



magnolia health.



2025 MississippiCAN Member Handbook

1-866-912-6285
Relay 711

Magnolia Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Magnolia Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Magnolia Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to those whose primary language is not English, such as:
- Qualified Interpreters
- Information written in other languages

If you need these services, contact Magnolia Health Member Services at 1-866-912-6285, Relay 711.

If you believe that Magnolia Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384

Tampa, FL 33631

855-577-8234, Relay 711

Fax: 866-388-1769

SM_Section1557Coord@centene.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1- 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/complaints/index.html>.

This notice is available on **Magnolia Health's** website:

<https://www.magnoliahealthplan.com/members/medicaid/resources/non-discrimination-notice.html>

Language Assistance

Magnolia Health Member Services: 1-866-912-6285 (Relay 711)

English:	Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call the number above.
Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Magnolia Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-912-6285, Relay 711.
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Magnolia Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-912-6285, Relay 711.
Chinese:	如果您，或是您正在協助的對象，有關於Magnolia Health方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-866-912-6285, Relay 711。
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d’Magnolia Health, vous avez le droit de bénéficier gratuitement d’aide et d’informations dans votre langue. Pour parler à un interprète, appelez le 1-866-912-6285, Relay 711.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Magnolia Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-866-912-6285, Relay 711.
Choctaw:	Chim ayalhpisah ihokih Chishno kiyokmat kanah ish apila ka, Magnolia Health imma ná ponaklo hachim ashah ihokma. Apila hicha nán annówa ya chim annopa anóli akó hashísha hínah kat. Ahíkachih kiyoh. Annopa tishóli imanópolih chinnakma, holhtina yappá ipayah 1-866-912-6285, Relay 711.
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Magnolia Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-912-6285, Relay 711.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Magnolia Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-912-6285, Relay 711 an.
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Magnolia Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-912-6285, Relay 711 로 전화하십시오.
Gujarati:	જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Magnolia Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા 1-866-912-6285, Relay 711 ઉપર કોલ કરો.
Japanese:	Magnolia Healthについて何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-866-912-6285, Relay 711 までお電話ください。
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Magnolia Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-866-912-6285, Relay 711.
Punjabi:	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Magnolia Health ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-866-912-6285, Relay 711 'ਤੇ ਕਾਲ ਕਰੋ।
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Magnolia Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l’1-866-912-6285, Relay 711.
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Magnolia Health के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-866-912-6285, Relay 711 पर कॉल करें।

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 to do if you are not satisfied with your health plan or coverage
- Eligibility requirements
- Magnolia's geographic service area
- Materials you will receive from Magnolia

The practices, policies, benefits, and services described herein may be modified or discontinued from time to time. If there is a change to covered services, Magnolia will send you a written notice within thirty (30) calendar days prior to the change in covered services. Please visit www.MagnoliaHealthPlan.com, or call 1-866-912-6285, for the most up-to-date information.

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.

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You can request a provider directory listing Magnolia Health providers to choose from, including providers, hospitals and the provider's office hours.



You can find information on your plan's benefits and services at www.MagnoliaHealthPlan.com.

Your Provider Directory

You may find any of our plan providers by using the “Find a Provider” function on our website www.MagnoliaHealthPlan.com. There you will have the ability to narrow your search by location, ZIP code and specialty. Your search will produce a list of providers based on your search criteria and will give you other information, such as address, phone number, office hours and whether or not they are currently accepting new patients.

If you would like a Magnolia Health provider directory:

- You can pick up one at your Regional DOM office.
- You can pick up one at your local Women, Infants and Children (WIC) office.
- You can pick up one at:
Magnolia Health, 1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157

Magnolia Health can also help you pick a PCP.

We can make your choice of PCP effective on the next business day.

Call your PCP's office to make an appointment within ninety (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 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
- Member self-service features
- Online form submission
- Magnolia Health programs and services

You can create your own personal online health account. This is called the Member Secure Portal. It's quick. It's easy. And there is no cost to you. You can access important, personalized health information and helpful tools just for you. Online – from a computer, or even from your cell phone – it's right at your fingertips. Visit our website at www.MagnoliaHealthPlan.com to get started. All you need is your birth date and member ID number.

Below are some things you can do in the member portal:

- Change your PCP
- Complete the Health Risk Screening Form
- Contact Member Services
- Details regarding Grievances and Appeals process
- Information about Member Rights and Responsibilities
- And more!

Magnolia also has a mobile application (app) for cell phones. You can download the Magnolia Health Mobile App from the Apple or Google App Store. From the Mobile App, you can:

- Find the nearest hospital
- ID card
- Find a doctor
- View your member benefits
- View your Magnolia Health member
- Call your PCP

Connecting Your Healthcare:

NEW OPTIONS FOR MANAGING YOUR DIGITAL HEALTH RECORDS

On July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) made it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years.
- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your health history with you as you switch health plans.*

*In 2022, members can start to request that their health records go with them as they switch health plans.

THE NEW RULE MAKES IT EASY TO FIND INFORMATION** ON:

- Claims (paid and denied) information
- Pharmacy drug coverage
- Healthcare providers
- Specific parts of your clinical

**You can get information for dates of service on or after January 1, 2016. For more info, visit your online member account.

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 annual wellness checkups, EPSDT screenings, cervical cancer screening and breast cancer screening
- Investigating your concerns regarding the healthcare you have received. If you have a concern about the care you received from your provider 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

1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157

Hours of Operation

Monday – Friday, 7:00 a.m. – 8:00 p.m. CST

Member Services.....	1-866-912-6285
Member Services Fax.....	1-877-779-5219
Relay Services	711
Behavioral Health/Substance Use Disorder	1-866-912-6285
Non-Emergency Transportation.....	1-866-912-6285

Other Important Phone Numbers

Dental/Vision Services.....	1-866-912-6285
Emergency Services	Call 911
In-Patient Hospitalization	1-866-912-6285
Gainwell Pharmacy Help Desk.....	1-800-884-3222

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 must be able to talk about your medical or behavioral health/ substance use disorder concerns in a way you can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language. 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 or Relay 711.

Your Magnolia Member ID Card

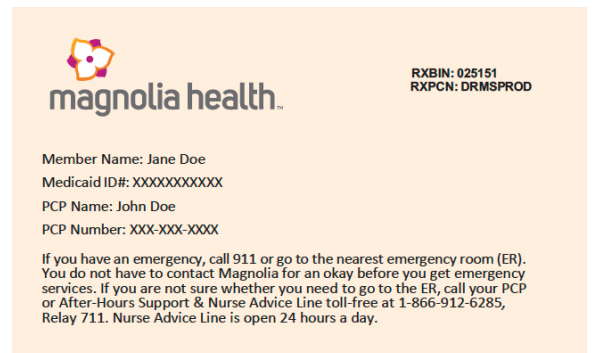
When you enroll in Magnolia, you will receive a Magnolia member ID card within fourteen (14) calendar days of enrollment. This card is proof that you are enrolled with Magnolia.

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 member ID card will show your name, Medicaid ID number and your PCP's name and number. If you do not get your Magnolia member 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 can request a new Magnolia member ID card at any time by calling Member Services at 1-866-912-6285.

Here Is an Example of Your Magnolia Member ID Card

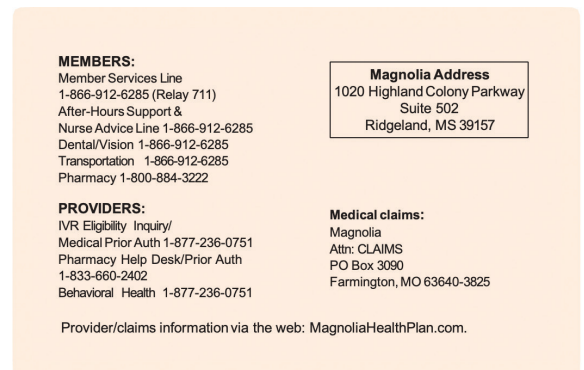
FRONT:

- Name
- Medicaid ID number
- PCP name/number
- Pharmacy vendor information



BACK:

- Important member & provider phone numbers
- Medical claims address
- Website address



Service Areas Covered

Magnolia is a health plan available through the 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 Magnolia member ID card
- Obtain information about covered and non-covered benefits and services
- Obtain a list of health plan providers
- Report a potential fraud issue
- Request new member materials
- Obtain information about Care Management
- Assist with emergency issues
- Assist with transportation for members
- Assist with grievances and appeals
- Obtain information about the operation of Magnolia

Please call 1-866-912-6285 or Relay 711. Magnolia Member Services Department will be open from Monday through Friday, 7:00 a.m. – 8:00 p.m. CST. Calls received after business hours are sent directly to Magnolia's 24-Hour Nurse Advice Line. The 24-Hour Nurse Advice Line nurses are available 24 hours a day, seven (7) days a week, including holidays.

24-Hour Nurse Advice Line

Magnolia's 24-Hour Nurse Advice Line is a free health information phone line. Our 24-Hour Nurse Advice Line is ready to answer your health questions 24 hours a day — every day of the year. Our 24-Hour Nurse Advice Line is staffed with registered nurses. These nurses have spent lots of time caring for people. They are ready and eager to help you with:

- 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 our 24-Hour Nurse Advice Line at 1-866-912-6285. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

Eligibility

To be eligible to enroll with Magnolia, a Coordinated Care Organization (CCO) for the DOM's MississippiCAN program, a person must be a beneficiary of Mississippi Medicaid. In addition, a beneficiary must be a resident of the state of Mississippi.

For purposes of this program, MississippiCAN beneficiaries include:

Required Mandatory Populations (Age):

.....
SSI – Supplemental Security Income (19–65)
.....
Working Disabled (19–65)
.....
Breast and Cervical Cancer (19–65)
.....
Parents and Caretakers (19–65)
.....
Pregnant Women (8–65)
.....
Parent/Caretakers (19–65)
.....
Medical Assistance Children (0–19)
(Populations other than those
listed in optional populations)

Optional Populations (Age):

.....
SSI – Supplemental Security
Income (0–19)
.....
Disabled Child Living at
Home (0–19)
.....
Child Protective Services
(CPS) – Foster Care Children (0–19)
.....
Child Protective Services
(CPS) – Foster Care Children
Adoption Assistance (0–19)
.....
American Indians (0–65)

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/about/office-locations/. You may also call Medicaid's toll-free telephone number at 1-800-421-2408.

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, Child Protective Services office, or your Regional DOM office) within ten (10) days after the change happens (or within ten (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 blindness or disability
- Pregnancy
- Moving to a new county or out of state
- A change in your name
- A move to a different address
- A change in your job
- Having or obtaining health coverage under another policy or if there are changes to the coverage

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 the DOM will tell you about. Open enrollment occurs every year between October 1–December 15. 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 Gainwell, the state enrollment broker, at 1-800-884-3222. You can also visit the state website at www.medicaid.ms.gov.

Disenrollment

The DOM has mandated that members in specific categories of eligibility be enrolled with a CCO under the MississippiCAN program. If you are in one of these categories of eligibility, then you can change CCOs within ninety (90) days of enrollment, but you must be enrolled with a CCO.

