



**magnolia health**<sup>™</sup>

*Mississippi Children's Health Insurance Program*

# 2015 Member Handbook

*Get to know  
your plan:*

Covered Services  
Pharmacy Benefits  
Emergency Services  
Wellness Programs

For more information, visit  
[www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com)



# Welcome to Magnolia Health

Magnolia Health (Magnolia) is your child's new health plan. This member handbook describes your child's health care benefits and is designed to make it easy for you to make the most of your benefits and services.

Magnolia is a Coordinated Care Organization (CCO) that provides health coverage for members of Mississippi Children's Health Insurance Program (CHIP). Magnolia gives you choices — from establishing a medical home, choosing your child's primary care provider (PCP), to participating in special programs that help your child stay healthy.

Magnolia will not discriminate based on health status, need for health care services, race, color, age, religion, sex, national origin, limited English proficiency, marital status, political affiliation or level of income.

You may also visit our website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com) for more information and services.

## Welcome to Magnolia Health

### Member Handbook

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

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

The practices, policies, and benefits described herein may be modified or discontinued from time to time. Magnolia will make every effort to keep you informed of the changes. You may receive notice of the changes by secure portal, fax or regular mail. You will receive notification of changes at least 30 days before the changes are effective. 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.

### Other Formats Available

The information in this booklet is about your child's Magnolia benefits. If you need information in a large font, audiotape, or another language, please call member services at 1-866-912-6285 so we can help you.

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

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# Welcome to Magnolia Health

## Your CHIP Provider Directory

You may find any of our CHIP 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 CHIP providers based on your search criteria and will give you other information, such as address, phone number, office hours, gender, whether or not they are currently accepting new patients and qualifications.

If you would like a Magnolia Provider Directory:

- You can call member services at 1-866-912-6285 and request one.
- You can pick up one at your Regional Division of Medicaid office.
- You can pick up one at your local WIC office.
- You can pick up one at your local library.

You will be able to find locations of where you will be able to go for emergency services and post-stabilization care services in the Provider Directory.

Magnolia can also help you pick a primary care provider (PCP) for your child. We can make your choice of PCP effective on the next business day.

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

# Welcome to Magnolia Health

## Magnolia Website

You can find information on your child’s benefits and services at <http://www.magnoliahealthplan.com/chip-home-portal/>



Magnolia’s website helps you get answers. Our website has resources and features that make it easy for your child to get quality care. Magnolia’s website is [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com). It also gives you information on your child’s Magnolia benefits and services such as:

- Member handbook
- Provider directory
- Current news and events
- Member self-service features
- Online form submission
- Magnolia Health programs and services

# Welcome to Magnolia Health

## Quality Improvement (QI)

Magnolia is committed to providing quality health care 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 health care, 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 health care and specific diseases.
- Sending reminders for your child to get tests, such as well-baby and well-child visits including administration of immunizations.
- Investigating your concerns regarding the health care your child has received. If you have a concern about the care your child received from your child's provider or any service provided by Magnolia Health, please contact us at 1-866-912-6285.

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

# Welcome to Magnolia Health

## How to Contact Us

### Magnolia Health

111 East Capitol Street, Suite 500  
Jackson, MS 39201

### Hours of Operation:

8:00 a.m. – 8:00 p.m. CST first working day of the week

8:00 a.m. to 5:00 p.m. CST Tuesday - Friday

Second weekend of the month: Saturday and Sunday 8:00 a.m. – 5:00 p.m. CST

Member Services	1-866-912-6285
TDD/TTY Line	1-877-725-7753
Member Services Fax	1-877-779-5219
Mississippi Relay Services (voice to TTY)	711 or 1-800-855-1000
Mississippi Relay Services (TTY to voice)	711 or 1-800-582-2233
Behavioral Health	1-866-912-6285
Dental/Vision Services	1-866-912-6285
Emergency Services	Call 911

## Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Magnolia has a free service to help. This service is very important, because you and your child's provider must be able to talk about your child's medical or behavioral health concerns in a way you both can understand. Our interpreter services are provided at no cost to you. Oral interpretation is available for any language and written information is available in prevalent languages. Sign language is also available to you. Magnolia members who are blind or visually impaired can call member services for an oral interpretation. To arrange for interpretation services, call member services at 1-866-912-6285 (TDD/TTY 1-877-725-7753) or Mississippi Relay 711.

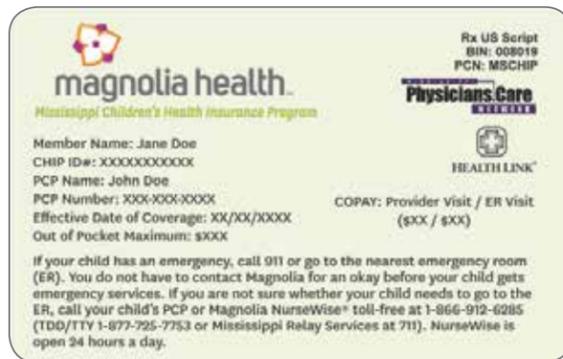
# Welcome to Magnolia Health

## Your Child's Member ID Card

When your child enrolls in Magnolia, they will receive a Magnolia 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 ID card will show your child's name, member ID number, copay amount, and primary care provider's (PCP's) name and number. If you do not get your child's Magnolia ID card within a few weeks after you join our plan, please call member services at 1-866-912-6285. We will send you another card. You can request a new ID card at any time by calling member services at 1-866-912-6285.

Here is an example of your child's Magnolia ID card



Front

- Name
- Member ID number
- Primary care provider (PCP) name/number
- Copay amount
- Out of pocket maximum



Back

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

# How Your Plan Works

## Service Areas Covered

Your child will be covered for benefits as long as you live in Mississippi 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 primary care provider (PCP)
- Schedule an appointment with your child's PCP
- Obtain a new ID card
- Obtain information about covered and non-covered benefits
- Obtain a list of health plan providers
- Report a potential fraud issue
- Request new member materials
- Obtain information about care management
- Assisting with emergency issues
- Explain your child's rights and responsibilities
- Handling, recording and tracking member grievances and appeals

Please call 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay 711). Magnolia member services department will be open from 8:00 a.m. – 8:00 p.m. CST on the first working day of the week; Tuesday – Friday from 8:00 a.m. – 5:00 p.m. CST; and the second weekend of the month, Saturday and Sunday from 8:00 a.m. – 5:00 p.m. CST. Calls received after business hours are sent directly to NurseWise. NurseWise nurses are available 24 hours a day, seven (7) days a week, including holidays.

