



magnolia health.



## 2025 CHIP Member Handbook

1-866-912-6285  
Relay 711

XXXXXXXXXXXX

XXXXXXXXXXXX

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](mailto: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)

<b>English:</b>	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.
<b>Spanish:</b>	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.
<b>Vietnamese:</b>	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.
<b>Chinese:</b>	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。
<b>French:</b>	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.
<b>Arabic:</b>	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.
<b>Choctaw:</b>	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 hashisha hīnah kat. Ahikachih kiyoh. Annopa tishóli imanópolis chinnakma, holhtina yappá ipayah 1-866-912-6285, Relay 711.
<b>Tagalog:</b>	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.
<b>German:</b>	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.
<b>Korean:</b>	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.
<b>Gujarati:</b>	જે 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.
<b>Japanese:</b>	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。
<b>Russian:</b>	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.
<b>Punjabi:</b>	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।
<b>Italian:</b>	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 il 1-866-912-6285, Relay 711.
<b>Hindi:</b>	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 child's Children's Health Insurance Program (CHIP) 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](http://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](http://www.MagnoliaHealthPlan.com) to view the member handbook.



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



***You can find information on your child's benefits and services at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com).***

## Your CHIP Provider Directory

You may find any of our plan providers by using the "Find a Provider" function on our website [www.MagnoliaHealthPlan.com](http://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](http://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 child's 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 your child. Online – from a computer, or even from your cell phone – it's right at your fingertips. Visit our website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com) to get started. All you need is your child's birth date and member ID number.

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

- Change your PCP
- Contact Member Services
- Information about Member Rights and Responsibilities
- Complete the Health Information Form
- Details regarding Grievances and Appeals process
- 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
- Find a doctor
- View your Magnolia Health member ID card
- View your member benefits
- 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 child's health records on your mobile device which lets you manage your child's health better and know what resources are open to you.

#### Imagine:

- Your child can go to a new doctor because your child doesn't feel well and that doctor can pull up your child's 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 child's health history to diagnose your child and make sure your child gets 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 your child. Our primary goal is to improve your child's health and help your child 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 child's 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.....	1-833-660-2402

## 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 child’s 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 Child's Member ID Card

When your child enrolls in Magnolia, they will receive a Magnolia CHIP member ID card within fourteen (14) calendar days of enrollment. This card is proof that your child is enrolled with Magnolia.

You need to keep this card with you at all times. Please show this card every time your child goes for any service under the Magnolia program. The Magnolia member ID card will show your child's name, Medicaid ID number and your PCP's name and number. If you do not get your child's 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



**magnolia health.**

RXBIN: 025151  
RXPCN: DRMSPROD

Member Name: Jane Doe  
CHIP ID#: XXXXXXXXXX  
PCP Name: John Doe  
PCP Number: XXX-XXX-XXXX  
Effective Date of Coverage: XX/XX/XXXX  
Out of Pocket Maximum: \$XXX  
COPAY: Provider Visit / ER Visit (\$XX / \$XX)

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Magnolia for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or After-Hours Support & Nurse Advice Line toll-free at 1-866-912-6285, Relay 711. Nurse Advice Line is open 24 hours a day.

### BACK:

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

#### MEMBERS:

Member Services Line  
1-866-912-6285 (Relay 711)  
After-Hours Support &  
Nurse Advice Line 1-866-912-6285  
Dental/Vision 1-866-912-6285  
Transportation 1-866-912-6285  
Pharmacy 1-800-884-3222

#### PROVIDERS:

IVR Eligibility Inquiry/  
Medical Prior Auth 1-877-236-0751  
Pharmacy Help Desk/Prior Auth  
1-833-660-2402  
Behavioral Health 1-877-236-0751

#### Magnolia Address

1020 Highland Colony Parkway  
Suite 502  
Ridgeland, MS 39157

#### Medical claims:

Magnolia  
Attn: CLAIMS  
PO Box 3090  
Farmington, MO 63640-3825

Provider/claims information via the web: [MagnoliaHealthPlan.com](http://MagnoliaHealthPlan.com).