You may request to disenroll from Magnolia with or without cause if you are in an optional category. Once you are enrolled with Magnolia, you have ninety (90) days to stop your enrollment. After that, you will be a member of our plan for the next year or until the next open enrollment period. You can change for any reason in the first ninety (90) calendar days of your membership. Call the DOM to change your membership during this period

Magnolia will let the DOM know, in writing, within three (3) calendar days if one of the following occurs:

- Member no longer resides in the state of Mississippi
- Member dies
- Member no longer qualifies for medical assistance under one of the Medicaid eligibility categories in the targeted population
- Member becomes eligible for Medicare coverage
- Member enrolled in a waiver program
- Member becomes a nursing home resident
- Member diagnosed with hemophilia and receives clotting factor products and other treatments

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

A member may request disenrollment from Magnolia Health if:

- Magnolia does not, because of moral or religious objections, cover the service the member seeks. Magnolia is required to provide for all Medicaid covered services.
- Not all related services are available within the network
- Member's PCP or another provider determines receiving the services separately would subject the member to unnecessary risk or poor quality of care
- Lack of access to services covered by Magnolia
- Lack of access to providers experienced in treating the member's healthcare needs

Member requests for disenrollment must be directed to the DOM either by phone or in writing.

The DOM's address and phone number is:

Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Ph: 601-359-6050
1-800-421-2408

TTY: 711

Fax: 601-359-4185

What to Do If You Get a Bill

Be sure to talk with your provider 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 a bill 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 provider 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.

Magnolia will pay for all covered services from in-network providers. In-network providers should not charge you any fees or copays for any care offered as part of your health plan.

Notes:

[illegible]

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.

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 providers who are out of the Magnolia network, you may be responsible for payment. If you have questions about medical necessity or which providers are in our network, call Member Services at 1-866-912-6285.
- Members are notified of new changes in services, providers and locations via Magnolia's website, www.MagnoliaHealthPlan.com, addendums to the member handbook, and letters.

Benefits Grid

Covered Services	Comments and Limitations
Ambulatory Surgery Center	
Behavioral health services	A comprehensive range of services are covered, including substance use disorder treatment, MYPAC services, CSP care management services and PRTF
Emergency ambulance	Prior authorization required when using a Fixed Wing Airplane only
Chiropractic services	\$700 per benefit year
Dialysis	Home and free-standing dialysis center services
Dental Anesthesia	Covered in an office setting, outpatient and inpatient setting. Prior authorization required.
Dental services under 21 years of age	\$2,500 per benefit year provided through Centene Dental; \$4,620 per lifetime for orthodontia under age 21 through Centene Dental. Members strongly encouraged to see your dental provider yearly. All medically necessary services are covered for EPSDT- eligible members with prior authorization.
Dental services over 21 years of age	Emergent and pain relief only; \$2,500 per year provided through Centene Dental
Durable Medical Equipment (DME) and medical supplies	Covered in the member's place of residence and may require prior authorization. All medically necessary DME and medical supplies are covered for EPSDT-eligible members with prior authorization.
ER services	Emergency room visits should only be used for true emergencies when the member cannot wait to be seen by your PCP. ER visits do not require prior authorization and have no benefit limit.
Enteral and Parenteral Nutrition for home use	Available through pharmacy and medical benefit
EPSDT	Limited to under 21 years of age
Expanded EPSDT services	Prior authorization required for services not covered or any service that exceeds service limits. Limited to members under 21 years of age.
Eyeglasses	Adults get one (1) pair of glasses per year and one (1) eye exam per year; children get two (2) eye exams per year and two (2) pairs of glasses every year through Centene Vision (children under 21 are eligible for more services if determined to be medically necessary)
Family planning	Over-the-counter contraceptives are not covered
COVID-19, Flu and Pneumonia vaccines	Available through pharmacy and medical benefit. Limited to one flu shot per 12 months.
Services from Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC)	

Covered Services	Comments and Limitations
Genetic testing	May require prior authorization. Check with Magnolia prior to genetic testing.
Hearing services	Limited to children under 21 years, including cochlear implants
Home healthcare services	Limited to 36 visits per benefit year.
Hospice care	Requires prior authorization
Hysterectomy	Requires prior authorization
Inpatient hospital services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide
Laboratory services	Basic laboratory services do not require prior authorization
Neuro-Psychiatric services	May require prior authorization
Non-emergency transportation	1-866-912-6285
Nuclear Cardiology	Including, but not limited to, Thallium stress test or nuclear stress test
Oral Surgeon	Covered for inpatient and outpatient setting. Prior authorization is required.
Orthotics and Prosthetics	No Limit
Out-of-network physician/facility/ services	Typically not allowed, except for ER services, pregnancy and family planning services, outpatient basic laboratory chemistries and basic radiology
Observation	No authorization required
Outpatient Therapy (Occupational Therapy, Physical Therapy, and Speech Therapy)	Therapy in the home setting is only a covered benefit for members under the age of 21
Pain management services	Office visits, consultations, services, treatments and procedures
Physician Assistant & Nurse Practitioner office visits	No Limit
Physician office services	No Limit
Plastic Surgeon	Services that are for cosmetic purposes only are not a covered benefit
Podiatrist services	May require prior authorization
Prescription drugs	Limit of 6 per month. EPSDT-eligible members are eligible for more prescriptions if determined to be medically necessary. Diabetic supplies and vaccines do not count toward benefit limit.
Preventive care	Services for children and adults include, but are not limited to: preventive health assessment visits, well-child care up to age 21, dental exams for ages up to 21 (members should be referred to a plan participating dental provider at the eruption of the first tooth, but no later than 12 months of age), immunizations, screenings (e.g., lead screenings, Pap smears, mammograms, dilated eye exams for diabetics, kidney function tests, other lab work for diabetics, total serum cholesterol, etc.), flu shots and many other preventive health services.

Covered Services	Comments and Limitations
Radiology services	Basic radiology services do not require prior authorization
Sleep study	Outpatient only
Specialty injection/ infusion (Infusion in home setting applies to home health benefit limits)	Biopharmaceutical drugs may require a prior authorization when done in the home setting
Stereotactic Radiosurgery	Prior authorization is required
Sterilization procedures	No prior authorization required except for hysterectomy;
Substance use disorder treatment	Treatment is covered as part of a written plan. It includes inpatient and outpatient care. Benefit also includes Screening, Brief Intervention, and Referral to Treatment.
Surgery-elective-potentially cosmetic	Including, but not limited to, breast reduction surgery and varicose vein treatments
Swing bed services	Covered and authorized by the DOM
Transplants	Magnolia requires prior authorization for all transplants, except Cornea

Value Added Benefits provided by Magnolia Health include:

- Unlimited office visits
- Adults get one (1) pair of glasses per year and one (1) eye exam per year; children get two (2) eye exams per year and two (2) pairs of glasses every year (children under 21 are eligible for more services if determined to be medically necessary)
- The My Health Pays® Rewards Program provides rewards on a My Health Pays card each time you receive select screenings and preventive care
- 24-hour Nurse Advice Line
- Start Smart for your Health programs help members with chronic illnesses, complex conditions, disabilities, weight loss and more, manage and improve their health
- Start Smart for Your Baby® is a program for expecting and new mothers
- Connections Plus Cell Phone for high-risk members in Care Management
- Over-the-Counter (OTC) Items. Up to \$10 every month, per household for commonly-used OTC items purchased at participating stores. This benefit covers items that do not need a prescription. Members will select from a catalog of items supplied by Magnolia. The OTC brochure includes household, personal care, oral care, and children's items. Unused balances are not carried over from month to month. For in store purchases, members may pay amounts in excess of the benefit. Products may not be returned. OTC items may be purchased in-store for the member only.
- Weight Watchers Program for certain members in Care Management

MYMagnolia Mobile App

The MyMagnolia Mobile App allows members to have their health information in the palm of their hands. Once registered, they can view their ID card, Health Alerts, Find a Provider and view My Health Pays information.

- Members can securely pull up their Member ID Card to present at the point of delivery of services.
- Health Alerts remind members when it's time for screenings, such as an eye exam.
- My Health Pays icon displays the card balance, status and card's last 4 digits along with how to earn additional rewards. It also shows the card's recent activity.
- The Provider icon displays the member's PCP information (name, phone number and address). Members will be able to quickly call their PCP by pushing the "Call My Primary Care Provider" button on the App along with the ability to call the 24-Hour Nurse Advice Line directly.
- Members may file a complaint or appeal

The MyMagnolia Mobile App also includes a Start Smart for Your Baby icon. Members can view DOM approved podcasts about pregnancy and a countdown to delivery tracker.

Magnolia Works Program

Magnolia Works is a referral service offered by Magnolia to help provide our members with obtaining a GED, education, training and employment assistance.

We can connect members with:

- GED test preparation and testing
- High school diploma
- English as a second language courses
- Interview skill development
- Budgeting and personal finance education
- Employment assistance

Magnolia Works is for Magnolia members who are over the age of 18 and residents of Mississippi.

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Boys and Girls Club/ YMCA Memberships

Magnolia will offer our members age 6–18 a paid membership to any Boys and Girls Club in the state and adult members a paid membership to any YMCA in the state. Just call Member Services at 1-866-912-6285 for more information.

Non-Emergency Transportation

NET stands for Non-Emergency Transportation. NET is for people who have no other way to get to their healthcare appointment. Magnolia has contracted with MTM to provide NET to our members. MTM may use gas reimbursement, public buses, vans, taxis, paratransit, or even an ambulance to get you to your healthcare appointment. MTM will schedule a ride to meet your needs.

Call 1-866-912-6285 to find out if you are eligible for NET services. Only eligible members are covered for NET, unless the member requires the assistance of a caregiver, in which case, the caregiver will also be eligible for services. Call as soon as you know you have an appointment. Your transportation can be scheduled up to two (2) months in advance. You must call at least three (3) days before your appointment. If a request is deemed urgent, the three (3) days' notice is waived.

Prior to calling, please have the following information available:

- Medicaid ID number
- The date you are needing transportation
- The name, address and phone number of where you are going
- The reason for your transportation request
- The type of appointment
- The type of assistance of mobility aid(s), if any, you require

The transportation provider will call you and tell you the time of your pickup and provide their telephone number. Keep this number handy. Be ready sixty (60) minutes before your pickup time. The driver can come to your door to help you if you need it, but cannot come into your home.

If you have a scheduled ride back, your ride should pick you up within less than thirty (30) minutes after your appointment is over. If you must call your transportation provider for pickup after your appointment, your ride should arrive in less than sixty (60) minutes. If you have to wait longer than sixty (60) minutes, call the number the transportation provider gave you. Call 1-866-912-6285 if your ride does not show up.

Hours of Operation

7:00 a.m. to 6:00 p.m. CST Monday–Friday

Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)

All children and adolescents under age twenty-one (21) who are Magnolia members are eligible to receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. Magnolia provides the full range of EPSDT services, without limitation. This includes periodic health screenings according to the American Academy of Pediatrics (AAP) Bright Futures' Periodicity Schedule, appropriate immunizations using the Advisory Committee on Immunization Practices' (ACIP) Recommended Immunization Schedule, and examinations for vision, dental, hearing and all medically necessary services.

