

What Are Your Rights?

The following are your rights with regards to your health records. If you would like to exercise any of the following rights, please contact us. We can be reached at 1-866-912-6285.

- You have the right to ask us to give your records only to certain people or groups and to say for what reasons. You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to follow your wishes, the law does not make us do so.
- You have the right to ask to get confidential communications of your health records. For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.
- You have the right to view and get a copy of all the records we keep about you in your designated record set. This consists of anything we use to make decisions about your health. It includes enrollment, payment, claims processing and medical management records.

You do not have the right to get certain types of health records. We may decide not to give you the following:

- Information contained in psychotherapy notes.
- Information collected in reasonable anticipation of, or for use in a court case or another legal proceeding.
- Information subject to certain federal laws about biological products and clinical laboratories.
- In certain situations, we may not let you get a copy of your health records. You will be informed in writing. You may have the right to have our action reviewed.
- You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change(s). We will get back to you in writing no later than 60 days after we receive your request. If we need additional time, we may take up to another 30 days. We will inform you of any delays and the date when we will get back to you.

If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures. You have the right to receive an accounting of disclosures of your health records to others for six (6) years beginning January 1, 2011. By law, we do not have to give you a list of the following:

- Health records given or used for treatment, payment and healthcare operations purposes.
- Health records given to you or others with your written approval.
- Information that is incidental to a use or disclosure otherwise permitted.
- Health records given to persons involved in your care or for other notification purposes.
- Health records used for national security or intelligence purposes.
- Health records given to prisons, police, FBI, and others who enforce laws or health oversight agencies.
- Health records given or used as part of a limited data set for research, public health or healthcare operations purposes.

To receive an accounting of disclosures, your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. Your first list will be free. We will give you one (1) free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee in advance and give you a chance to take back your request.

Using Your Rights

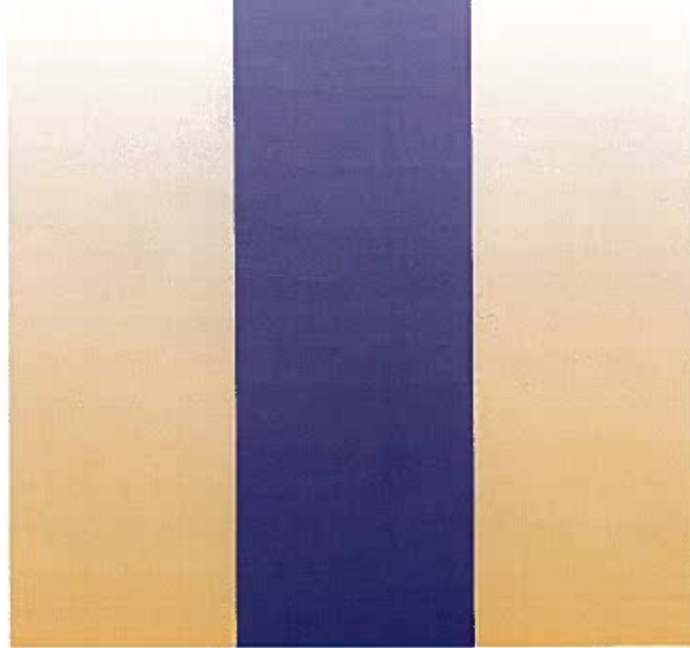
- ***You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice.*** Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.
- ***If you have any questions about this notice or how we use or share your health records, please call.*** We can be reached at 1-866-912-6285. Our office is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

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

Privacy Official- Magnolia Health Plan
111 East Capitol Street, Suite 500
Jackson, MS 39201
1-866-912-6285 (TDD/TTY) 1-866-614-1949
Fax 1-866-480-3227

You may also contact the Secretary of the U.S. Department of Health and Human Services:

Office for Civil Rights – Region IV
U.S. Department of Health & Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, Georgia 30303-8909
Voice Phone (404) 562-7886; Fax (404) 562-7881; TDD (404) 331-2867



Magnolia Health Plan

111 East Capitol Street

Suite 500

Jackson, MS 39201

866-912-6285

www.MagnoliaHealthPlan.com

If you have questions, call the Member
Services Department at 866-912-6285

(TDD/TTY: 877-725-7753 or
Mississippi Relay Services: 711)