## How Your Plan Works

### NurseWise®

NurseWise is a free health information phone line. NurseWise is ready to answer your health questions 24 hours a day – every day of the year. NurseWise is staffed with licensed nurses who respond to incoming calls. They are trained to assess the nature of the situation, provide appropriate medical information, and advise members how to obtain care after hours and on weekends.

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

- Medical advice
- Health information library
- Answers to questions about your 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). If you are not sure if your child is having an emergency, call your Magnolia case manager during working hours or call Nursewise after hours. If you have an emergency, call 911 or go to the nearest ER.

## How Your Plan Works

### 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 with intent to stay
- Does not have credible health coverage at time of application
- Child is younger than 19 years old
- Is not eligible for Medicaid
- Is a citizen of the United States or an eligible alien
- Is not an inmate in a public institution or a patient in an institution for mental diseases
- Has a family income of up to 209% of the federal poverty level

#### Populations who are eligible for CHIP

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

### Enrollment

There will be an annual open enrollment period for CHIP members that Medicaid will tell you about. Open enrollment occurs every year between October 1 – December 15. During this period, you may choose another Coordinated Care Organization (CCO) health plan for any reason. If you want to change your health plan during open enrollment, please contact Xerox, the State enrollment broker, at 1-800-884-3222 and Press \* for MSCHP. 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.

# How Your Plan Works

## 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
- No longer qualifies for CHIP under the eligibility categories in the eligible population
- 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 1-866-635-1347. 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.

**Notes:**

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# How Your Plan Works

## 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
MSCHP 01	\$0	\$0	\$0
MSCHP 02	\$5 per visit	\$15 per visit	\$800 per coverage period
MSCHP 03	\$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.

## 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.



# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
	Orthodontics, dentures, occlusional reconstruction, crowns, or inlays, unless they are related to an accidental injury or are recommended by your child's doctor or dentist to treat severe craniofacial anomalies or full-cusp Class III malocclusions.	
Diabetes Training	<p>A nurse from a home health agency can teach your child how to manage his/her diabetes. This nurse is certified in diabetes education and can:</p> <ul style="list-style-type: none"> <li>Tell your child how to work with the doctor to make a nutritional plan.</li> <li>Discuss signs and symptoms of hyper- and hypoglycemia.</li> <li>Teach your child how to avoid and manage a diabetic crisis.</li> <li>Show your child how, where, when and why to take insulin.</li> <li>Teach your child how to check blood sugar and care for his/her glucometer.</li> <li>Encourage your child to exercise.</li> <li>Teach your child what to do if he/she gets sick with another illness.</li> </ul> <p>Benefits are limited to \$250 per benefit period.</p>	Requires Prior Authorization
Durable Medical Equipment (DME)	The rental of durable medical equipment for temporary therapeutic use is covered. We may cover the purchase of such equipment with a prior authorization.	May Require Prior Authorization (See <a href="http://www.magnoliahealthplan.com">www.magnoliahealthplan.com</a> for complete list)
Emergency Room	<p>Take your child to an emergency room in a medical emergency. Emergency care is a covered benefit with no quantitative limits. Emergency room services include physician, facility fee and supplies in providing treatment for members for covered emergency care.</p> <p>A medical emergency is when symptoms suddenly occur that a person who has an average amount of medical knowledge thinks would cause:</p> <ul style="list-style-type: none"> <li>Permanent damage to health</li> </ul>	Does Not Require Prior Authorization

# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
	<p>Serious injury or impairment to a bodily function</p> <p>Serious and permanent damage to any part of the body.</p> <p>This is the "prudent layperson" standard. An emergency room visit may have a copay.</p>	
Family Planning	<p>Family planning includes education, screenings, counseling and services, such as:</p> <ul style="list-style-type: none"> <li>First-time and regular exams.</li> <li>Follow-up, brief and comprehensive visits.</li> <li>Education and counseling to make informed choices about birth control.</li> <li>Contraceptive supplies and follow-up care.</li> <li>Pregnancy testing.</li> <li>Testing, diagnosis and treatment of sexually transmitted diseases.</li> <li>Care management from our Start Smart for your Baby program. (If your child becomes pregnant, please contact the DOM at 1-866-635-1347 as soon as possible so that Medicaid can evaluate your child's eligibility as a pregnant minor for coverage under Medicaid.)</li> </ul>	Does Not Require Prior Authorization
Hearing Services	<p>If a health screening detects a hearing loss, a hearing exam for your child is covered. A health screening does not require prior authorization. If this exam indicates the need for a hearing aid, one hearing aid per ear is covered every three years. Replacement is covered when medically necessary. Covered hearing aids include behind-the-ear, in-the-ear, and in-the-canal models. Programmable and digital models are subject to prior authorization. Earmolds can be replaced as necessary due to growth. Hearing aids may require prior authorization and must be fitted by a licensed audiologist, who is expected to educate parents/guardians on proper handling and storage of the hearing aid.</p> <p><b>The following items are not covered:</b></p> <ul style="list-style-type: none"> <li>Replacement of lost or stolen hearing aids within a three-year period following receipt</li> <li>Hearing aid batteries</li> <li>Swim molds</li> <li>Hearing protection devices</li> <li>Hearing aid maintenance products</li> </ul>	May Require Prior Authorization

# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
Home Nursing	Home nursing services are covered when provided by an actively practicing registered nurse (RN) or licensed practical nurse (LPN) when ordered and supervised by a physician and when the services require the skills of an RN or LPN. There is a maximum limit of 20 visits per benefit period.	Requires Prior Authorization
Hospice Care	Hospice services are limited to a lifetime maximum benefit of \$15,000 per child.	Requires Prior Authorization
Hospital Services	<p>For planned hospital services, your in-network doctor will get prior authorization of services. He/she will take care of those arrangements.</p> <p>No copayments will be charged for diagnostic X-rays and laboratory testing. Outpatient hospital services include surgeries.</p> <p><b>Covered inpatient services include:</b></p> <ul style="list-style-type: none"> <li>Hospital room and board (including dietary and general nursing services).</li> <li>Use of operating and treatment rooms.</li> <li>Anesthetics and their administration.</li> <li>Intravenous injections and solutions.</li> <li>Occupational, physical and speech therapy.</li> <li>Radiation therapy.</li> <li>Oxygen and its administration.</li> <li>Diagnostic tests, X-rays, clinical laboratory exams, electrocardiograms and electroencephalograms.</li> <li>Drugs and medications (in-hospital or take-home), sera and biological and pharmaceutical preparations used during hospitalization, per the hospital's formulary at the time of hospitalization.</li> <li>Dressings, supplies, sterile trays, casts and orthopedic splints.</li> <li>Blood transfusions (including whole blood, plasma and expanders), processing charges, equipment and supplies.</li> </ul>	Requires Prior Authorization

# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
	<p>Psychological testing ordered by the attending doctor and performed by a full-time employee of the hospital.</p> <p>Intensive, coronary and burn care unit services.</p> <p>Imaging (CT, PET Scans, MRIs)</p> <p>Routine Foot Care</p>	
Mental Health and Substance Abuse	<p>Behavioral health services are provided to members who have emotional problems, mental illness or addictions to drugs or alcohol. You can get help for your child by calling member services at 1-866-912-6285.</p> <p><b>With a prior authorization, covered care includes:</b></p> <ul style="list-style-type: none"> <li>Inpatient hospitalization, when provided by an acute, private or state psychiatric hospital.</li> <li>Outpatient services when provided by a doctor, licensed psychiatrist, licensed psychologist, licensed clinical social worker, licensed counselor, psychiatric advanced practice nurse, home health psychiatric nurse or state-certified mental health or substance abuse program.</li> <li>Crisis intervention/access, including a 24-hour hotline staffed by qualified mental health professionals and qualified substance abuse counselors. Counselors provide intake, evaluation and referral services, including alternatives to out-of-home placements and mobile crisis teams for on-site interventions.</li> <li>Reasonable and cost-effective alternate services related to your child's treatment plan.</li> <li>If your child received care from an out-of-network doctor before joining Magnolia Health, your child's doctor can call us for help in joining our network or to move your child to an in-network doctor. We will authorize out-of-network providers to continue ongoing mental health and substance abuse care until we can arrange for in-network care.</li> </ul>	Requires Prior Authorization
Newborn/Well-Baby Care	Initial exams and routine hospital nursery care of a well newborn are covered, provided that an application to the Mississippi CHIP program is made within 31 days of the date of birth and the newborn is determined to be eligible.	Does Not Require Prior Authorization
Obstetric/Gynecological (OBGYN) Care	Routine obstetric/gynecological services are covered by participating providers for female members of child-bearing age.	Does Not Require Prior Authorization if performed by a participating provider
Prenatal/Maternity Care	Pregnancy, childbirth and related conditions are covered for pregnant female members under age 19 who are not eligible for Medicaid. Initial well-baby exams and routine hospital nursery care for newborns are covered.	Does Not Require Prior Authorization
Prescription Drugs	Unlimited	

# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
Preventive/Screenings/Immunizations	All children under age nineteen (19) are eligible to receive well-child services.	Does Not Require Prior Authorization
Private Duty Nursing	Private duty nursing services are covered when provided by an actively practicing registered nurse (RN) or licensed practical nurse (LPN) when ordered and supervised by a physician and when the services require the skills of an RN or LPN. There is a \$10,000 maximum limit, per member per benefit period.	Requires Prior Authorization
Provider Visits/Provider Care	You may take your child to any doctor in our network for both well-child and sick-child doctor visits. We recommend that you take your child to the same doctor all the time (also called a medical home). Taking your child to the same doctor will make it easier for your child's doctor to make informed recommendations about your child's health. Lab tests and X-rays ordered by your child's doctor are covered also.  PCP and Specialists visits are unlimited.	Does Not Require Prior Authorization
Prosthetic/Orthotic Devices	Prosthetic or orthotic devices that improve or correct congenital abnormalities or injuries are covered. This benefit covers the initial placement, fitting and purchase of prosthetic or orthotic devices that require a prescription by a doctor, as well as medically necessary repair or replacement.  <b>Shoes are not normally covered, except for the following:</b>  Surgical boots (part of an upright brace)  One pair of mismatched shoes annually (when foot size disparity is greater than two shoe sizes)  Custom fabricated shoes in case of foot deformity	Requires Prior Authorization
Skilled Nursing Facilities	Skilled nursing care is limited to 60 days of confinement per benefit period and requires prior authorization.	Requires Prior Authorization

# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
Temporomandibular Joint Disorder (TMJ)	The diagnosis and surgical treatment of temporomandibular joint disorder or syndrome and craniomandibular disorder are covered up to a lifetime maximum of \$5,000, whether treated by a doctor or dentist. Prior authorization is required.	Requires Prior Authorization
Therapy – Occupational/Physical/ Speech	Medically necessary occupational and physical therapy is covered if prescribed by your child's doctor in a treatment plan and are provided by a licensed therapist. The medical evaluation does not require prior authorization.  Speech therapy is not covered for maintenance speech, delayed language development or articulation disorders.  <b>Speech therapy needed as a result of injury or illness is covered if the following are true:</b>  There is a reasonable expectation that the therapy will measurably improve a condition.  Measurable improvement is expected within a reasonable and predictable period of time.  The therapy is prescribed by a doctor and provided by a licensed therapist.	Requires Prior Authorization
Transplants	Human solid organ (heart, lung, liver, kidney) or bone marrow/stem cell transplants are covered with prior authorization. If both the recipient and living donor are Mississippi CHIP members, regular CHIP benefits are provided to the living donor.  <b>Charges related to covered organ transplants are also covered, including:</b>  Surgical, storage, and transportation expenses directly related to a donor for the donation of an organ or tissue.  Transportation, food and lodging costs for your child and up to two other individuals to and from the site of transplant surgery, up to a maximum of \$10,000.  The search for matching tissue, bone marrow or organs.  Donor's transportation and hospitalization	Requires Prior Authorization