Periodic Health Screening:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Measurements, including, but not limited to, length/height, weight, head circumference, body mass index (BMI) and blood pressure
- Developmental/behavioral assessment, as appropriate
- Autism screening
- Developmental surveillance
- Psychosocial/behavioral assessment
- Tobacco, alcohol and drug use assessment
- Maternal depression screening
- Depression screening
- Sexually transmitted infection
- Human immunodeficiency virus (HIV) testing
- Cervical dysplasia screening
- Dental assessment and counseling
- Anticipatory guidance
- Nutritional assessment
- Appropriate laboratory tests
- Health education (including child development, healthy lifestyles, and accident and disease prevention)
- Vision services – diagnosis and treatment for defects in vision, including eyeglasses
- Dental services – relief of pain and infections, restoration of teeth, and maintenance of dental health
- Hearing services – diagnosis and treatment for defects in hearing, including hearing aids
- Diagnostic services and treatment
 - When a screening examination indicates the need for further evaluation, your provider will make the necessary referrals and follow up to ensure you receive a complete diagnostic evaluation. Treatment for all physical and mental illnesses or conditions discovered by any screening or diagnostic procedure will be made available.

Periodic Schedule:

Frequency is as follows:

- | | | |
|-----------------|-------------|----------------------------|
| • At Birth | • 6 months | • 24 months |
| • 3–5 days | • 9 months | • 30 months |
| • Birth–1 month | • 12 months | • Yearly, beginning at the |
| • 2 months | • 15 months | age of three (3) up to age |
| • 4 months | • 18 months | twenty-one (21) |

Babies grow fast and need to see a provider early and often to monitor growth and development. Babies should have seven (7) EPSDT screenings between the ages 0-15 months. Babies ages 15-30 months should have five (5) EPSDT screenings.

If you need help accessing EPSDT services or an EPSDT provider for your child, please call 1-866-912-6285.

Dental checkups are important to your child's health. They help stop cavities and gum disease. Call your dental provider to make an appointment at least yearly for your child. If you need help finding a dental provider, please call Member Services at 1-866-912-6285.

Expanded EPSDT services for EPSDT eligible members that are found during an EPSDT exam and are deemed medically necessary include, but not limited to:

- Adolescent counseling services
- Additional treatments and services that may be needed (such as prescriptions and therapy services)
- Inpatient hospital
- Outpatient hospital services
- Physician services
- Dental services
- Home health services
- Durable medical equipment/prosthetics
- Private duty nursing
- Therapy services (physical, occupational, speech, hearing and language)
- Prescription drugs
- Podiatry services
- Optometry services
- Eyeglasses/contacts
- Hearing services
- Mental health services

Notes:

Behavioral Health Care/Substance Use Disorder

Magnolia will cover your inpatient and outpatient behavioral health needs including substance use disorder (SUD) treatment. A Primary Care Provider (PCP) referral is not needed for outpatient behavioral healthcare. You may go to any behavioral health provider in Magnolia's network of providers. Please be sure to go to a behavioral health provider in our network. Call 1-866-912-6285 to get help with inpatient and outpatient behavioral health services including substance use disorder treatment.

This is how we can help:

- We will refer you to a PCP, a private behavioral health practitioner, or Community Mental Health Center.
- We can help you find community resources that can help with behavioral health needs.
- There are special groups for pregnant women and parents.
- You will have a Care Manager to help with your behavioral health needs. They will help you find the right services for your treatment.
- After hours, you can also call our 24-Hour Nurse Advice Line at 1-866-912-6285. The 24-Hour Nurse Advice Line is ready to answer your questions 24 hours a day – every day of the year. It does not cost you anything.

HOW CAN YOU GET HELP IF YOU OR YOUR CHILD HAS BEHAVIORAL HEALTH PROBLEMS? DO YOU NEED A REFERRAL FOR THIS?

Sometimes talking to friends or family members can help you work out a problem. When that is not enough, you should call your PCP or Magnolia. You do not need a referral from your PCP for these services. Magnolia will help you find the best behavioral health provider for you or your child. Call 1-866-912-6285 to get help right away. You can call 24 hours a day, seven days a week.

HOW DO YOU KNOW IF YOU OR YOUR CHILD NEEDS HELP?**Help might be needed if you or your child:**

- Can't cope with daily life
- Feels very sad, stressed or worried
- Is not sleeping or eating well
- Has thoughts of or wants to hurt themselves or others
- Is troubled by strange thoughts (such as hearing voices)
- Is having problems at work or at home
- Seems to be having problems at school

When you or your child have a behavioral health problem, it is important for you to work with someone you trust. We can help you find a behavioral health provider who will be a good match. The most important thing is for you or your child to have someone to talk to so they can work to address your behavioral health needs.

WHAT TO DO IN A BEHAVIORAL HEALTH EMERGENCY

You should call 911 if you or your child are having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest ER. You do not have to wait for an emergency to get help. Call Magnolia at 1-866-912-6285 for someone to help you or your child with depression, behavioral illness, or emotional questions.

WHAT TO DO IF YOU OR YOUR CHILD ARE ALREADY IN TREATMENT

If you or your child are already getting care, ask your provider if they are in the Magnolia network. If the answer is yes, you do not need to do anything. If the answer is no, call Magnolia at 1-866-912-6285. We will ask you/your child's provider to join our network. We want you or your child to keep getting the care needed. If the provider does not want to join the Magnolia network, we will work with the provider to keep caring for you or your child until medical records can be transferred to a new Magnolia healthcare provider.

Preventive Health Services

Regular visits to your PCP are important. The following are preventive health guidelines for men, women and children. Talk to your PCP about any services that may be needed. You may need other services if you are at risk for any health problems.

Preventive Healthcare for Men*			
	18 to 30 Years	31 to 50 Years	51 to 64 Years
Annual Exam	Every year		
Medical history			
Height and weight			
Discuss how well you eat			
Behavioral health screening			
Hearing screens			
Blood pressure checks			
Screening for alcohol or substance abuse			
Any referrals to special services you may need			
Immunizations: Shots are important. Ask your PCP what shots are needed	Ask your PCP at every visit about your shots.		
*These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S. Preventive Services Task Force.			
Cancer Screenings			
Colorectal cancer:			
Fecal Occult Blood Test	Every year starting at age 45	Every year	
Cologuard	Every 3 years starting at age 45		
Sigmoidoscopy	Every 5 years starting at age 45	Every 5 years	
Colonoscopy	Every 10 years starting at age 45		Every 10 years
Prostate cancer	If you are age 50 or older, talk to your PCP about being tested for prostate cancer.		

Preventive Healthcare for Men* (Continued)

Testicular cancer	Talk to your PCP about being tested for testicular cancer.
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Screening Tests

Tuberculosis screen	Ask your PCP about any screening tests you may need.
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Diabetes screen	Ask your PCP about any screening tests you may need.
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Screening for sexually transmitted diseases	Ask your PCP about any screening tests you may need.
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Serum cholesterol tests	Ask your PCP about any screening tests you may need.
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**These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S. Preventive Services Task Force.*

Immunizations: Immunizations are the best way to prevent diseases.
Tdap booster, Flu Shot, Pneumonia, Shingles
Ask your PCP at every visit about your shots.

Preventive Healthcare for Women*

	18 to 30 Years	31 to 50 Years	51 to 64 Years
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Annual Exam

Medical history	Every year
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Height and weight	Every year
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Discuss how well you eat	Every year
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Behavioral health screening	Every year
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Hearing screens	Every year
-----------------	------------

Blood pressure checks	Every year
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Screening for alcohol or substance abuse	Every year
--	------------

Any referrals to special services you may need	Every year
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Immunizations: Shots are important. Immunizations are the best way to prevent diseases	Tdap booster, Flu Shot, Pneumonia, Shingles Ask your PCP at every visit about your shots.
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Eye Exam	A retinal exam or dilated eye exam every year if you have a diagnosis of diabetes
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**These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S. Preventive Services Task Force.*

Preventive Healthcare for Women* (Continued)			
	18 to 30 Years	31 to 50 Years	51 to 64 Years
Colorectal cancer:			
Fecal Occult Blood Test	Every year starting at age 45		
Sigmoidoscopy	Every 5 years starting at age 45		
Colonoscopy	Every 10 years starting at age 45		
Eye Exam	A retinal exam or dialated eye exam Every year if you have a diagnosis of diabetes		
Cervical cancer	Every 3 years starting at age 21; Every 5 years starting at age 30, if an HPV test was completed		
Breast cancer	Mammogram every 1 to 2 years starting at age 50		
Screening Tests			
Blood Pressure	Blood Pressure should be less than 140/90		
Diabetes screen	A1c to check diabetic control, A1c should be less than 8		
Rubella screen			
Screening for sexually transmitted diseases	Ask your PCP about any screening tests you may need. Chlamydia and Syphilis screening annually		
Serum cholesterol tests			
Prenatal Care			
Prenatal screen	See your OB/GYN, PCP, or midwife as soon as you think you are pregnant. Your first prenatal visit should be before 12 weeks of pregnancy or within 30 days of Magnolia Health eligibility. You should see your provider early in pregnancy and often. Attend all prenatal visits and postpartum visits.		
Medical history			
Behavioral health history			
Screening for alcohol or substance abuse			
Care management if needed			
Postpartum Care			
Follow-up visit	Postpartum checkup with your OB/GYN, PCP or midwife 1–6 weeks after the delivery of your baby.		
Care management if needed			
*These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S.Preventive Services Task Force.			

Preventive Healthcare for Children*

	Birth to 2 Years	3 to 6 Years	7 to 12 Years	13 to 20 Years
Tot to Teen Health Check or Well-Child Exam				
Exam of child	Exams at ages: 3–5 days, 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months	Every year		
Medical history of child				
Weigh and measure child				
Discuss how well your child eats.				
Developmental and behavioral screening				
Vision and hearing screens at the right age				
The PCP will talk to you about what to expect from your child.				
Any referrals to special services for your child.				
Dental Exams				
Starting at 6 months, your child should be seen by the dentist every 6 months.	Take your child to the dentist every 6 months			
Immunizations				
Shots are important. Immunizations are the best way to prevent diseases.	Follow the immunization guidelines			
Screening Tests				
Anemia; Lead testing	Test for anemia at 9 or 12 months	If the child is sexually active		
Other screening tests: TB; Cholesterol; STD (Sexually Transmitted Infection)				
<i>*These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from The AAP – American Academy of Pediatrics.</i>				

Required Immunizations for Children from Birth Through 2 Years Old

Birth	2 months	4 months	6 months	9 months	12 months	15 months	18 months
HepB in the hospital	HepB #2 of 3 shots		HepB #3 of 3 shots	catch up if behind on vaccines			Complete all immunizations before 2nd birthday
	Rotavirus 1 of 3 or al drops	Rotavirus 2 of 3 or al drops	Rotavirus 3 of 3 or al drops				
	DTaP 1 of 4 shots	DTaP 2 of 4 shots	DTaP 3 of 4 shots			DTaP 4 of 4 shots	
	Hib 1 of 4 shots	Hib 2 of 4 shots	Hib 3 of 4 shots		Hib 4 of 4 shots		
	PCV 1 of 4 shots	PCV 2 of 4 shots	PCV 3 of 4 shots		PCV 4 of 4 shots		
	IPV 1 of 3 shots	IPV 2 of 3 shots	IPV 3 of 3 shots				
					MMR Varicella		
			Influenza 1 of 2 shots			Influenza 2 of 2 shots	
					Hep A		

Orange, Green, and Blue represent a combination shot where the three (3) vaccines are given in one (1) shot

Recommended Immunizations for Children from 9-13 Years Old

9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS
HPV 1 of 2 dose	**Meningococcal	**Meningococcal	Catch up	
*HP 2 of 2 dose	**TDAP	**TDAP	Catch up	
Annual Flu shot	Annual Flu shot	Annual Flu shot	Annual Flu shot	Annual Flu shot
			All shots should be completed by age 13 y ears	

* HP _ A minimum of 6 months interval between 2 dose series.