## Service Areas Covered

Magnolia is a health plan available through the Division of Medicaid (DOM). This means your child is covered for benefits as long as they live in Mississippi, have CHIP 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 your child needs. The Member Services Call Center can help you to:**

- Find a PCP
- Schedule an appointment with your child's PCP
- Obtain a new Magnolia member ID card
- Obtain information about covered and non-covered benefits and services
- Obtain a list of CHIP 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
- 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.

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

Sometimes you may not be sure if your child needs to go to the emergency room (ER). Call our 24-Hour Nurse Advice Line. They can help you decide where to go for care. If your child has an emergency, call 911 or go to the nearest ER.

## Eligibility

Magnolia does not decide if your child qualifies for the CHIP program. The Mississippi Division of Medicaid (DOM) makes that decision, based on factors such as whether the child:

- Is a Mississippi resident
- Child is younger than 19 years old
- Is a citizen of the United States or an eligible alien
- Has a family income of up to 209% of the federal poverty level

Populations who are eligible for CHIP

Populations	Income Level
<b>Birth to Age One (1) Year</b>	<b>194% FPL to 209% FPL</b>
<b>Ages One (1) to Six (6) Years</b>	<b>133% FPL to 209% FPL</b>
<b>Age Six (6) to Nineteen (19) Years</b>	<b>133% FPL to 209% FPL</b>

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/](http://www.medicaid.ms.gov/about/office-locations/). You may also call Medicaid's toll-free telephone number at 1-800-421-2408.



# Open Enrollment

There will be an annual open enrollment period for CHIP 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](http://www.medicaid.ms.gov).

If you do nothing during open enrollment, your child will remain with your current CCO health plan.

It is important that you tell DOM if your family moves. If you don't, DOM and Magnolia will not have your correct address. This will prevent you from receiving important information about your child's coverage and eligibility.

# Disenrollment

Children eligible for Mississippi CHIP may be disenrolled based on the following:

- Becomes eligible for Medicaid
- Moves out of the state
- Dies
- Turns 19 years old
- Becomes covered under other creditable health insurance coverage
- Child or child's representative requests voluntary disenrollment
- Becomes eligible for Medicare
- Becomes institutionalized in a public institution or enrolled in a waiver program
- Identified as pregnant and verified by DOM
- Becomes a custodial nursing home resident

If your child is disenrolled from the CHIP program, his/her coverage will end on the last day of the month that his/her eligibility ends. If you have questions about eligibility, please call the Division of Medicaid (DOM) at 1-800-421-2408. Magnolia is unable to disenroll members.

If your child's enrollment is discontinued due to failure to report truthful or accurate information, you could be responsible for repayment of the money paid to Magnolia Health.

Address and contact information updates can be made at your DOM Regional Office.

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

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
- 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 services covered by Magnolia
- Lack of access to providers experienced in treating the member's healthcare needs

Any Member may request disenrollment without cause:

- Within ninety (90) days after initial enrollment or during the ninety (90) days following notification of enrollment, whichever is later
- At least once every twelve (12) months during Open Enrollment
- Upon reenrollment if a temporary loss of enrollment has caused the Member to miss the annual disenrollment period
- DOM imposes intermediate sanctions, as defined by 42 U.S.C. 1396u-2, on Magnolia Health

## Copayments

A copayment, or copay, is a fee that you may need to pay each time your child visits their provider or emergency room. There are three coverage plans. Each coverage plan has a different amount that you will need to pay when you visit your child's provider, called a copay. Please look at your child's member ID card for his/her copayment amount.

Coverage Plan	Provider Visit	Emergency Room Visit	Copay Maximum
≤150% FPL	\$0	\$0	\$0
151% - 175% FPL	\$5 per visit	\$15 per visit	\$800 per coverage period
176% - 209% FPL	\$5 per visit	\$15 per visit	\$950 per coverage period

Your child's coverage period is one (1) year. There may be a limit to the amount you will be asked to pay in copays during your child's coverage period. This amount is the copay maximum. You will receive a letter when you reach your child's copay maximum saying that you won't have to pay any more fees until the end of your child's coverage period. You should keep this letter and show it when you take your child to their PCP or emergency room. This will let the PCP know that you do not have to make a copay. If you need another copy of this letter, call member services at 1-866-912-6285.