# Benefits

## Benefits Grid

Benefit	Description	Prior Authorization
	Removal, withdrawal and preservation of tissue, bone marrow and organs.	
Urgent Care Centers/ Facilities	Urgent Care is not Emergency Care. Urgent Care is needed when there is an injury or illness that must be treated within 24 hours.	Does Not Require Prior Authorization
Vision Care	<p>An annual comprehensive routine eye exam and one pair of eyeglasses (if medically necessary) are covered once every benefit period. Covered lenses include plastic lenses (including scratch-resistant coatings) and polycarbonate single-vision, bi-focal, tri-focal and lenticular lenses. Contact lenses are covered when vision cannot be corrected with eyeglasses, but does require prior authorization.</p> <p><b>The following items are not covered:</b></p> <ul style="list-style-type: none"> <li>Vision training</li> <li>Special lens designs or coatings (other than scratch-resistant coatings for plastic lenses)</li> <li>Protective eyewear or replacement of lost eyewear</li> <li>Plano lenses</li> <li>Two pairs of eyeglasses in lieu of bi-focals</li> </ul>	Does Not Require Prior Authorization

# Benefits

## Non-Covered Services

The following are not covered by Mississippi CHIP:

- Out-of-network providers that have not received prior authorization
- Care that is not medically necessary
- Health care by a doctor related to the member
- Care outside the scope of a provider's license and specialty
- Care not covered by federal or state laws or regulations
- Services given for cosmetic purposes, except to address traumatic injuries or diseases requiring surgery
- Sex therapy or sex change procedures
- Marriage or family counseling
- Convalescent, custodial or domiciliary, supervisory or self-care
- Nursing or personal care facilities
- Elective abortions, unless medically necessary
- Experimental or investigative procedures
- Palliative or cosmetic foot care
- Non-therapeutic equipment (humidifiers, air conditioners, vacuum cleaners, fitness supplies, etc.)
- Obesity or weight control treatment
- Surgery to alter the refractive properties of the cornea (eyes)
- Inpatient rehabilitation services, except for acute short-term care with prior authorization
- Outpatient rehabilitation services, unless specified by a licensed in-network provider
- Infertility services or the reversal of sterilization
- Charges for telephone consultations or failure to keep appointments
- Costs of completing claim forms or for obtaining medical records or claim information
- Travel, except as part of an organ transplant
- Services for diseases and injuries sustained during a declared or undeclared act of war
- Any injury caused by a wrongful act of another person, unless recovery of costs from that other person is impossible



# Benefits

## Behavioral Health Care

Magnolia will cover your child's behavioral health needs.

You do not need a primary care provider (PCP) referral for behavioral health care. Your child may go to any behavioral health provider in Magnolia's network of providers. Be sure to go to a behavioral health provider in our network. Call 1-866-912-6285 to get help with behavioral health services.

This is how we can help:

- We will refer your child to a PCP or therapist. You can also attend a community support group.
- We can help you find community resources.
- Your child will have a case manager to help with their care. They will help you find the right services for your child's treatment.
- After hours, you can also call NurseWise. NurseWise 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 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 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?

Your child may need help if he/she:

- Can't cope with daily life
- Feel very sad, stressed or worried
- Not sleeping or eating well
- Want to hurt themselves or others or have thoughts about hurting themselves
- Troubled by strange thoughts (such as hearing voices)
- Having problems at work or at home
- Having problems at school

When your child has a behavioral health problem, it is important for you to work with someone who knows your child. We can help you find a 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 on solving any problems.

# Benefits

## 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 emergency room. 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 YOUR CHILD IS ALREADY IN TREATMENT

If your child is already getting care, ask your child's 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.

## How to Obtain Health Care

### 3 Easy Steps to Establish a Primary Care Provider (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 child's 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 at 1-866-912-6285.
- 2** Within 90 days of enrolling, make an appointment with your child's provider.
- 3** Talk to your child's provider about any health problems your child is having.

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

Your child's PCP is a provider they see on a regular basis to take care of their medical needs.

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

## How to Obtain Health Care

### PCP Responsibilities

Your child's 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 that your child gets with their PCP and specialists
- Provide services in the same manner for all patients
- Give your child regular physical exams
- Provide preventive care
- Give your child regular immunizations
- Make sure you can contact him/her or another provider at all times

Magnolia believes that your child seeing their PCP is important. Magnolia offers a program called the CentAccount® program. Your child can earn rewards for healthy behaviors.

More information on this program is in your child's new member welcome packet.

# How to Obtain Health Care

## Choosing Your Child's Primary Care Provider (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 Provider Directory:

- You can call member services at 1-866-912-6285 and request one.
- You can pick up one at your Regional Division of Medicaid office.
- You can pick up one at your local WIC office.
- You can pick up one at your local library.

You can also find the most current version of Magnolia's CHIP provider directory on Magnolia's website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com).

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

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

Specialists can be your child's PCP for special needs, upon request. Because Magnolia is always working to have the best provider network for all of its members, please check the Magnolia website at [www.MagnoliaHealthPlan.com](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 CHIP network providers at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com).

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

# How to Obtain Health Care

## Making an Appointment with Your Child's Primary Care Provider (PCP)

Once you have selected a PCP from Magnolia's provider network, make an appointment to meet with your child's provider within 90 days and at least annually. This will give you and your child's provider a chance to get to know each other. Your child's provider can give your child 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 member ID card with you every time you go to the provider's office. If you have difficulty getting an appointment with or seeing your child's provider, please call member services at 1-866-912-6285.

Remember to take your child's member ID card with you every time you see your child's provider.

## Scheduling/Appointment Waiting Times

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

### Appointment Time Frame Standards

Type of PCP 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
• 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

Specialist appointments should be provided within forty-five (45) calendar days.

## How to Obtain Health Care

### After Hours Appointments with Your Child's Primary Care Provider (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 you have a question and cannot reach their PCP during normal office hours, you can call NurseWise, Magnolia's 24-hour medical nurse line at 1-866-912-6285 to speak to a nurse. If you have an emergency, call 911 or go to the nearest ER.