* **TDAP - Middle school requirement

TDAP - My Health Pays Reward

Non-Covered Services	Comments
Surgery or procedures to improve how you look	
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	

For any questions concerning benefits, please call 1-866-912-6285 or Relay 711 and speak to Magnolia's Member Services Department.

How to Obtain Healthcare

In-Network Providers

In-network providers have contracted with Magnolia. They include hospitals, pharmacies, dentists, optometrists, specialists and primary care providers. Magnolia has a relationship with these providers. We trust them to offer services to our members.

Our members can visit these providers just by making an appointment. You don't have to call us first. If you want information about a network provider, please call Member Services at 1-866-912-6285.

Out-of-Network Providers

A provider who is not in our network is an out-of-network provider. Usually, we will not pay for out-of-network care. If you go to an out-of-network provider, you may have to pay for those services.

3 Easy Steps to Establish a PCP Relationship and a Medical Home

1. Choose a provider. If you do not choose one, Magnolia will choose one for you. You can find this information on your Magnolia member ID card. You will be able to switch to a different provider by filling out the PCP Change Request Form in your new member packet or by calling Member Services at 1-866-912-6285.
2. Within ninety (90) days of enrolling, make an appointment with your provider.

When you become a Magnolia member, you must choose a PCP. Your PCP is a provider 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 provider for regular check-ups helps you find health problems early. This can help prevent going to the ER. If you have never seen your PCP, as soon as you become a Magnolia member, you should call your PCP, introduce yourself as a new member, and make an appointment for a preventive care visit. It is best to not wait until you are sick to meet your provider 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 for all members and preventive screenings for members under age 21
- Give you regular immunizations
- Make sure you can contact him/her or another provider 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 My Health Pays® program. You can earn rewards for healthy behaviors. More information on this program is on page 62 of this handbook.



Your PCP is a provider you see on a regular basis to take care of your medical needs.



Be sure to make an appointment with your PCP within 90 days of joining Magnolia.



If you do not choose a PCP, Magnolia Health will choose one for you. You will find this information on your Magnolia Health member ID card, and you will be able to switch to a different PCP by calling Member Services at 1-866-912-6285.

Choosing Your PCP

The Magnolia provider directory is a list of all the providers in Magnolia's network, including providers and hospitals. It shows the addresses, phone numbers and any languages the provider may speak.

If you would like a Magnolia Health provider directory:

- You can call Member Services at 1-866-912-6285 and request one.
- You can pick up one at your Regional DOM office.
- You can pick up one at your local WIC office.
- You can pick up one at:
Magnolia Health,
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157

You can also find the most current version of Magnolia's provider directory on Magnolia's website at www.MagnoliaHealthPlan.com.

When picking a PCP, look for one of the following kinds of providers:

- Family Practitioner
- General Practitioner
- Internist
- Preventive Medicine Specialists
- Certified Nurse Practitioners
- Obstetrician/Gynecologist (OB/GYN)
- Physician Assistant
- Pediatrician

Specialists can be your PCP for primary care functions, upon request. In some situations, providers at Federally Qualified Health Centers, Rural Health Clinics, Health Departments and other similar community clinics can be your PCP if approved by DOM. 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 from Magnolia’s provider network, make an appointment to meet with your provider within ninety (90) days and at least annually. This will give you and your provider a chance to get to know each other. Your provider can give you medical care, advice and information about your health. Call your PCP’s office to make an appointment. Remember to take your Magnolia member ID card with you every time you go to the provider’s office. If you have difficulty getting an appointment with or seeing your provider, 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 Provider Appointment	Scheduling Time Frame
PCP (well care visit)	Within thirty (30) calendar days
PCP (routine sick visit)	Within seven (7) calendar days
PCP (urgent care visit)	Within twenty-four (24) hours
Specialists	Within forty-five (45) calendar days
Dental Providers (routine visits)	Within forty-five (45) calendar days
Dental Providers (urgent care)	Within forty-eight (48) hours
Initial prenatal visit with OB/GYN	Within three (3) weeks
OB/GYN prenatal visit during the 1st and 2nd Trimester	Within seven (7) days
OB/GYN prenatal visit during the 3rd Trimester	Within three (3) days
Behavioral Health/Substance Use Disorder Providers (routine visit)	Within fourteen (14) calendar days
Behavioral Health/Substance Use Disorder Providers (urgent visit)	Within twenty-four (24) hours



Remember to take your Magnolia Health member ID card with you every time you see your provider.

Type of Provider Appointment	Scheduling Time Frame
Behavioral Health/Substance Use Disorder Providers (post-discharge from an acute psychiatric hospital when Magnolia is aware of the member's discharge)	Within seven (7) calendar days
Urgent Care Providers	Within twenty-four (24) hours
Emergency Providers	Immediately [twenty-four (24) hours a day, seven (7) days a week] and without a prior authorization

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 Magnolia's 24-Hour Nurse Advice 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 and family planning, all services must be obtained through Magnolia network providers. In some circumstances, services may be obtained by out-of-network providers if Magnolia approves.

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

NOTE: Remember to show your Magnolia member ID card at every location, including hospitals, ERs, PCP offices, and specialist offices.

What to Do if Your PCP Leaves the Magnolia Health Network

If your PCP is planning to leave the Magnolia provider network, we will send you a notice within fifteen (15) calendar days of notice or issuance of the termination of the provider. We will automatically reassign you to another PCP. We will send you a new Magnolia 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 provider for up to ninety (90) calendar days after he/she leaves the network. We can do this if you are in active treatment with your provider. We would like for members in the second or third trimester of pregnancy to be able to keep the same provider until after the first postpartum visit. Call us to talk about how we can help you. During this time, we will help you find a new provider. You will receive the same covered services. The provider 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.



If your PCP leaves the Magnolia network, approved visits may continue for up to sixty (60) days if you are in active treatment.



In order to have your previous provider's services continue, they must be prior authorized by Magnolia.

Continuity and Transition of Care for New Members

Sometimes new members are getting care from a provider who is not in Magnolia's provider network. In some cases, you may be allowed to continue care with your provider. In order to have your previous provider's services continue, they must be prior authorized by Magnolia. If you have questions, call Member Services at 1-866-912-6285. Services must be prior authorized within fifteen (15) business days to allow Magnolia time to get approvals before the 30-day mark, if allowed.

New members in the second or third trimester of pregnancy might be able to keep the same provider until you have had your baby and completed your first postpartum visit. If you are a member who is terminally ill, you might be able to continue to see your provider for your care. If you have questions, call Member Services at 1-866-912-6285.

Review Criteria

Criteria are established and periodically evaluated and updated with appropriate involvement from physicians and the Magnolia Utilization Management Committee. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, while taking into account special circumstances of each case that may require deviation from the norm in the screening criteria. Magnolia's Medical Directors review all potential denials of medical necessity and are the only ones with authority to issue an adverse benefit determination.

Please note that Magnolia takes steps to ensure that decisions regarding the provision of healthcare services are based solely on appropriateness of care and services, and the existence of coverage. To that end, Magnolia has policies in place to ensure:

- All staff in the review decision process are required to sign an Affirmative Statement regarding compensation annually.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.
- Financial incentives for decision makers do not encourage decisions that result in underutilization.

A member or the treating providers may obtain the criteria used to make a specific adverse determination by contacting the Authorization Department at 1-866-912-6285.

Experimental, Investigational and Clinical Trial Services

Magnolia's Medical Directors review all requests for coverage of a service that may be considered experimental or investigational, or is a part of a qualified clinical trial. Information reviewed in making the benefit coverage determination may include, but is not limited to, the review of published peer-reviewed medical literature, policy statements from nationally recognized medical associations and specialty societies, government agency reports including the Food and Drug Administration (FDA), and consultation with medical experts regarding the specific procedure, drug and/or device.

New Technology

Magnolia evaluates new technology, including medical procedures, drugs and devices, and the new application of existing technology for benefit coverage and medical necessity determination.

Magnolia's Medical Directors and/or Population Health and Clinical Operations staff periodically identify relevant technological advances for review pertinent to the Magnolia population. The Clinical Policy Committee (CPC) reviews all new technologies for inclusion as medical necessity criteria.

When a request is received for new technology that has not been reviewed by the CPC, Magnolia's Medical Directors will review the request and make a one-time determination. This new technology will then be reviewed at the next regularly scheduled CPC meeting.

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 provider 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 provider 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. For outpatient services, standard decisions are made within three (3) calendar days and/or two (2) business days and urgent decisions are made within twenty-four (24) hours as long as all the necessary information is submitted with the request. For inpatient services, standard and urgent decisions are made within 24 hours or one (1) workday as long as all the necessary information is submitted with the request. If Magnolia requires additional medical information in order to make a decision, Magnolia will notify your provider of additional information needed. If Magnolia does not receive the information, Magnolia may make a second attempt to notify your provider of the additional information needed, and Magnolia may allow an additional day for your provider to submit information to Magnolia.

We will let your provider know if the service is approved. If your provider 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.

Prior authorization is not required for emergent or urgent care services, or for stabilization services following an emergency. Your provider and the hospital should let us know within one (1) business day if you have been admitted to the hospital. If you know ahead of time that you will be admitted to the hospital, your provider should request an authorization at least five (5) business days prior to your admission.

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

Utilization Review

Magnolia has a utilization review program that reviews services to make sure the services you are getting are the best way to help you feel better or improve your condition. Medical services, supplies and drugs are reviewed to determine if the services are covered for, are medically necessary and are provided in the most clinically appropriate and cost-effective manner. The following methods are used to accomplish this goal.

Prospective utilization review:

Services proposed to be provided are reviewed and approved prior to the service being performed. Examples include certain outpatient or home care services, outpatient surgical services and scheduled inpatient admissions. An initial determination will be made within three (3) calendar days and/or two (2) business days for outpatient services, twenty-four (24) hours for urgent outpatient services and twenty-four (24) hours or one (1) workday for inpatient services as long as all of the necessary information is submitted with the request. "Necessary information" includes the clinical information to support the medical necessity of the service requested. We will notify your provider in writing within the determination timeframes noted above for services that have been approved and to both you and your provider within the determination timeframes noted above for services that have been denied or not approved as requested.

Retrospective utilization review:

Magnolia may perform a retrospective review in instances where authorization was not obtained prior to services being rendered due to extenuating circumstances. A determination will be made within thirty (30) business days. We will notify your provider through written correspondence.

Adverse Benefit Determination notices:

A denial of services based on medical necessity is an Adverse Benefit Determination. An Adverse Benefit Determination is defined as a determination, based upon a review of information by Magnolia, to deny, reduce or modify a request for services for failure to meet medical necessity, appropriateness of healthcare setting and level of care, or effectiveness.

In the event an Adverse Benefit Determination is made, you and your provider will be provided written notification of the determination. The written Adverse Benefit Determination Notification will include:

- The specific reasons for the Adverse Benefit Determination.
- The specific criteria, guidelines, or standards of care used in making the determination and availability of the criteria used to make the decision.
- Appeal information including timeframes for submitting an appeal for the decision, that you may choose anyone to represent you in the appeal process and expedited appeal information and timeframes.
- Circumstances under which you have the right to request that benefits continue pending resolution of the appeal and the circumstances under which you may be required to pay for these services.
- How you can request an external appeal (State Fair Hearing with the DOM) after exhausting all appeals at Magnolia.