Copays are paid to your provider when applicable services are provided.

## **What to Do If You Get a Bill**

Before your child gets any healthcare services that are not covered, talk to their PCP about how you can pay for them. Remember, if you ask for a service that is not covered by Magnolia, you will have to pay the bill. We will pay for all covered care from in-network providers. In-network providers should not charge you any fees, other than copays, for any care offered as part of your child's health plan. If you are ever asked to pay for a covered service, call your child's PCP right away and give him or her your insurance information and Magnolia's address. Do not pay the bill yourself. If you still get bills, please call member services at 1-866-912-6285 for help.

If you want to take your child to a provider who is not a part of our network, you must get prior approval from us, unless it is an emergency. If there are providers in our network close to your home that can treat your child's condition, you will need to visit an in-network provider. If you still want to take your child to the out-of-network provider, you may be responsible for payment.



**Notes:**

[illegible]

## Covered Services

This section describes your child's Magnolia covered benefits and benefit limits. With Magnolia, your child is 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 your child already has.
- If your child receives healthcare services which are not medically necessary or if your child receives care from providers who are out of the Magnolia CHIP 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](http://www.MagnoliaHealthPlan.com), addendums to the member handbook, and letters.

## Benefits Grid

Covered Services	Comments and Limitation
Ambulatory Surgery Center	
Behavioral health services	A comprehensive range of services are covered, including substance use disorder treatment
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	\$2,000 per benefit year provided through Centene Dental; Includes Dental Fluoride Varnish
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 CHIP 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
Eyeglasses	1 eye exam and 1 pair of glasses annually
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)	
Genetic testing	May require prior authorization. Check with Magnolia prior to genetic testing.
Hearing services	Includes cochlear implants
Home healthcare services	Limited to 36 visits per benefit year.
Hospice care	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

Covered Services	Comments and Limitation
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, 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
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	Gainwell Pharmacy Help Desk: 1-800-884-3222
Preventive care	Services for children but are not limited to: well-child care, dental exams (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, flu shots and many other preventive health services.
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
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
- 1 eye exam and 1 pair of glasses every year
- 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

## MYMagnolia Mobile App

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

- Members can securely pull up their child's CHIP 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 your child's PCP information (name, phone number and address). You will be able to quickly call your child's 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.



# 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, paralift, 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 your child has an appointment. Your child's transportation can be scheduled up to two (2) months in advance. You must call at least three (3) days before your child's appointment. If a request is deemed urgent, the three (3) days' notice is waived.

## **Prior to calling, please have the following information available:**

- Your child's Member ID number
- The date your child is needing transportation
- The name, address and phone number of where your child is going
- The reason for your child's transportation request
- The type of appointment
- The type of assistance of mobility aid(s), if any, your child requires

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

If you have a scheduled ride back, your ride should pick your child up within less than thirty (30) minutes after your child's appointment is over. If you must call your child's transportation provider for pick up after your child's 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

## Wellness Care for Children including Administration of Immunizations

All children and adolescents under age nineteen (19) who are Magnolia members are eligible to receive well-baby and well-child visits including administration of immunizations. Magnolia provides the full range of well-baby and well-child visit 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
- 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 up to age     |
| • 4 months      | • 18 months | twenty-one (21)            |

If you need help making an appointment for a well-child visit 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.

**Notes:**

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## Behavioral Health Care/Substance Use Disorder

Magnolia will cover your child's 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 your child 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.
- Your child 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 child's PCP or Magnolia. You do not need a referral from your child's PCP for these services. Magnolia will help you find the best behavioral health provider for 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 YOUR CHILD NEEDS HELP?**

### **Help might be needed if 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 your child has 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 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 your child is 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 your child with depression, behavioral illness, or emotional questions.

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

If your child is 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 your child's provider to join our network. We want 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 your child until medical records can be transferred to a new Magnolia healthcare provider.



## Preventive Health Services

Preventive Healthcare for Children*				
	Birth to 2 Years	3 to 6 Years	7 to 12 Years	13 to 20 Years
Well-Child Exam				
Exam of child	Exams at ages: Birth, 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 safest way to prevent diseases.	Follow the immunization guidelines			
Screening Tests				
Anemia; Lead testing	Test for anemia at 9 or 12 months			
Other screening tests: STI (Sexually Transmitted Infection)			Annual testing for Chlamydia and Syphilis for teens who are sexually active	
*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.				