**NOTE: Except for emergency, all services must be obtained through Magnolia network providers. In some circumstances, services may be obtained by out-of-network providers if Magnolia approves.**

**NOTE: Remember to show your child's Magnolia ID card at every location, including hospitals, emergency rooms, PCP offices, and specialists offices.**

### What to Do if Your Child's Primary Care Provider (PCP) Leaves the Magnolia Network

If your child's PCP is planning to leave the Magnolia provider network, we will send you a notice at least fifteen (15) calendar days before the date this occurs. We will automatically reassign your child to another PCP and will send you a new 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 sixty (60) 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 you. During this time, we will help you find a new provider. Your child will receive the same covered services. The provider must agree to:

- Treat your child for their health care 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 network, approved visits may continue for up to 60 days if your child is in active treatment.

## How to Obtain Health Care

### Continuity and Transition of Care for New Members

Sometimes new members are getting care from a provider that is not in Magnolia's provider network. Your child may be allowed to continue care with their provider for up to 60 days. In order to have their 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 prior to the date of the requested service.

In order to have your child's previous provider's services continue, they must be prior authorized by Magnolia. If your child is terminally ill, you might be able to continue to see your child's provider for their care. If you have questions, call member services at 1-866-912-6285.



*If your child cannot keep an appointment, please call the provider's office to cancel at least 24 hours in advance. If you need to change an appointment, call the provider's office as soon as possible. They can make a new appointment for your child. If you need help getting an appointment, call member services at 1-866-912-6285.*

# Utilization Management

## Review Criteria

Criteria are established and periodically evaluated and updated with appropriate involvement from physician members of the Magnolia Utilization Management Committee. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm in the screening criteria. Criteria are used for the approval of medical necessity but not for the denial of services. Magnolia's Medical Director reviews all potential denials of medical necessity decision.

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:

- Decision making is based only on appropriateness of care and service, and the existence of coverage.
- 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 prior authorization department at 1-866-912-6285.

## Experimental, Investigational and Clinical Trial Services

The decision for coverage of a procedure that could be considered experimental and/or investigational is made based on the review of relevant published medical literature. All requests for coverage of a service that may be considered experimental or investigational, or part of a qualified clinical trial, are reviewed by Magnolia's Medical Director. 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.

# Utilization Management

## New Technology

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

Magnolia's Medical Director and/or medical management staff may periodically identify relevant technological advances for review pertinent to the Magnolia population. The Clinical Policy Committee (CPC) reviews all requests for coverage and makes a determination regarding any benefit changes indicated.

When we receive a request for coverage of new technology that has not been reviewed by the CPC, Magnolia's Medical Director will review the request and make a one-time determination within two (2) business days of the receipt of all relevant information. This new technology request 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 their primary care provider (PCP). Some covered services may require prior authorization or review by Magnolia before services are provided. 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 child's provider will give us information about why they need the service. Magnolia will look to see if the service is covered and that it is appropriate. Magnolia will make the decision as soon as possible, based on your child's medical condition. Standard decisions are made within three (3) calendar days and/or two (2) business days and urgent requests can be handled sooner. If Magnolia requires additional medical information in order to make a decision, Magnolia will notify your child's provider of additional information needed and Magnolia must allow three (3) calendar days and/or two (2) business days for your child's provider to submit the information. If Magnolia does not receive the information, Magnolia will make a second attempt to notify your child's provider of the additional information needed and Magnolia will allow one (1) business day or three (3) calendar days for your child's provider to submit information to Magnolia.

Once all information is received from your child's provider, if Magnolia cannot make a decision, the three (3) calendar day and/or two (2) business day period may be extended up to fourteen (14) additional calendar days upon request of you or your child's provider to Magnolia, or if Magnolia justifies to DOM a need for additional information and how the extension is in your child's best interest. The extension request to DOM applies only after Magnolia has received all necessary medical information to render a decision and Magnolia requires additional calendar days to make a decision. Magnolia must provide to DOM the reason(s) justifying the additional calendar days needed to render

# Utilization Management

a decision. DOM will evaluate Magnolia's extension request and notify Magnolia of the decision within three (3) calendar days and/or two (2) business days of receiving Magnolia's request for extension.

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 you have been admitted to the hospital. If you know ahead of time that you will be admitted to the hospital, your provider should request an authorization at least five (5) business days prior to your admission.

If there are any major changes to the prior authorization process, we will let your child's providers 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 your child feel better or improve their condition. Medical services, supplies, and drugs are reviewed to determine if the services are covered, 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:

Proposed services are reviewed and approved prior to the service being performed. Examples include certain outpatient or home care services, and outpatient surgical services. An initial determination will be made within two (2) business days of obtaining all necessary information. "Necessary information" includes the results of any face-to-face clinical evaluation (including diagnostic testing) or second opinion that may be required. We will notify your child's provider in writing within two (2) business days for services that have been approved and to both you and your child's provider and within one (1) business day of determination for services that have been denied or not approved as requested.

### Retrospective utilization review:

Magnolia may perform a retrospective review to assure the information provided at the time of authorization was correct and complete or instances where authorization and/or timely notification was not obtained by Magnolia prior to services being rendered due to extenuating circumstances. An initial determination will be made within thirty (30) calendar days of obtaining all necessary information. "Necessary information" includes the results of any face-to-face clinical evaluation (including diagnostic testing) or any second opinion that was obtained. We will notify your child's provider through written correspondence.

# Utilization Management

## Adverse Determination Notices:

A denial of services based on medical necessity is an adverse determination.

An adverse determination is defined as a determination, based upon a review of information provided by Magnolia, to deny, reduce, or modify the availability of any other healthcare services for failure to meet the requirements for coverage based on medical necessity, appropriateness of healthcare setting and level of care, or effectiveness.

In the event an adverse determination is made, you will be provided written notification of the determination within the specified timeframes listed for a prospective, concurrent, or retrospective review. The written adverse determination notification will include:

- The specific medical and scientific reasons for the adverse determination, including the specific reason(s) your presenting symptoms or condition, diagnosis and treatment interventions, or other medical evidence fail to meet the relevant medical review criteria
- Other covered alternative treatment service(s) or supplies, if applicable
- The specific information, criteria, guidelines, or standards of care used in making the determination and availability of the criteria used to make the decision
- Information including timeframes for submitting an internal appeal for the decision or making further inquiry

## 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 child's primary care provider (PCP).

Your child's PCP or Magnolia's member services can help you find a provider to give you a second opinion. You may choose any Magnolia network provider.