Second Medical Opinion

You have the right to a second opinion about your treatment choice. This means talking to a different provider about an issue to see what they have to say. The second provider 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 provider to give you a second opinion. You may choose any Magnolia network provider. If you are unable to find a provider in the Magnolia network, we will help you find a provider outside the network. If you need to see an out-of-network provider for the second opinion, it may need to be prior approved by Magnolia.

Any tests that are ordered for a second opinion should be given by a provider in the Magnolia network. Tests requested by the provider giving you a second opinion may need to be prior approved by Magnolia. Your PCP will look at the second opinion and help you decide on the best treatment plan. A second opinion is available at no cost to the member.



If you are out of state and have an urgent problem, go to an urgent care clinic.

How to Get Medical Care When You Are Out of State

If you are out of state 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 member ID card prior to receiving services.

The two (2) 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 may need prior authorization by Magnolia. We may 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 may 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 if the referral is not approved. All care must be provided by a provider with a Mississippi Medicaid provider ID number.

If you are out of state and have an urgent problem, go to an urgent care clinic.

Referrals

You may need to see a certain provider 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. A referral is not required in order to see a specialist, but having a referral from your PCP will help with coordination of care.

Some types of specialists will not be able to see you without approval from Magnolia and from your PCP. Exceptions are emergency services, family planning, women's preventive services, and maternity services. If you aren't sure whether or not a referral is needed, speak with your PCP or 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.

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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 provider is in the Magnolia provider network.

- Emergency services
- Family planning services and supplies; You are free from coercion or mental pressures and free to choose the method of family planning to be used. Family planning is the practice of choosing how many children to have and when to have them. It includes methods to prevent pregnancy, such as contraception. Resources can be provided to you to prevent unwanted pregnancies and to help you plan and prepare when you are ready to start a family.
- Women's preventive health services
- Treatment of women's acute health conditions
- Maternity care



Sometimes you may not be sure if you need to go to the ER. Call Magnolia's 24-Hour Nurse Advice Line. Our nurses can help you decide where to go for care.

Walk-In and Urgent Care Clinics (Non-Emergency/After-Hours Care)

If you are having a medical problem that is not life-threatening, but you're not sure what to do, you should always call your PCP first. Even if the office is closed, listen to the message and follow the instructions for after-hours care. Magnolia requires all PCPs to have an after-hours phone line. If you cannot reach your PCP, you can call Magnolia's 24-Hour Nurse Advice Line at 1-866-912-6285 or Relay 711.

If you are having a medical problem that is not life-threatening and need to see a PCP right away, please consider using a walk-in clinic or urgent care clinic before going to the emergency room.

Walk-In Clinics:

- Provide high-quality care when you need quick medical attention for non life-threatening conditions such as:
- Sprains, strains, fractures and cuts
- Flu and cold symptoms
- Work-related illness or injuries
- Minor burns
- Stings or bites
- Ear ache, sore throat and fever

Urgent Care Clinics:

Urgent care clinics help patients get care without waiting in the emergency room. These clinics may use physician assistants and nurse practitioners to treat you. Physician assistants and nurse practitioners are trained and supervised in providing medical care. They perform many of the routine services physicians usually provide. They can take medical histories, perform physicals and exams, order medications, lab tests and X-rays. They also can teach patients how to stay healthy.

Visit www.MagnoliaHealthPlan.com to find a clinic near you or call Magnolia Member Services at 1-866-912-6285 or Relay 711.

Note: You must show your Magnolia Health Member ID Card each time you get medical care or go to the pharmacy. If you receive a bill for covered services or if you are told to file a claim, please contact Magnolia Member Services at 1-866-912-6285 or Relay 711.

Emergency Care

Magnolia covers emergency inpatient or outpatient medical services for an emergency medical condition which means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any bodily organ or part.

When to go to the ER

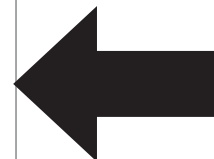
- Broken bones
- Gun or knife wounds
- Bleeding that will not stop
- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burns
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak
- Fainting/unconsciousness
- Wanting to harm yourself
- Wanting to harm other people

If you have a health condition that occurs often (a chronic condition), talk to your PCP about what a life-threatening medical emergency would be for you.

ERs are for emergencies. If you can, call your provider first. If your condition is severe, call 911 or go to the nearest hospital. You do not need a provider'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 provider taking calls can help. There may be a message telling you what to do. You can also call Magnolia's 24-Hour Nurse Advice Line at 1-866-912- 6285 or Relay 711 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. It is requested that you or someone acting on your behalf call your PCP 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 or Relay 711.

If your medical problem is not life-threatening, you will receive quality care in a faster time in your PCP office and/or walk-in clinic or urgent care clinic. Magnolia is here to help you improve your health and establish a medical home for continued improved health outcomes for you.



You can use any hospital if it is an emergency.



Ambulance transportation to the hospital ER in non-emergency situations is not a covered service under Magnolia and you may have to pay for it.

Emergency Transportation Services

Magnolia covers emergency ambulance ground transportation to the nearest hospital for emergency care. Ambulance transportation to the hospital ER 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. All care must be provided by a provider with a Mississippi Medicaid provider ID number.

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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.

Ambulance transportation to the hospital ER in non-emergency situations is not a covered service under Magnolia, and you may have to pay for it.

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Hospital Services

Hospital services may be obtained through the Emergency Room, your PCP or Specialist. To find out if a hospital is in network or if you have any other questions about hospital services, please call Member Services at 1-866-912-6285 (Relay 711) or go to Find A Provider at www.MagnoliaHealthPlan.com.

Pharmacy Program

Gainwell is Medicaid's pharmacy claims processor for all prescription claims for all Medicaid members. Medicaid covers prescription medications and certain over-the-counter (OTC) drugs (see below). The pharmacy program does not cover all medications.

Medicaid will cover six (6) prescriptions per month. If you and your provider feel a non-preferred drug is medically necessary, your provider can ask for prior authorization.

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Preferred Drug List

Medicaid uses a list of covered medications called the Preferred Drug List (PDL). Medicaid reviews current, and new medications that can be added or changed from the PDL. For the most current PDL, you may call Member Services at 1-866-912-6285 or visit the Magnolia website at <https://www.magnoliahealthplan.com/members/medicaid/benefits-services/pharmacy.html>.

For additional medications that may be covered, visit the DOM's website at <https://medicaid.ms.gov/preferred-drug-list/>.

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Emergency Drug Supply

The 72-hour (3-day) emergency supply policy allows a pharmacy to dispense a 72-hour (3-day) supply of medication to any patient awaiting a prior authorization 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 (3-day) supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour (3-day) supply of medication, whether or not the prior authorization request is ultimately approved or denied.

Over-the-Counter Medications

The pharmacy program covers a variety of OTC medicines. All covered OTCs appear in the PDL or the Mississippi Medicaid Covered OTC Drug List. In order for an OTC medicine to be covered, it must be written on a valid prescription, by a licensed provider.

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Vaccines

Medicaid covers routine vaccinations as recommended by the Centers for Disease Control and Prevention (CDC) as a pharmacy benefit for members ages 19 and up. Vaccines administered to members under age 19, must be administered by a provider enrolled in the Vaccines for Children (VFC) program. Vaccines billed as a pharmacy benefit do not count toward the monthly prescription limit.

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Tobacco Cessation Medications

Medicaid covers certain drugs to help you quit smoking. A prescription written by a licensed provider is required for these medications. These include:

- Nicotine replacement products
- Zyban or Wellbutrin
- Chantix

Excluded Drugs

Some drugs are not covered through Magnolia. These include, but are not limited to:

- Drug Efficacy Study Implementation (DESI) drugs
- Fertility agents
- Topical Minoxidil
- Vaniqa[®]
- Drugs used to treat erectile or sexual dysfunction

Quantity Limits

Some medications on the PDL have quantity limits to make sure the drugs you take are safe. If your provider feels you have a medical reason for getting a larger amount, they can ask Gainwell for prior authorization. If Gainwell does not grant prior authorization, they will notify you and your provider and provide information regarding Gainwell’s appeal process.

Step Therapy

Some medications listed on the PDL may require specific medicines to be used before you can receive step therapy medicines. If Gainwell has a record that the required medicines were tried first, then the step therapy medicines are covered. If Gainwell does not have a record that the required medicines were tried, your provider may be required to provide additional information. If Gainwell does not grant prior authorization, they will notify you and your provider may be required to provide additional information.

If Gainwell does not grant prior authorization, they will notify you and your provider and provide information regarding Gainwell's appeal process.

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Age Limits

Some medications 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.

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Filling a Prescription

You can have your prescriptions filled at a network pharmacy.

You may call Gainwell Member Services to help you find a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your Magnolia member ID card. Please contact Gainwell Member Services at 1-800-884-3222 if you have questions about filling your prescriptions.

Specialty Pharmacy Medications and Specialty Pharmacy Providers

Certain medications are only covered when supplied by specialty pharmacy providers. You and your provider/prescriber may choose a specialty pharmacy of your choice. Specialty pharmacy medications may require a prior authorization. This means that Gainwell requires additional information from your provider the first time he or she prescribes these medications for you. The information should be submitted by your provider to Gainwell on the Prior Authorization Form. This form should be faxed to Gainwell at 1-866-644-6147. This document is located on the Magnolia website at www.MagnoliaHealthPlan.com. You can also call Gainwell Prior Authorization Department at 1-833-660-2402.

Frequently Asked Questions:

When can I get a refill of medication?

Drugs may be dispensed up to a maximum thirty-one (31) day supply or for a ninety (90) day supply if on the ninety (90) day list for each new prescription or refill. A total of 75% of the day supply must have elapsed before a non-controlled prescription can be refilled and a total of 85% of the day supply must have elapsed before a controlled substance prescription can be refilled.

What if I don't have a Magnolia Health ID card but need to fill a prescription?

- If you don't have an ID card, have the pharmacy call Gainwell at 1-800-884-3222 so that they can provide them with the information they need to fill your prescription. Also, call Magnolia Health Member Services at 1-866-912-6285, Relay 711, to get a new ID card.

BIN #025151, PCN #DRMSPROD

Health Risk Screening Form

Magnolia wants to know how we can better serve you. The Health Risk Screening Form in your welcome packet 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.

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Care Management

We understand some members have special needs. In those cases, Magnolia offers our members Care Management services to assist our members with special healthcare needs. If you have special healthcare needs or you have a disability, Care Management may be able to help you. Our Care Managers are nurses. Our Social Service Specialists partner with Care Managers to manage the socio-economic issues and barriers members' face that may compromise their healthcare or access to care. They can help you understand major health problems and arrange care with your providers. A Care Manager will work with you and your provider to help you get the care you need.

This service is not only for members who have complex medical conditions but also for any member who wishes to have a Care Manager. These members often see several providers. They may need medical supplies or help at home.

Care Management programs:

- Start Smart for Pregnancy
- Start Smart for Newborn
- Asthma
- Diabetes
- HIV/AIDS
- Sickle Cell
- Foster Care
- Weight Management
- Cancer
- Behavioral Health: Substance Use Disorder, Autism, Depression, etc.
- Multiple Sclerosis
- Organ Transplant
- Community Resources

Our nurses work with members and their providers to help them get the care they need. Our nurses can set up home health or other needed services. Our Member Services Department can give you more information about Care Management services. You can reach our Member Services Department by calling 1-866-912-6285. You can ask to speak to a Care Manager.