Regular visits to your PCP are important. The following are preventive health guidelines for 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.

## 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
<b>HepB</b> in the hospital	<b>HepB</b> #2 of 3 shots		<b>HepB</b> #3 of 3 shots	catch up if behind on vaccines			
	<b>Rotavirus</b> 1 of 3 oral drops	<b>Rotavirus</b> 2 of 3 oral drops	<b>Rotavirus</b> 3 of 3 oral drops				
	<b>DTaP</b> 1 of 4 shots	<b>DTaP</b> 2 of 4 shots	<b>DTaP</b> 3 of 4 shots			<b>DTaP</b> 4 of 4 shots	
	<b>Hib</b> 1 of 4 shots	<b>Hib</b> 2 of 4 shots	<b>Hib</b> 3 of 4 shots		<b>Hib</b> 4 of 4 shots		
	<b>PCV</b> 1 of 4 shots	<b>PCV</b> 2 of 4 shots	<b>PCV</b> 3 of 4 shots		<b>PCV</b> 4 of 4 shots		
	<b>IPV</b> 1 of 3 shots	<b>IPV</b> 2 of 3 shots	<b>IPV</b> 3 of 3 shots				
					<b>MMR</b> <b>Varicella</b>		
			<b>Influenza</b> 1 of 2 shots			<b>Influenza</b> 2 of 2 shots	
					<b>Hep A</b>		
Complete all immunizations before 2nd birthday							

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 doses	**Meningococcal	**Meningococcal	Catch up	
*HPV 2 of 2 doses	** TDap	**TDap	Catch up	
Annual Flu shot	Annual Flu shot	Annual Flu shot	Annual Flu shot	Annual Flu shot
			All shots should be completed before age 13 years	

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

\* \*\*TDAP plus Meningococcal – My Health Pays® Reward

Non-Covered Services	Comments
Surgery or procedures to improve how you look	
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 your child. 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 child's new member packet or by calling Member Services a 866-912-6285.
2. Within ninety (90) days of enrolling, make an appointment with your child's provider.

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



***Your child's 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 child's PCP within 90 days of joining Magnolia.***

## PCP Responsibilities

### Your PCP will:

- Make sure that your child gets all medically necessary services in a timely manner
- Follow up on the care your child gets from other medical providers
- Take care of referrals for specialty care and services offered
- Provide any ongoing care your child needs
- Update your child's medical record, including keeping track of all the care they get with their PCP and specialists
- Provide services in the same manner for all patients
- Give your child regular physical exams
- Provide preventive care for all members and preventive screenings for members under age 19
- Give your child regular immunizations
- Make sure you can contact him/her or another provider at all times

*Magnolia believes that seeing your child's PCP is important. Magnolia offers a program called the My Health Pays® program. Your child can earn rewards for healthy behaviors. More information on this program is on page 57 of this handbook.*







***If you do not choose a PCP for your child, Magnolia Health will choose one for them. You will find this information on your child's Magnolia Health CHIP 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 Child's PCP

The Magnolia CHIP provider directory is a list of all the providers in Magnolia's CHIP 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](http://www.MagnoliaHealthPlan.com).

When picking a PCP for your child, 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

Specialists can be your child's 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 child's 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](http://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](http://www.MagnoliaHealthPlan.com).

# Making an Appointment with Your Child’s PCP

Once you have selected a PCP from Magnolia’s provider network, make an appointment to meet with your child’s provider within ninety (90) days and at least annually. This will give your child’s provider a chance to get to know each other. Your child’s provider can give them medical care, advice and information about their health. Call your child’s PCP’s office to make an appointment. Remember to take your child’s CHIP Member ID card with you every time they go to the provider’s office. If you have difficulty getting an appointment with or seeing your child’s 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
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
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



**Remember to take your child’s Magnolia Health CHIP Member ID card with you every time they see their provider.**

Type of Provider Appointment	Scheduling Time Frame
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 Child's PCP

You can call your child's PCP's office for information on receiving after-hours care in your area. If your child has 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 an emergency, 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 your child cannot keep an appointment, please call the provider's office to cancel at least 24 hours in advance. If your child needs to change an appointment, call the provider's office as soon as possible. They can make a new appointment for your child. If your child needs help getting an appointment or arranging transportation to their appointment, call Member Services at 1-866-912-6285.