Any tests that are ordered for a second opinion should be given by a provider in the Magnolia network. Tests requested by the provider giving you a second opinion must be prior approved by Magnolia. Your child's 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.

# Utilization Management

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

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

If you are out of state and have an urgent problem, go to an urgent care clinic, or you may go to a primary care provider (PCP). Be sure to show your child's Magnolia ID card prior to receiving services.

The two (2) situations where you are covered for services out of state are as follows:

- Your child is out of state and has a medical or behavioral health emergency. You can go to an ER in any state if your child has 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 network provider. You may also need to contact your child's PCP to get a referral if your child needs 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 provided outside of the United States.

## Out of Network Care

Out of network emergency services do not need approval from Magnolia.

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

# Utilization Management

## Referrals

Your child may need to see a certain provider for specific medical problems, conditions, injuries, and/or diseases. Talk to your child's primary care provider (PCP) first. Your child's PCP will refer you to a specialist in the Magnolia network who can diagnose and/or treat your child's 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, family planning, women's preventative services and maternity 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 network agrees to a treatment plan for your child
- The specialist provides your child's PCP with updates on your child's 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 specialist may need to obtain authorization by Magnolia and your child's PCP.**

## Self-Referrals

You 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 CHIP provider network.

- Emergency services
- Family planning services and supplies
- Women's preventive health services
- Maternity care

# Utilization Management

## Urgent Care – After Hours

Urgent Care is not emergency care. Urgent Care is for when your child has an injury or illness that must be treated within 24 hours. It is usually not life threatening, yet you cannot wait for a visit to your child's primary care provider (PCP).

Only go to the emergency room if your child's provider tells you to go or your child has a life-threatening emergency. When your child needs urgent care, follow these steps:

- Call your child's PCP. The name and phone number are on your child's Magnolia ID card. Your child's PCP may give you care and directions over the phone.
- If it is after hours and you cannot reach your child's PCP, call NurseWise at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay 711). You will be connected to a nurse. Have your child's Magnolia ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your child's PCP.

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

Sometimes you may not be sure if your child needs to go to the emergency room (ER). Call NurseWise. They can help you decide where to go for care.

# Utilization Management

## Emergency Care

An emergency is when a prudent layperson, who has an average knowledge of health and medicine, could reasonably expect that the absence of medical care might result in serious injury or death. Emergencies are usually sudden and unexpected, and they affect a person's physical or mental condition.

Emergencies include things like:

- 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

Things that are usually not emergencies include things like:

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

**If your child has symptoms that you think will cause serious injury or death, take him/her to the emergency room immediately.** You will be able to find locations of where you will be able to go for emergency services and post-stabilization care services in the Provider Directory.

Emergency visits are unlimited, and you **do not** need a prior authorization for emergency and urgent care. You should be treated at the nearest emergency room. It is okay if the hospital is not in our network. You will not have to pay any money for using an out of network provider for emergency visits. It is requested that you or someone acting on your child's behalf call your child's provider and Magnolia within 48 hours of an emergency visit.

This helps your child's PCP to provide or arrange for any follow-up care your child may need. We will help your child get follow-up care. Call us at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay 711).



*If you are not sure if you have an emergency, call your child's provider. You can also call NurseWise, Magnolia's 24-hour medical advice line at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay 711) if you have any questions.*



## Tobacco Cessation Medications

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

- Nicotine replacement products
- Zyban or Wellbutrin
- Chantix

## Excluded Drugs

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

- Drug Efficacy Study Implementation (DESI) drugs
- Lifestyle drugs which treat non-life threatening and non-painful conditions. Examples of this may be treatments to improve appearance as in baldness and wrinkles, as well as erectile dysfunction medications.

## Quantity Limits

Some medications on the Magnolia 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 Magnolia for prior authorization.

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

## Step Therapy

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

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

## Age Limits

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

## Filling a Prescription

You can have your child's prescriptions filled at a network pharmacy. You can locate a pharmacy near you by using your Magnolia CHIP provider directory.

If you would like a Magnolia Provider Directory:

- You can call member services at 1-866-912-6285 and request one.
- You can pick up one at your Regional Division of Medicaid office.
- You can pick up one at your local WIC office.
- You can pick up one at your local library.

You can also find the most current version of Magnolia's CHIP provider directory on Magnolia's website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com) under "Find a Provider" tab. You may also call 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 ID card. Please contact Magnolia at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay 711) if you have questions about filling your child's prescriptions.

You can locate a pharmacy near you or use the "Find a Provider" section of our website or by calling member services.

## Specialty Pharmacy Medications and Specialty Pharmacy Providers

Certain medications are only covered when supplied by specialty pharmacy providers. Magnolia works with a number of specialty pharmacy providers. Specialty pharmacy medications require a prior authorization. This means that Magnolia requires additional information from your child's provider the first time he or she prescribes these chronic specialized medications for your child. The information should be submitted by your child's provider to US Script on the specialty pharmacy prior authorization form. This form can be found on the Magnolia website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com) and should be faxed to US Script at 1-866-399-0929 when completed.

**Notes:**

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# Health Management

## Health Information Form

Magnolia wants to know how we can better serve your child. The Health Information 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 you. 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.

Please fill out your child's Health Information Form and send it back to us right away in the postage-paid envelope provided for you.

## 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 health care needs. If your child has special health care needs or a disability, care management may be able to help your child. Our case managers are nurses or social workers. They can help you understand major health problems and arrange care with your child's providers. A case manager will work with you and your child's provider to help your child 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 case manager. These members often see several providers. They may need medical supplies or help at home.

Conditions may include:

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

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

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. If your child has special health care needs or a disability, care management may be able to help your child. 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 case manager.

# Health Management

Your role is to be actively engaged and participate in the care coordination process. Answer calls from your child's case 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 case manager.

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

## 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 you find your way through the healthcare system so your child gets the treatment 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 child's care and help you improve your child's health.