Please fill out your Health Risk Screening Form and send it back to us right away in the postage-paid envelope provided for you. You can also call us at 1-866-912-6285 to complete your Health Risk Screening Form.



If you have special healthcare needs or you have a disability, care management may be able to help you.

Your role is to be actively engaged and participate in the care coordination process. Answer calls from your Care Manager and participate in the treatment plan. Attend your PCP and/or specialists appointments as set by you and/or your Care Manager.

Magnolia has a dedicated group of Care Managers that work with our foster care members due to the urgent need and sensitive nature of this population.

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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 provider. 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 improve your health.

Magnolia provides Disease Management for:

- Diabetes
- Asthma
- Obesity
- Hypertension
- Heart Problems
- Weight Management: Pediatric, Youth and Adults
- Smoking Cessation
- Puff Free Pregnancy

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 provider

We will help you get the things you need. We will provide tools to help you learn about 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.

Programs for Members

Magnolia wants to assist you in living your best life and has several programs to help you do that. The table below lists some of the programs available at Magnolia Health. The table shows how you become eligible for the program and how you use the program. If you are interested in finding out how to use any of the programs offered by Magnolia Health, call 1-866-912- 6285 or Relay 711. Once you are in the program, you can always get out (or opt out) by calling 1-866-912-6285, or Relay 711.

Program	How to Be Eligible	Program Services
Adult Preventive Program – Health screenings to be sure you receive early diagnosis and treatment, if needed	All members ages 18–65 with who need preventive screenings	• Care Management • Help finding a Medical Home • Assistance making appointments for preventive screenings • Help getting transportation to and from the doctor visit
Fluvention – Vaccine (shot) to keep you and your children from getting the Flu	Any member ages 6 months old and older	• Care Management • Help finding a Medical Home • Assistance making appointments for getting a flu shot • My Health Pays® Incentives
Childhood Immunizations (shots) – Routine immunizations to prevent diseases such as whooping cough, measles, mumps, chicken pox, and other diseases.	Children under the age of 2 who are due for or have missed immunizations.	• Care Management • Help finding a Medical Home • Assistance making appointments your child to get immunizations
EPSDT – Early and Periodic Screening, Diagnostic and Treatment – Screenings to be sure your child is growing and developing as he or she should	All children under age 21.	• Care Management • Help finding a Medical Home • Assistance making appointments with your child’s doctor for EPSDT Screening • Help getting transportation to and from the doctor visit • Appointment and scheduling reminders by phone or mail

Program	How to Be Eligible	Program Services
Pregnancy/Start Smart For Baby (SSFB) – A program for women who are pregnant and for moms who have just had a baby.	Members who are pregnant and members with newborns.	• Help finding a doctor and hospital for your care and delivery and for your baby after he or she is born • Reminders of your pre-natal visits • Information sent to you by mail, telephone and through the Magnolia Website • Help you get transportation to and from your doctor visits • Get a list of places in your community where you can get things like food, cribs, housing, or clothing • Get information on eating healthy and WIC • Get information on how to lower your risk of problems with your pregnancy • Get information on newborn care • Get information on shots and EPSDT visits for you and your baby • Get information on birth control options after pregnancy • My Health Pays® reward
Condition Management Programs for members with Diabetes or Hypertension – helping members manage Diabetes or High Blood Pressure in order to stay healthy	Members who have been told they have diabetes or hypertension (High blood pressure)	• 24-Hour Nurse Advise Line • Care Management • Disease Management Programs • Wellness Program • Personal Health Coach • Information by mail, on-line, or mail • Help finding a Medical Home • Assistance making appointments • Appointment and scheduling reminders by phone or mail

Program	How to Be Eligible	Program Services
Sickle Cell Disease Management Program – A program for members who have been diagnosed with Sickle Cell Disease	Members with sickle cell disease	• Care Management Programs • Sickle Cell education booklets • Help finding a Medical Home • Sickle Cell Kit to assist with crisis and pain management • 24-Hour Nurse Advice Line • Home visits and someone from Magnolia to attend doctor appointments if needed • Transportation scheduling • Care planning and goal setting • Sickle Cell Support Groups and many other resources
Emergency Department Avoidance Program – A program to assist members in finding the right level of care to avoid needless emergency room visits.	All members who have been in the emergency room 4 times in a year and have had at least one visit in the past 30 days.	• 24-Hour Nurse Advice Line • Care Management Program • Help finding a Medical Home • Help finding an Urgent Care Clinic or Walk-In Clinic • Help making appointments with your doctor • Transportation Scheduling
Readmission Reduction Program – A program to decrease needless hospital admissions.	All members who have frequent hospital admissions	• 24-Hour Nurse Advice Line • Care Management Program • Help finding a Doctor • Transportation scheduling • Wellness and Prevention Screening • Help finding a Medical Home • Care Planning Support • Home Visits if wanted • Care Manager from Magnolia to attend doctor appointments if needed • Community Resources for any needs you may have • Medication Review and support • Help making follow up appointments after hospital discharge • Arranging Equipment, Medical Supplies, Home Health, Therapies and more • Education Programs for your health

Program	How to Be Eligible	Program Services
Integrated Complex Care Management – A program to assist members who have both physical and behavioral health illnesses.	Members who have both a behavioral health and physical health illnesses	• 24-Hour Nurse Advice Line • Care Management Program • Help finding a Medical Home • Assistance making appointments • Appointment and scheduling reminders by phone or mail if needed • Information on Crisis Hotlines • Information on community resources

My Health Pays® Rewards Program

You can earn My Health Pays® rewards from Magnolia Health when you complete healthy activities. These healthy activities begin with completing the Health Risk Screening Form included in your welcome packet. New rewards are added to your My Health Pays Visa® Prepaid Card once you complete each healthy activity.

Earn My Health Pays® rewards when you complete healthy activities like a yearly wellness exam, prenatal/postpartum visits, annual flu shot and other ways to protect your health.

Use your My Health Pays® rewards to help pay for:

- Everyday items at Walmart (restrictions apply; cannot be used to purchase alcohol, firearms or tobacco products)
- Utilities
- Telecommunications (Cell phone bill)
- Transportation
- Childcare
- Education
- Rent

Detailed information on the My Health Pays® Rewards Program is provided on our website at www.MagnoliaHealthPlan.com. Please call Member Services at 1-866-912-6285 for more information.

Notes:

[illegible]

When You Are Pregnant

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

- Go see your provider as soon as you think you are pregnant. It is important for your health and your baby's health to see a provider as early and as often as possible. Seeing your provider early will help your baby get off to a good start. It's even better to see your provider before you get pregnant to get your body ready for pregnancy.
- Take the Notification of Pregnancy Form in your welcome packet to your first visit with your provider. Ask the provider to fill it out and send back to us.
- 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.
- If you have high blood pressure and take medication, talk to your doctor about continuing that medication. Uncontrolled High blood pressure is harmful to your baby.
- If your blood pressure is high (greater than 140/90) contact your doctor immediately. Uncontrolled High Blood Pressure is harmful to your baby.

Pregnancy & Maternity Services

There are things you can do to have a safe and healthy pregnancy. See your provider 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 provider before becoming pregnant if you have experienced any of the following problems:

- You have had three (3) 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 provider about taking prenatal vitamins and see your provider 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.

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-on-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 the DOM 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.

Pregnancy Program: Start Smart for Your Baby®

The obstetrician (doctor), member and Magnolia Care Managers can implement our Start Smart for Your Baby® (Start Smart) program which incorporates Care Management and Disease Management with the aim of decreasing preterm delivery and improving the health of mothers and their babies. Start Smart is a unique prenatal program with a goal of improving maternal and child health outcomes by providing pregnancy and parenting education to all pregnant members and providing Care Management to members through the postpartum period.

A nurse with obstetrical nursing experience will serve as Care Manager for members at risk of early delivery or who experience complications from pregnancy. The Care Management Team has providers advising the team on overcoming obstacles, helping identify high-risk members, and recommending interventions.

Contact the Magnolia Pregnancy Department at 1-866-912- 6285 for enrollment into the Pregnancy Program to have a Care Manager assist with your pregnancy and decreased risk of preterm delivery in collaboration with your doctor.

We encourage mothers to join our Start Smart Pregnancy Texting Program (TEXT4BABY). For more information, please discuss with your Care Manager and/or visit TEXT4BABY.org.



***Please call
Member Services
at 1-866-912-6285
as soon as you learn
you are pregnant.***

Community Connections

Community Connections is a program that promotes preventive health and connects you to quality healthcare and community social services. Community Resource Coordinators are specially trained staff that provide support to Magnolia members. They can help you determine which providers are available in your area, find support services, and help arrange for needed services. The Community Resource Coordinators work with Magnolia's Care 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 Community 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 providers, Care Managers, Magnolia staff, 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.

Community Resource Coordinators can help you find providers and services in your area.

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:

- Grievance and complaint process
- Internal appeal process
- Access to Medicaid State Fair Hearing

Magnolia maintains records of each grievance, complaint and appeal filed by our members or by their authorized representatives, and the responses to each grievance, complaint and appeal, for a period of ten (10) years.

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Grievance and Complaint Process

A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may be received orally or in writing and may be submitted to Magnolia by you or your authorized representative, including your provider. A member may file a grievance either orally or in writing with Magnolia any time after the grievance has occurred.

Examples of a grievance:

- Failure to respect your rights
- The quality of care or services provided
- Aspects of interpersonal relationships such as rudeness of a provider or an employee

A complaint is an expression of dissatisfaction that is of less serious or formal nature that is resolved within one (1) calendar day of receipt. Complaints may be received orally or in writing and may be submitted to Magnolia by you or your authorized representative, including your provider. Complaints must be submitted to Magnolia within thirty (30) days of the date of the event causing dissatisfaction. A grievance may be filed at any time.

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How to File a Grievance or Complaint

Filing a grievance or complaint will not affect your healthcare services. We want to know your concerns so we can improve our services. To file a grievance or complaint, call Member Services at 1-866-912-6285, mail in your complaint, or use your MyMagnolia Mobile App. Complaints and grievances related to Pharmacy beginning July 1, 2024, will be handled by Gainwell Technologies (GWT). The GWT pharmacy call center number is 833-660-2402. Magnolia will provide reasonable assistance to members in filing a grievance or complaint.



Filing a grievance or complaint will not affect your healthcare services

You can also write a letter and mail or fax your grievance or complaint to Magnolia at 1-877-264-6519. 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 or complaint may be filed in writing or by mailing it to the address below or by faxing it to 1-877-264-6519. You can also call us at 1-866-912-6285 or file the grievance or complaint in person at:

**Magnolia Health
Grievance Coordinator
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157**

If you file a grievance, either oral or written, the Grievance Coordinator will send you a letter within five (5) calendar days letting you know that we have received your grievance and include the expected date of resolution.

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

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, by sending us an email or 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 grievance.

You can expect a resolution and a written response from Magnolia within thirty (30) calendar days of receiving your grievance. Magnolia may extend by up to fourteen (14) calendar days if the member requests the extension, or if Magnolia determines that there is a need for additional information and the extension is in the member's best interest. For any extension not requested by the member, Magnolia shall give the member written notice of the reason for the extension within two (2) calendar days of the decision to extend the timeframe.