**NOTE:** Remember to show your child's Magnolia CHIP Member ID card at every location, including hospitals, ERs, PCP offices, and specialist offices.

# What to Do if Your Child's PCP Leaves the Magnolia Health Network

If your child's 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 your child to another PCP. We will send your child a new Magnolia CHIP Member ID card identifying your child's new PCP. You can also change your child's PCP by calling Member Services at 1-866-912-6285.

Magnolia may approve visits with your child's provider for up to ninety (90) days after he/she leaves the network. We can do this if your child is in active treatment with their provider. Call us to talk about how we can help your child. During this time, we will help your child find a new provider. Your child will receive the same covered services. The provider must agree to:

- Treat your child for their 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 child's care

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



***If your child's PCP leaves the Magnolia CHIP network, approved visits may continue for up to sixty (60) days if they are in active treatment.***



***In order to have your child's 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 CHIP provider network. In some cases, your child may be allowed to continue care with their provider. In order to have your child's 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.

## 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.

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## 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 your child needs care, always start with a call to your child's 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](http://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 your child needs 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 child's 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 child's provider of additional information needed. If Magnolia does not receive the information, Magnolia may make a second attempt to notify your child's provider of the additional information needed, and Magnolia may allow an additional day for your child's provider to submit information to Magnolia.

We will let your child's provider know if the service is approved. If your child's 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 child's provider and the hospital should let us know within one (1) business day if your child has been admitted to the hospital. If you know ahead of time that your child will be admitted to the hospital, your child's 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 child's provider know right away.

## Utilization Review

Magnolia has a utilization review program that reviews services to make sure the services your child is getting are the best way to help them feel better or improve their 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 you and your child's provider in writing within the determination timeframes noted above for services that have been approved and to both you and your child's 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 child's 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 child's 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 your child 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 Independent External Review after exhausting all appeals at Magnolia.

## Second Medical Opinion

You have the right to a second opinion about your child's 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 your child. If you want a second opinion, tell your PCP.

Your PCP or Magnolia's Member Services can help you find a provider to give your child a second opinion. You may choose any Magnolia CHIP network provider. If you are unable to find a provider in the Magnolia CHIP 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 CHIP network. Tests requested by the provider giving your child 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 your child is out of state and has an urgent problem, go to an urgent care clinic.***

## How to Get Medical Care When You Are Out of State

If your child is out of state and has 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 your child is out of state and has an urgent problem, go to an urgent care clinic, or your child may go to a PCP. Be sure to show your child's Magnolia CHIP 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 your child has a medical or behavioral health emergency. Your child can go to an ER in any state if they have a true medical or behavioral health emergency. If your child is seen at an out-of-state hospital for an emergency, their follow-up care must be with a Magnolia CHIP network provider. You may also need to contact your child's PCP to get a referral if they need to see a specialist.
- It is determined that your child needs special care that they cannot receive in Mississippi. If Magnolia approves, the cost of the care your child gets 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 child's medical condition. If there is not, we will help your child 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 your child is out of state and has an urgent problem, go to an urgent care clinic.

# Referrals

Your child may need to see a certain provider for specific medical problems, conditions, injuries, and/or diseases. Talk to your child's PCP first. Your child's PCP will refer them to a specialist in the Magnolia CHIP network who can diagnose and/or treat their specific problem. A referral is not required in order to see a specialist, but having a referral from your child's PCP will help with coordination of care.

Some types of specialists will not be able to see your child without approval from Magnolia and from your child's PCP. Exceptions are emergency services. If you aren't sure whether or not a referral is needed, speak with your child's PCP or call Member Services at 1-866-912-6285.

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

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

**NOTE: If your specialist refers your child to another specialist, your child's specialist may need to obtain authorization by Magnolia and your child's PCP.**

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## Self-Referrals

Your child may self-refer for certain covered services. No approval is required from your child's PCP or Magnolia for these services.