**Magnolia provides disease management for:**

- Asthma
- Diabetes
- High blood pressure
- Heart problems
- Weight management

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

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

We will help you get the things your child needs. 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.

## Health Management

### CentAccount® Program

Magnolia has a program to reward your child for completing healthy behaviors. These healthy behaviors begin with completing the Health Information Form included in your child's welcome packet. New rewards are added to your child's CentAccount card once they complete each healthy behavior.

Your child's CentAccount card can be used at participating stores to pay for items such as:

- Baby care
- Diabetes care
- Eye care
- Groceries
- Over the counter medicine
- Personal care items
- Wellness items

Detailed information on the CentAccount 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.

### Family Planning Services

Magnolia offers family planning services. Family planning includes education, screenings, counseling and services, such as:

- First-time and regular exams
- Follow-up, brief and comprehensive visits
- Education and counseling to make informed choices about birth control
- Contraceptive supplies and follow-up care
- Pregnancy testing
- Testing, diagnosis and treatment of sexually transmitted diseases

## Health Management

### Pregnancy and Maternity Services

**If your child is pregnant, please contact the Mississippi Division of Medicaid (DOM) at 1-866-635-1347 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.
- Take the Notification of Pregnancy Form in your child's welcome packet with you to your child's first visit with the provider. Ask the provider to fill it out and send back to us.
- 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.

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

## Health Management

### Start Smart for Your Baby®

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

If your child is pregnant and smokes cigarettes, Magnolia can help your child stop smoking.

We have a special smoking cessation program for pregnant girls that is available at no cost to you. The program has trained healthcare clinicians who are ready to build one-on-one contacts with your child. They will provide education, counseling, and the support your child needs to help them quit smoking. Working as a team over the telephone, you and your child's health coach can develop a plan to make changes in your child's behavior and lifestyle. These coaches will encourage and motivate your child to stop smoking.

We have many ways to help your child have a healthy pregnancy. Before we can help, we need to know your child is pregnant. Please call member services at 1-866-912-6285 as soon as you learn your child is pregnant.

Please call member services at 1-866-912-6285 as soon as you learn your child is pregnant.

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### MemberConnections®

MemberConnections is a program that promotes preventive health and connects your child to quality health care and community social services. MemberConnections representatives 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 MemberConnections representatives work with Magnolia's case managers to ensure your child's health care needs are addressed. Please call member services at 1-866-912-6285. Representatives are also available to visit your home to help you with health care needs and social services.

## Health Management

### ConnectionsPLUS®

ConnectionsPLUS is part of the MemberConnections program that provides free cell phones to certain members who do not have safe, reliable access to a telephone. This program allows our members to have 24-hour instant access to providers, case managers, Magnolia staff, and 911. To learn more about the program, please contact member services at 1-866-912-6285 or log onto our website at [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com).

MemberConnections® representatives can help you find providers and services in your area.

## Member Satisfaction

We hope you will always be pleased with us and our network providers. If you are not pleased, please let us know. Magnolia has processes for handling any problems you may have.

Magnolia offers all of our members the following processes to achieve member satisfaction:

- Internal grievance process
- Internal appeal process

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

### Internal Grievance Process

Magnolia wants to fully resolve your problems or concerns. Magnolia will not hold it against you or treat your child differently if you file a grievance.

**A grievance is an expression of dissatisfaction about any matter or aspect of Magnolia Health or its operation.** Grievances may be received orally or in writing and may be submitted to Magnolia by you or your authorized representative, including your child's provider. Grievances must be submitted to Magnolia within 45 days of the incident.

### How to File a Grievance

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

To file a grievance, call member services at 1-866-912-6285. Magnolia will provide reasonable assistance to members in filing a grievance. You can also write a letter and mail or fax your grievance 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 not pleased with
- What you would like to have happen

## Member Satisfaction

### How to File a Grievance, continued:

A grievance may be filed in writing 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 in person at:

#### **Grievance and Appeal Coordinator**

111 East Capitol Street, Suite 500  
Jackson, MS 39201

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

If someone else is going to file a grievance for your child, we must have your written permission for that person to file your child's grievance or appeal. 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 appeal to someone else. A provider acting for your child can file a grievance or appeal for your child.

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 care, grievance, or appeal.

To review your request, we may need to obtain additional information. If a signed authorization to release information form is not included with your child's grievance, a form will be sent to you for signature. If a signed authorization is not provided within 30 business days of the request, Magnolia may issue a decision on the grievance without review of some or all of the information. Appropriate proof of your designation must be provided when a signed request is submitted by your child's authorized representative.

You can expect a resolution and a written response from Magnolia within 30 days after receiving your child's grievance. If Magnolia needs more than 30 days to resolve the grievance, we will contact you with in two (2) working days to confirm approval.

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

Filing a grievance will not affect your child's healthcare services.

## Member Satisfaction

### Internal Appeal Process

#### Filing an Appeal

An appeal is a request for Magnolia to review a Magnolia Notice of Adverse Action. You can request an appeal by phone or in writing.

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

Actions occur when Magnolia:

- Denies the care requested
- Decreases the amount of care
- Ends care that has previously been approved
- Denies payment for care and you may have to pay for it
- Denies the right to request services outside of the network (for residents of rural areas)

#### Who may file an Appeal?

- Parent or guardian of a minor member
- A person named by you
- A provider acting for your child

You must give written permission if someone else files an appeal for your child. Magnolia will include a form in the notice of action letter. Contact member services at 1-866-912-6285 if you need help. We can assist you in filing an appeal.

## Member Satisfaction

### When Does an Appeal Have to be Filed?

The Notice of Action will tell you about this process. You may file an appeal within 45 days of the receipt of the Notice of Action. If you make your request by phone or in person, you must also send Magnolia a letter confirming your request.

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

Magnolia will give you a written decision within 15 days from the date of your request. If more than 15 days is needed to make a decision, we will send a letter to you. Magnolia will ask for extra time if more information is needed. The extra time may be better for your child's case. If extra time is needed, the total grievance and appeal process timeframe may be extended to more than 90 days. The letter will say why we need more time.