If you disagree with Magnolia's decision for an extension, you may file a grievance regarding the dissatisfaction.

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

Expedited Grievances

You or your provider may want us to make a fast decision. You can ask for an expedited review if you or your provider feel that your health is at risk. If you feel this is needed, please contact Magnolia for a review and investigation by the appropriate clinical staff. Clinically urgent grievances will be resolved within seventy-two (72) hours of receipt.

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Internal Appeal Process

Filing an Appeal

An appeal is a request for Magnolia to review an Adverse Benefit Determination. You can request this review by phone or in writing.

An Adverse Benefit Determination occurs when Magnolia:

- Denies or limits authorization of a service you want
- Decreases, suspends, or ends care that you are already getting
- Denies all or part of payment for covered care and you may have to pay for it
- Fails to provide services in a timely manner as defined by the state
- Denies the right to request services outside the network (for residents in rural areas)
- Denies a member's request to dispute a financial liability, including cost sharing, copayment, premiums, deductibles, coinsurance, and other enrollee financial liabilities

You will know that Magnolia is taking an action because we will send you a letter. The letter is called an Adverse Benefit Determination Notice. If you do not agree with the action, you may request an appeal. You can request an appeal by phone or in writing.

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Who May File an Appeal?

- You, the member (or the parent or guardian of a minor member)
- Any person named by you (Authorized Representative)
- A provider acting for you (Authorized Representative)

You must give written permission if someone else (Authorized Representative) files an appeal for you. Magnolia will include a form (Authorized Representative Form) in the Adverse Benefit Determination Notice. Contact Member Services at 1-866-912-6285 if you need help. We can assist you in filing an appeal. Pharmacy appeals related to prior authorizations decisioned on or after July 1, 2024, will be reviewed by GWT. The GWT pharmacy call center number is 833-660-2402. Magnolia will give you a written decision within thirty (30) calendar days from the date of your request. The decision will be made by a reviewer with the appropriate expertise. If more than thirty (30) days is needed to make a decision, we will send a letter to you. Magnolia may extend the thirty (30) calendar day timeframe by fourteen (14) calendar days if you request the extension, or Magnolia decides that more information is needed, and will give you written notice of the extension

within two (2) calendar days of the decision to extend the timeframe. If you disagree with Magnolia's decision for an extension, you have the right to file a grievance regarding the dissatisfaction. An appeal may be filed orally, in writing or by mailing it to the address below or by faxing it to 1-877-264-6519. You may file an appeal on your MyMagnolia Mobile App. You can also call us at 1-866-912-6285 or file the grievance or complaint in person at:

Magnolia Health Appeals Department
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157

When Does an Appeal Have to Be Filed?

The Adverse Benefit Determination Notice will tell you about this process. You may file an appeal within sixty (60) calendar days of the date on the Adverse Benefit Determination Notice. Within ten (10) calendar days, Magnolia will send you a letter, letting you know your appeal was received and give you an expected date that the appeal will be resolved.

You may present evidence and examine the case file and other documents related to the appeal in person, as well as in writing. You may examine your case file, including medical records and any other documents and records used during the appeals process. Copies will be given to you at no cost at your request.

Continuation of Benefits

If all of the following are met, you may ask to keep getting care (benefits) related to your appeal while we decide:

1. You file an appeal of an Adverse Benefit Determination on or before ten (10) days from the date on the Adverse Benefit Determination letter or the date of the adverse action based on whichever date is later.
2. The appeal involves the termination, suspension or reduction of a previously authorized course of treatment.
3. The services were ordered by an authorized service provider.
4. The time period covered by the original authorization has not expired.
5. You request extension of the benefits.

To file a continuation of benefits request, you may contact the Appeals Department at:

Magnolia Health
Attn: Appeals Department
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157
1-866-912-6285



Expedited appeals do not require a signed authorization form.

Magnolia will make reasonable efforts to provide and document verbal notice of an expedited appeal resolution.



If you ask for a service that is not covered by Magnolia Health, your provider will ask you to sign a statement saying you will pay for the service yourself.

If, at your request, Magnolia continues or reinstates your benefits while the appeal or State Fair Hearing is pending, the benefits must be continued until one of the following occurs:

- You withdraw the appeal or request for State Fair Hearing.
- You fail to request a State Fair Hearing and continuation of benefits within 10 calendar days after Magnolia sends the notice of an adverse resolution to the enrollee's appeal.
- A State Fair Hearing office issues a hearing decision adverse to the enrollee.

If the final decision is to uphold Magnolia's Adverse Benefit Determination, Magnolia may recover the cost of services furnished to you while the appeal and State Fair Hearing was pending. In other words, you may have to pay for this care if the decision is not in your favor.

You may request to extend the time for more than sixty (60) calendar days to file an appeal. This request must be given in writing and tell why the request was not filed within the 60 days.

Magnolia will give you a written decision within thirty (30) calendar days from the date of your request. The decision will be made by a reviewer with the appropriate expertise. If more than thirty (30) days is needed to make a decision, we will send a letter to you. Magnolia may extend the thirty (30) calendar day timeframe by fourteen (14) calendar days if you request the extension, or Magnolia decides that more information is needed, and will give you written notice of the extension within two (2) calendar days of the decision to extend the timeframe. If you disagree with Magnolia's decision for an extension, you have the right to file a grievance regarding the dissatisfaction.

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Expedited Appeals

You or your authorized representative may want us to make a fast decision. You can ask for an expedited review if you or your provider feel that your health is at risk. If you feel this is needed, call our Clinical Appeals Coordinator. If an expedited appeal is made by phone, follow-up with a written, signed appeal is not required.

We will decide within 72 hours of receipt of the expedited appeal request.

However, Magnolia may extend up to fourteen (14) calendar days if you request an extension, or if Magnolia determines that the extension is in your best interest. You will also receive a letter telling the reason for the decision and what to do if you don't like the decision. If you disagree with Magnolia's decision for an extension, you have the right to file a grievance regarding the dissatisfaction.

Expedited appeals do not require a signed authorization form.

If Magnolia denies a request for an expedited appeal, the appeal will automatically be transferred to the standard timeframe. Magnolia will make reasonable efforts to provide and document verbal notice of an expedited appeal resolution.

Medicaid State Fair Hearing for Appeals

What if I am still not pleased?

If you are still dissatisfied with the outcome of your appeal with Magnolia, you or your provider may request a State Fair Hearing conducted by the Division of Medicaid (DOM) only after you have received your final appeal resolution from Magnolia. This request must be submitted in writing within 120 calendar days from the date on the final Notice of Appeal Resolution from Magnolia.

If you request a State Fair Hearing and want your benefits to continue, you must file your request within ten (10) calendar days from the date you receive our final decision. If the State Fair Hearing finds that Magnolia's decision was right, you may be responsible for the cost of the continued benefits.

Continuation of Benefits

If all of the following are met, you may ask to keep getting care (benefits) related to your appeal while we decide:

1. You file an appeal of an Adverse Benefit Determination on or before ten (10) days from the date on the Adverse Benefit Determination letter or the date of the adverse action based on whichever date is later.
2. The appeal involves the termination, suspension or reduction of a previously authorized course of treatment.
3. The services were ordered by an authorized service provider.
4. The time period covered by the original authorization has not expired.
5. You request extension of the benefits.

To file a continuation of benefits request, you may contact the Appeals Department at:

Magnolia Health
Attn: Appeals Department
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157
1-866-912-6285

To request a State Fair Hearing, please write to:

Mississippi Division of Medicaid
Attn: Office of Appeals
550 High Street, Suite 1000 Jackson, MS 39201
Ph: 601-359-6050 or 1-800-884-3222 / TTY: 711
Fax: 601-359-9153



You must not share your benefits with anyone.

Magnolia network providers must report any misuse of benefits to Magnolia.

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 number:

Magnolia Health - Compliance Department
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157
1-866-912-6285

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

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

- Loaning, selling or giving your Magnolia member ID card or Medicaid ID card to someone
- Misusing Magnolia or Medicaid benefits
- Billing Magnolia for "free" services
- Wrongful billing to Magnolia by a provider
- Billing Magnolia for services not provided
- Any action to defraud Magnolia or Medicaid

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

Division of Medicaid
Office of the Governor
Attn: Office of Program Integrity
550 High Street, Suite 1000
Jackson, Mississippi 39201
Ph: 601-576-4162 or 1-800-880-5920
TTY: 711
Fax: 601-576-4161

Online complaint form: <https://medicaid.ms.gov/wp-content/uploads/2017/04/Fraud-and-Abuse-Complaint-Form.pdf>

You must not share your benefits with anyone. Magnolia network providers must report any misuse of benefits to Magnolia.

Your healthcare benefits are given to you based on your eligibility for Medicaid. 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 provider, a hospital, another Magnolia member, or another person is misusing Medicaid 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.

Other Insurance

All members must let Magnolia know if they have other insurance coverage with another insurance company. Magnolia can help coordinate your other benefits with your other insurance company.

Accidental Injury or Illness (Subrogation)

If a Magnolia member has to receive healthcare services for an injury or illness that was caused by another person or business, the member must call Magnolia 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 provider'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 on available treatment options and alternatives, presented in a manner appropriate to the member's ability to understand
- To participate in decisions regarding his/her healthcare, including the right to refuse treatment
- To seek second opinions
- 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 express a concern or appeal about Magnolia or the care it provides and receive a response in a reasonable period of time
- To be able to request and receive a copy of his/her medical records (one copy free of charge) and request that they be amended or corrected by calling Member Services at 1-866-912-6285
- To request and obtain information on any limits of your freedom of choice among network providers
- To receive healthcare services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid fee-for-service 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 a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage

- To receive materials— including enrollment notices, informational materials, instructional materials, and available treatment options and alternatives—in a manner and format that may be easily understood
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent
- To be notified that interpretation services are available and how to access those services
- To receive information about the structure and operation of Magnolia
- To receive information about physician incentive plans
- Be free to exercise these rights without retaliation
- To be treated with respect and with due consideration for your dignity and the right to privacy including all rights under HIPAA and Section 1557 of the PPACA
- To privacy of healthcare needs and information as required by federal law (Standards for Privacy of Individually Identifiable Health Information)
- Be furnished healthcare services in accordance with 42 C.F.R. 438.206 through 438.210
- Receive information in a manner and format that may be easily understood in accordance with 42 C.F.R. 438.10
- To voice complaints/grievances or file appeals about Magnolia's decisions that affect the member's privacy, medical care provided, services received and/or benefits
- To receive information about Magnolia, its benefits, its services, its network providers, and member rights and responsibilities
- To receive information on the Grievance, Appeal and Medicaid's State Fair Hearing procedures
- A right to make recommendations regarding the organization's member rights and responsibilities

Magnolia Health members have the following responsibilities:

- To inform Magnolia of the loss or theft of a Magnolia member ID card
- Present the Magnolia member ID card when using healthcare services
- Be familiar with Magnolia procedures to the best of the member's abilities
- To call or contact Magnolia to obtain information and have questions clarified
- To provide participating network providers with accurate and complete medical information
- Following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible

- To understand their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible
- To make every effort to keep any agreed upon appointments, scheduled follow-up appointments and accessing and scheduling appointments for preventive healthcare services
- To live healthy lifestyles and avoid behaviors known to be detrimental
- To provide accurate and complete information to all healthcare providers
- To become knowledgeable about Magnolia coverage provisions, rules and restrictions
- To ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives, and then making care decisions after carefully weighing all pertinent factors
- To follow the grievance and complaint process established by Magnolia (and outlined in the member handbook) if there is a disagreement with a provider
- To report truthful and accurate information when applying for Medicaid.
If inaccurate information is reported which results in enrollment being discontinued, the member will be responsible for repayment of capitation premium payments.
- To inform DOM of changes to family size
- May be responsible to pay the cost of unauthorized services

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 your 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. You also have a right to make decisions regarding organ donation. You should discuss this with your PCP. 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
- "Do Not Resuscitate" Orders
- Healthcare Power of Attorney

You should not be discriminated against for not having an advance directive. Complaints concerning noncompliance with the advance directive requirement may be filed with the State Survey and Certification Division of the State Department of Health by calling 1-800-227-7308.