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

- Emergency services



***Sometimes you may not be sure if your child needs 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 your child is having a medical problem that is not life-threatening, but you're not sure what to do, you should always call your child's 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 child's PCP, you can call Magnolia's 24-Hour Nurse Advice Line at 1-866-912-6285 or Relay 711.**

If your child is having a medical problem that is not life-threatening and they 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
- Earache, 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 your child. 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](http://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 child's Magnolia CHIP Member ID Card each time your child gets medical care or goes to the pharmacy. If your child receives 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

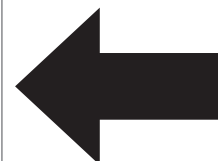
If your child has a health condition that occurs often (a chronic condition), talk to your child's PCP about what a life-threatening medical emergency would be for your child.

**ERs are for emergencies.** If you can, call your child's provider first. If your child's 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 child's PCP. Your child's PCP will tell you what to do. If your child's 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 CHIP network. You can use any hospital if it is an emergency. It is requested that you or someone acting on your child's behalf call your child's PCP within 48 hours of admission. This helps your child's PCP to provide or arrange for any follow-up care that your child may need. We will help your child get follow-up care. Call us at 1-866-912-6285 or Relay 711.

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



**ER visits are unlimited.**

**Please refer to the “Benefits Grid” on page 19 of this manual.**



**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 CHIP network provider.

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## Post-Stabilization Services

These are services that are needed to stabilize your child's condition after an emergency. They do not require prior authorization. It does not matter whether your child receives the emergency care in or outside of the Magnolia CHIP network. We will still cover services to make sure your child is 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 child's 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](http://www.MagnoliaHealthPlan.com).

## Pharmacy Program

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

If your child and your child's provider feel a non-preferred drug is medically necessary, your child's 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 your child 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

Vaccines administered to members under age 19, must be administered by a provider enrolled in the Vaccines for Children (VFC) program.

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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 your child takes are safe. If your provider feels your child has 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 child’s 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 your child 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 child’s provider may be required to provide additional information. If Gainwell does not grant prior authorization, they will notify you and your child’s provider and provide information regarding Gainwell’s appeal process.

# 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.

# Filling a Prescription

You can have your child’s 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 child’s prescription and your child’s Magnolia CHIP 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 child's 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 child's provider the first time he or she prescribes these medications for your child. 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](http://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 we can provide them with the information they need to fill your prescription. **Please call Magnolia Member Services at 1-866-912-6285, Relay 711, to request 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 child’s welcome packet gives us information to determine your child’s needs. Once you fill out the form, please send it back to us right away in the postage-paid envelope we have provided for your child. You can also fill out this form on our website: [www.MagnoliaHealthPlan.com](http://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 your child has special healthcare needs or your child has a disability, Care Management may be able to help your child. 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 child’s providers. A Care Manager will work with you and your child’s provider to help them get the care they 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:

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

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 your child. You can also call us at 1-866-912-6285 to complete your Health Risk Screening Form.***



***If your child has special healthcare needs or your child has a disability, care management may be able to help your child.***



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

## Disease Management

Magnolia has several programs to improve the health of our members. We know this means more than just helping your child to see a provider. It also means helping your child find their way through the healthcare system so they get the treatments and the social services they need. It also means helping you understand and manage your child's 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 your child improve their health.

### **Magnolia provides Disease Management for:**

- Diabetes
- Asthma
- Obesity
- Hypertension
- Heart Problems
- Weight Management: Pediatric and Youth
- Smoking Cessation

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

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

We will help your child get the things they need. We will provide tools to help you learn about and take control of your child's 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 your child in living their best life and has several programs to help them do that. The table below lists some of the programs available at Magnolia Health. The table shows how your child becomes eligible for the program and how your child uses 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 your child is in the program, they can always get out (or opt out) by calling 1-866-912-6285, or Relay 711.