#### 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 at 1-866-912-6285. We will make a decision within 72 hours of receipt of the appeal request, however, the review period may be up to 14 days. Magnolia may extend this review period up to 14 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 do not like the decision.

## Member Satisfaction

### What if I am still not dissatisfied with the outcome of my child's grievance or appeal?

If you are still dissatisfied with the outcome of your child's grievance or appeal, you may request a second level review. This request must be submitted in writing within 15 calendar days of receiving the grievance or appeal resolution from Magnolia Health. Your request must include a written statement containing an explanation of the grievance or appeal and reason you are dissatisfied with Magnolia's decision. Magnolia will review your request and send a written decision to you within 15 calendar days of the receipt of the grievance or appeal.

If you remain dissatisfied with Magnolia's decision on your grievance or appeal, you may request a third level review by sending Magnolia a written statement restating your grievance or appeal and the reasons for your dissatisfaction with Magnolia's decision, along with any additional information needed for your grievance or appeal. This request must be made within 15 calendar days of receiving Magnolia's decision for your second level review. Magnolia will provide a decision to you within 10 calendar days of receiving your third level request. Magnolia's three (3) step process will allow a different person to review your request at each step. Your grievance or appeal will not be reviewed by the same person that reviewed your initial grievance or appeal.

For grievances, your initial review will be handled by Magnolia's Grievance and Appeal Coordinator. If you request a second level review, your request will be reviewed by someone at a higher level than the Grievance and Appeal Coordinator, the Grievance and Appeals Manager. If you are dissatisfied with your second level review, your third level request will be reviewed by the Grievance Committee.

For appeals, your initial review will be handled by Magnolia's Appeals Coordinator. If you request a second level review, your request will be reviewed by a Medical Director that wasn't involved in the initial decision. If you are dissatisfied with your second level review, your third level request will be reviewed by an Independent External Review Organization.

#### Advance Directives

Advance directives are forms you can complete to protect your child's rights for medical care. You can complete the Mississippi Advance Health Care Directive Form. This form can be found on the Mississippi State Department of Health's (MSDH) website, [www.msdh.state.ms.us](http://www.msdh.state.ms.us). You can also call member services at 1-866-912-6285 for help finding the form. Once completed, ask your child's PCP to put the form in your child's file. You can also talk to your child's PCP about advance directives.

Together, you and your child's PCP can make decisions that will set your mind at ease. It can help your child's PCP and other providers understand your wishes about your child's health.

## Member Satisfaction

### Waste, Abuse, and Fraud (WAF) Program

#### Authority and Responsibility

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

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

Or you can call Magnolia's waste, abuse, and fraud hotline at 1-866-685-8664.

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

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

**You can also report fraud and abuse to Medicaid.**

**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  
Fax: 601-359-9153

You must not share your child's benefits with anyone.

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

Your child's healthcare benefits are provided to your child based on your child's eligibility for CHIP. You must not share your child's benefits with anyone. Magnolia's network providers must also report any misuse of benefits to Magnolia. Magnolia must also report any misuse or wrongful use of benefits to Medicaid. If you misuse your child's benefits, you could lose them.

If you think a provider, a hospital, another Magnolia member, or another person is misusing 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.

## Member Satisfaction

### Other Insurance

You must immediately let Magnolia Health and Medicaid know if you have other insurance coverage with another company.

### Accidental Injury or Illness (Subrogation)

If a Magnolia Health member has to see a provider for an injury or illness caused by another person or business, you must call 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.

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

## Member Satisfaction

### Member Rights and Responsibilities

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

#### **Magnolia Health members have the following rights:**

- To be treated with respect and with due consideration for his/her dignity and privacy.
- 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 health care, including the right to refuse treatment.
- To complete information about their specific condition and treatment options, regardless of cost or benefit coverage.
- To seek second opinions.
- To obtain information about available experimental treatments and clinical trials and how such research can be accessed.
- To obtain assistance with care coordination from the PCP's office.
- 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 Health 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.
- To choose his/her health professional to the extent possible and appropriate, in accordance with federal code.
- To receive healthcare services that are accessible and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- To receive all information— e.g., enrollment notices, informational materials, instructional materials, available treatment options and alternatives—in a manner and format that is easily understood as defined in the provider agreement and this member handbook.
- 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.

# Member Satisfaction

## Magnolia Health members have the following responsibilities:

- To inform Magnolia Health of the loss or theft of an ID card.
- Present the Magnolia Health ID card when using healthcare services.
- Be familiar with Magnolia Health procedures to the best of the member's abilities.
- To call or contact Magnolia Health 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 make every effort to keep any agreed upon appointments, and follow-up appointments; and accessing preventive care 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 Health 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 process established by Magnolia Health (and outlined in the member handbook) if there is a disagreement with a provider.
- To notify Magnolia and/or DOM if family size changes, if you move out of state, have a change of address or obtain health coverage under another policy or changes to coverage.

### Notes:

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# Notice of Privacy Practices

## Effective: January 1, 2011

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

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

When we talk about your child's health records in this notice, it includes any information about all of your child's health services while your child is a member of Magnolia. This includes providing health care to your child, and includes payment for your child's health care while your child is our member.

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

## How We Use or Share Your Child's Health Records

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

- To help pay your child's medical bills given to us by healthcare providers.
- To help your child's healthcare providers give your child the proper care. For example, if your child is in the hospital, we may give them your child's records sent to us by your child's provider.
- To help manage your child's health care. For example, we might talk to your child's provider about a disease or wellness program that could help improve your child's health.
- To help resolve any appeals or grievances filed by you or a healthcare provider with Magnolia or the State of Mississippi.
- To assist others who help us provide your child's health services. We will not share your child's records with these outside groups unless they agree to protect your child's records.
- For public health or disaster relief efforts.
- To remind you if your child has a provider's visit coming up.
- To give you information about other healthcare treatments and programs, such as how to stop smoking or lose weight.

# Notice of Privacy Practices

**State and federal laws may call for us to give your child's health records to others for the following reasons.**

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

# Notice of Privacy Practices

## What Are Your Rights?

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

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

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

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





**magnolia health**<sup>™</sup>

*Mississippi Children's Health Insurance Program*

Magnolia Health is a Qualified Health Plan issuer in the Mississippi Health Insurance Marketplace.

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