Magnolia Health Plan

Notice of Privacy Practices

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

Effective 5/2/2024

For help to translate or understand this, please call **1-866-912-6285 (Relay 711)**.
Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono.
1-866-912-6285 (Relay 711).

Covered Entity's Duties:

Magnolia Health Plan is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Magnolia Health Plan is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Magnolia Health Plan reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Magnolia Health Plan will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures.
- Your rights.
- Our legal duties.
- Other privacy practices stated in the notice.

We will make any revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written, and Electronic PHI:

[Health Plan] protects your PHI. We are also committed in keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. We have privacy and security processes to help.

These are some of the ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.

- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- ***Treatment*** — We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- ***Payment*** — We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, and reviewing services for medical necessity.
- ***Healthcare Operations*** — We may use and disclose your PHI to perform our healthcare operations. These activities may include providing customer service, responding to complaints and appeals, and providing care management and care coordination.

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- Quality assessment and improvement activities.
- Reviewing the competence or qualifications of healthcare professionals.
- Case management and care coordination.
- Detecting or preventing healthcare fraud and abuse.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan's systems and laws. This means information you provide is private and secure. We can only share this information with health care providers. It will not be shared with others without your permission or authorization. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better understand your healthcare needs.
- Know your language preference when seeing healthcare providers.
- Providing healthcare information to meet your care needs.
- Offer programs to help you be your healthiest.

This information is not used for underwriting purposes or to make decisions about whether you are able to receive coverage or services.

- ***Group Health Plan/Plan Sponsor Disclosures*** — We may disclose your PHI to a sponsor of the group health plan, such as an employer or other entity that is

providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- ***Fundraising Activities*** — We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- ***Underwriting Purposes*** — We may use or disclose your PHI for underwriting purposes, such as to decide about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- ***Appointment Reminders/Treatment Alternatives*** — We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- ***As Required by Law*** — If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- ***Public Health Activities*** — We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the jurisdiction of the FDA.
- ***Victims of Abuse and Neglect*** — We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- ***Judicial and Administrative Proceedings*** — We may disclose your PHI in response to an administrative or court order. We may also be required to disclose your PHI to respond to a subpoena, discovery request, or other similar requests.
- ***Law Enforcement*** — We may disclose your relevant PHI to law enforcement when required to do so for the purposes of responding to a crime.
- ***Coroners, Medical Examiners and Funeral Directors*** — We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

- **Organ, Eye, and Tissue Donation** – We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of cadaveric organs, eyes, and tissues.
- **Threats to Health and Safety** — We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** — If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security concerns, intelligence activities, The Department of State for medical suitability determinations, the protection of the President, and other authorized persons as may be required by law.
- **Workers' Compensation** — We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work—related injuries or illness without regard to fault.
- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previous identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interest. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** — If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** — Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face

marketing communications with you or when we provide promotional gifts of nominal value.

- ***Psychotherapy Notes*** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

You have the right to revoke your authorization, in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

Individuals Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- ***Right to Request Restrictions*** — You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- ***Right to Request Confidential Communications*** — You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.
- ***Right to Access and Receive a Copy of your PHI*** — You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- ***Right to Amend your PHI*** — You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the

PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

- ***Right to Receive an Accounting of Disclosures*** — You have the right to receive a list of instances within the last 6—year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- ***Right to File a Complaint*** — If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling **1-800-368-1019 (TTY: 1-800-537-7697)** or visiting **hhs.gov/ocr/privacy/hipaa/complaints/**.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- ***Right to Receive a Copy of this Notice*** — You may request a copy of our Notice at any time by using the contact information listed at the end of the Notice. If you receive this Notice on our web site or by electronic mail (email), you are also entitled to request a paper copy of the Notice.

Contact Information

Questions about this Notice: If you have any questions about this notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone by using the contact information listed below.

Magnolia Health Attn: Privacy Official
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157
Toll Free Phone Number
1-866-912-6285 (Relay 711)

Authorization to Use and Disclose Health Information



Notice to Member:

- Completing this form will allow Magnolia Health to (i) use your health information for a particular purpose, and/or (ii) share your health information with the individual or entity that you identify on this form.
- You do not have give permission to use or share your health information. Your services and benefits with Magnolia Health will not change if you do not sign this form.
- If you want to cancel this authorization form, send us a written request to revoke it at the address on the bottom of this page. A revocation form can be provided to you by calling Member Services at the phone number on the back of your member ID card.
- Magnolia Health cannot promise that the person or group you allow us to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. We can send you copies if you need them.
- If you need help, contact Member Services at the phone number on the back of your member ID card.
-
- Fill in all the information on this form. When finished, mail the form and any supporting documentation to
- Magnolia Health Plan
- ATTN: Compliance Department
- 1020 Highland Colony Parkway, Suite 502
- Ridgeland, MS 39157

Aviso al (la) afiliado(a):

- Al llenar este formulario, usted autoriza a Magnolia *Health Plan* a (i) que use su información de salud para un fin en particular, y/o (ii) que la dé a conocer a la persona o entidad que usted identifique en este formulario.
- Usted no tiene que firmar este formulario ni dar permiso a usar o dar a conocer su información de salud. Sus servicios y beneficios de Magnolia *Health Plan* no cambiarán si usted no firma este formulario.
- Si desea cancelar este formulario de autorización, envíenos por escrito una solicitud para revocarlo a la dirección que aparece al final de esta página. Servicios para los afiliados puede proporcionarle un formulario de revocación si les llama al número telefónico que se encuentra en la parte trasera de su tarjeta de identificación de afiliación.
- Magnolia *Health Plan* no puede prometer que la persona o el grupo al que nos permita dar a conocer su información de salud no la dará a conocer a alguien más.
- Conserve una copia de todos los formularios llenos que nos envíe. Si las necesita, podemos enviarle copias.
- Si necesita ayuda, comuníquese con Servicios para los afiliados al número telefónico que aparece en la parte trasera de su tarjeta de identificación de afiliación.
- Llene toda la información en este formulario. Al terminar, envíe el formulario y todos los documentos de apoyo a

Magnolia Health Plan

ATTN: Compliance Department

1020 Highland Colony Parkway, Suite 502

Ridgeland, MS 39157

PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM BELOW.
INCOMPLETE FORMS CANNOT BE ACCEPTED.

1 MEMBER INFORMATION:

Member Name (print): _____

Member Date of Birth: _____ Member ID Number: _____

2 I give Magnolia Health permission to use my health information for the purpose identified or to share my health information with the person or group named below. The purpose of the authorization is:

- ☐ to allow Magnolia Health to help me with my benefits and services, **OR**
☐ to permit Magnolia Health to use or share my health information for _____

3 PERSON OR GROUP TO RECEIVE INFORMATION (add additional Persons or Groups on next page):

Name (person or group): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

4 I AUTHORIZE MAGNOLIA HEALTH TO USE OR SHARE THE FOLLOWING HEALTH INFORMATION (NOTE: Select the first statement to release ALL health information or select the below statement to release only SOME health information. **Both CANNOT be selected.**)

☐ **All of my health information INCLUDING:**

Genetic information, services or test results; HIV/AIDS data and records; mental health data and records (but not psychotherapy notes); prescription drug/medication data and records; and drug and alcohol data and records (please specify any substance use disorder information that may be disclosed); _____

OR

☐ **All of my health information EXCEPT (check all boxes that apply):**

- ☐ Genetic information, services or tests
☐ AIDS or HIV data and records
☐ Drug and alcohol data and records
☐ Mental health data and records (but not psychotherapy notes)
☐ Prescription drug/medication data and records
☐ Other: _____

OR

Please specify record or type of records you would like to released: _____

5 **THIS AUTHORIZATION ENDS ON THIS DATE/EVENT:**
Date this authorization ends unless cancelled. If this field is blank, the authorization expires one year from the date of the signature below.

6 MEMBER OR LEGAL REPRESENTATIVE SIGNATURE: _____

Date: _____

IF LEGAL REPRESENTATIVE-Relationship to Member: _____

If you are the Member's legal or personal representative, you must send us copies of relevant forms, such as power of attorney or order of guardianship.

MAIL COMPLETED AUTHORIZATION FORM AND ANY SUPPORTING DOCUMENTATION TO
Magnolia Health Plan, **ATTN: COMPLIANCE DEPARTMENT**
1020 Highland Colony Parkway, Suite 502, Ridgeland, MS, 39157

ADDITIONAL INDIVIDUAL PERSON(S) OR ENTITY(IES) TO RECEIVE INFORMATION:

NOTE: If you are consenting to disclose any substance use disorder records to a recipient that is neither a third party payor nor a health care provider, facility, or program where you receive services from a treating provider, such as a health insurance exchange or a research institution (hereafter, "recipient entity"), you must specify the name of an individual with whom or the entity at which you receive services from a treating provider at that recipient entity, or simply state that your substance use disorder records may be disclosed to your current and future treating providers at that recipient entity.

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -

Name (individual or entity):

Address:

City: State: Zip: Phone: () -



1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157

MEMBER APPEALS AUTHORIZED REPRESENTATIVE FORM

Member Name _____

Date of Birth ____/____/____

Medicaid ID Number _____

You have the right to choose someone to act for you during your complaint/appeal with Magnolia. To choose someone to act for you, fill out this form and return it to us at the address below. You can cancel this form by sending a request in writing. If you want someone to act for you and we do not get this form, your complaint/appeal may be closed. If your complaint/appeal is closed, we will let you know in writing.

1. I give permission to _____ to act for me and receive
Name of Authorized Representative (Please Print)
information about my complaint/appeal with Magnolia or its partners.

2. Address of the person acting for me:

Street Address or PO Box

Apt #

City

State

Zip Code

() _____
Phone Number: Daytime

() _____
Phone Number: Evening

3. By signing this form, Magnolia can give information to the person listed above about my eligibility for health care benefits and medical treatment.
4. This form is good for one year from the date received by Magnolia.
5. I may cancel this at any time by sending a letter to:

Magnolia Health Plan
Attn: Grievance and Appeals Coordinator
1020 Highland Colony Parkway, Suite 502
Ridgeland, MS 39157
Phone: 866-912-6285 (Relay 711)
Fax: 877-264-6519

I have read this and agree to the terms.

Printed Name of Member

Signature of Member or Legal Guardian

____/____/____
Date



Member Services Department
1-866-912-6285, Relay 711

MagnoliaHealthPlan.com