Program	How to Be Eligible	Program Services
Fluvention – Vaccine (shot) to keep you and your children from getting the Flu	Any member ages 6 months old and older	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Help finding a Medical Home</li> <li>• Assistance making appointments for preventive screenings</li> <li>• My Health Pays® Incentives</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Help finding a Medical Home</li> <li>• Assistance making appointments your child to get immunizations</li> </ul>
Well-Baby/Well-Child Visits – Screenings to be sure your child is growing and developing as he or she should	All children under age 19.	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Help finding a Medical Home</li> <li>• Assistance making appointments with your child’s doctor for Well-Baby/Well-Child visits</li> <li>• Help getting transportation to and from the doctor visit</li> <li>• Appointment and scheduling reminders by phone or mail</li> </ul>
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)	<ul style="list-style-type: none"> <li>• 24-Hour Nurse Advise Line</li> <li>• Care Management</li> <li>• Disease Management Programs</li> <li>• Wellness Program</li> <li>• Personal Health Coach</li> <li>• Information by mail, on-line, or mail</li> <li>• Help finding a Medical Home</li> <li>• Assistance making appointments</li> <li>• Appointment and scheduling reminders by phone or mail</li> </ul>

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	<ul style="list-style-type: none"> <li>• Care Management Programs</li> <li>• Sickle Cell education booklets</li> <li>• Help finding a Medical Home</li> <li>• Sickle Cell Kit to assist with crisis and pain management</li> <li>• 24-Hour Nurse Advice Line</li> <li>• Home visits and someone from Magnolia to attend doctor appointments if needed</li> <li>• Transportation scheduling</li> <li>• Care planning and goal setting</li> <li>• Sickle Cell Support Groups and many other resources</li> </ul>
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.	<ul style="list-style-type: none"> <li>• 24-Hour Nurse Advice Line</li> <li>• Care Management Program</li> <li>• Help finding a Medical Home</li> <li>• Help finding an Urgent Care Clinic or Walk-In Clinic</li> <li>• Help making appointments with your doctor</li> <li>• Transportation Scheduling</li> </ul>
Readmission Reduction Program – A program to decrease needless hospital admissions.	All members who have frequent hospital admissions	<ul style="list-style-type: none"> <li>• 24-Hour Nurse Advice Line</li> <li>• Care Management Program</li> <li>• Help finding a Doctor</li> <li>• Transportation scheduling</li> <li>• Wellness and Prevention Screening</li> <li>• Help finding a Medical Home</li> <li>• Care Planning Support</li> <li>• Home Visits if wanted</li> <li>• Care Manager from Magnolia to attend doctor appointments if needed</li> <li>• Community Resources for any needs you may have</li> <li>• Medication Review and support</li> <li>• Help making follow up appointments after hospital discharge</li> <li>• Arranging Equipment, Medical Supplies, Home Health, Therapies and more</li> <li>• Education Programs for your health</li> </ul>

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	<ul style="list-style-type: none"> <li>• 24-Hour Nurse Advice Line</li> <li>• Care Management Program</li> <li>• Help finding a Medical Home</li> <li>• Assistance making appointments</li> <li>• Appointment and scheduling reminders by phone or mail if needed</li> <li>• Information on Crisis Hotlines</li> <li>• Information on community resources</li> </ul>

## My Health Pays® Rewards Program

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

Earn My Health Pays® rewards when you complete healthy activities like immunizations, 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](http://www.MagnoliaHealthPlan.com). Please call Member Services at 1-866-912-6285 for more information.

[illegible]

**Notes:**

[illegible]

## Pregnancy & Maternity Services

If your child is pregnant, please contact the Mississippi Division of Medicaid (DOM) at 1-800-421-2408 as soon as possible so that DOM can evaluate your child's eligibility as a pregnant minor for coverage under Medicaid.

Keep these points in mind if your child is pregnant

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

## Community Connections

Community Connections is a program that promotes preventive health and connects your child 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 child's healthcare needs are addressed. Please call Member Services at 1-866-912-6285. They can also visit your home to help your child with healthcare needs and social services.



***Please call DOM at  
1-800-421-2408  
as soon as you learn  
your child is pregnant.***



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



***A grievance is an  
expression of  
dissatisfaction about  
any matter other than  
an Adverse Benefit  
Determination.***



## Member Satisfaction

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

- Grievance and complaint process
- Internal appeal process
- Access to Independent External Review

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.

## 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, in writing, or your My Magnolia Mobile App and may be submitted to Magnolia by you or your child's authorized representative, including your child's 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 child's 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 child's authorized representative, including your child's 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.



***Filing a grievance or complaint will not affect your healthcare services***

## How to File a Grievance or Complaint

Filing a grievance or complaint will not affect your child's 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.

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 child's first and last name
- Your child's Member ID number
- Your child's 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 child's grievance and include the expected date of resolution.

If someone else is going to file a grievance or complaint for your child, we must have your written permission for that person to file your child's grievance or complaint. You can call Member Services to receive a form or go to [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com). This form gives your right to file a grievance or complaint to someone else. A provider acting for your child can file a grievance or complaint for your child 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 child's 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 child's 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 child's representative for filing a grievance or complaint with Magnolia.

## Expedited Grievances

You or your child's provider may want us to make a fast decision. You can ask for an expedited review if you or your child's provider feel that your child's 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 your child is 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?

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

You must give written permission if someone else (Authorized Representative) files an appeal for your child. 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 1-800-884-3222.

# How to File an Appeal

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 child's 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 child's provider will ask you to sign a statement saying you will pay for the service yourself.***

If the final decision is to uphold Magnolia's Adverse Benefit Determination, Magnolia may recover the cost of services furnished to your child while the appeal and Independent External Review was pending. In other words, you may have to pay for this care if the decision is not in your child's 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 child's provider may want us to make a fast decision. You can ask for an expedited review if you or your child's provider feel that your child's 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 child's 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.

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

# Independent External Review 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 child's provider may request an Independent External Review conducted by a third party vendor 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 an Independent External Review and want your child's benefits to continue, you must file your request within ten (10) calendar days from the date you receive our final decision. If the Independent External Review 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 Independent External Review, please write to:**

**Magnolia Health**  
**Attn: Grievance and Appeals Coordinator**  
**1020 Highland Colony Parkway, Suite 502**  
**Ridgeland, MS 39157**



***You must not share  
your child's 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 child's Magnolia CHIP member ID card to someone
- Misusing Magnolia or CHIP 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 CHIP

**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 child's benefits with anyone. Magnolia CHIP network providers must report any misuse of benefits to Magnolia.

Your child's healthcare benefits are given to your child based on their eligibility for CHIP. Magnolia's CHIP network providers must also report any misuse of benefits to Magnolia. Magnolia must also report any misuse or wrongful use of benefits to the Division of Medicaid (DOM).

If you misuse your child’s benefits, your child could lose them. DOM 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 CHIP 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.

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## 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 your child is hurt in a car wreck, by a dog bite, or if your child falls and is 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 CHIP 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 coverageTo 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
- Be treated with respect and with due consideration for your child's dignity and privacy, including all rights under HIPAA and Section 1557 of the PPACA
- 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 and confidentiality, both in their person and in their medical information and non-discrimination as required by law
- 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 Independent External Review 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 CHIP member ID card
- Present the Magnolia CHIP 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 CHIP.
- If inaccurate information is reported which results in enrollment being discontinued, the member will be responsible for repayment of capitation premium payments.
- May be responsible to pay the cost of unauthorized services

# **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 telefono.  
**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 previously 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/](https://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 child's 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 to give permission to use or share your child's 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 child's CHIP 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

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## **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 child's health information for the purpose identified or to share my child's health information with the person or group named below. The purpose of the authorization is:

- ☐ to allow Magnolia Health to help my child with their benefits and services, **OR**
- ☐ to permit Magnolia Health to use or share my child's health information for \_\_\_\_\_

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

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 child's 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 child's 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.*

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**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 your child receives 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 your child receive services from a treating provider at that recipient entity, or simply state that your child's substance use disorder records may be disclosed to your current and future treating providers at that recipient 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 your child during their complaint/appeal with Magnolia. To choose someone to act for your child, 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 your child 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:

_____		_____
<b>Street Address or PO Box</b>		<b>Apt #</b>
_____		_____
<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____
( ) _____	( ) _____	
<b>Phone Number: Daytime</b>	<b>Phone Number: Evening</b>	

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](https://www.MagnoliaHealthPlan.com)**