

Member Handbook



1-866-912-6285
Relay 711

MagnoliaHealthPlan.com

Magnolia Health (Magnolia) is your new health plan. This member handbook describes your healthcare benefits and is designed to make it easy for you to make the most of your benefits and services. Magnolia thanks you for being our member.

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

Statement of Non-Discrimination

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

Magnolia Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (18 point font or larger print, audio, accessible electronic formats, other formats)
- Provides free language services for those whose primary language is not English, such as:
 - Qualified Interpreters
 - Information written in other languages

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

If you believe that Magnolia Health has failed to provide these services or discriminated in another way on the basis of race, color, religion, national origin, age, disability, sex, sexual orientation, gender, or gender identity, you can file a grievance with: Appeals Unit/ Appeals Coordinator, 111 E Capitol Street, Suite 500, Jackson, MS 39201, 1-866-912-6285, Relay 711, Fax 1-877-264-6519. You can file a grievance in person or by mail, fax, phone or email. If you need help filing a grievance, Magnolia Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1- 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Magnolia Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-912-6285, Relay 711.
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Magnolia Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-912-6285, Relay 711.
Chinese:	如果您，或是您正在協助的對象，有關於Magnolia Health方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話1-866-912-6285, Relay 711。
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d’Magnolia Health, vous avez le droit de bénéficier gratuitement d’aide et d’informations dans votre langue. Pour parler à un interprète, appelez le 1-866-912-6285, Relay 711.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Magnolia Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-866-912-6285, Relay 711.
Choctaw:	Chim ayalhǫ́shah ihokih Chishno kiyokmat kanah ish apíla kǫ́, Magnolia Health imma ná ponaklo hachim ǫ́shah ihokmǫ́. Apíla hicha ńan annówa yǫ́ chim annǫpa anóli akǫ́ hashísha hǫ́nah kat. Ahikachih kiyoh. Annǫpa tishóli imanópolih chinnakma, holhtina yappǫ́ ipayah 1-866-912-6285, Relay 711.
Tagalog:	Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Magnolia Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-866-912-6285, Relay 711.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Magnolia Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-866-912-6285, Relay 711 an.
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Magnolia Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-866-912-6285, Relay 711 로 전화하십시오.
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Magnolia Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા 1-866-912-6285, Relay 711 ઉપર કોલ કરો.
Japanese:	Magnolia Healthについて何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-866-912-6285, Relay 711 までお電話ください。
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Magnolia Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-866-912-6285, Relay 711.
Punjabi:	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Magnolia Health ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-866-912-6285, Relay 711 'ਤੇ ਕਾਲ ਕਰੋ।
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Magnolia Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l’1-866-912-6285, Relay 711.
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Magnolia Health के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-866-912-6285, Relay 711 पर कॉल करें।

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Member Handbook

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

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

The practices, policies, benefits, and services described herein may be modified or discontinued from time to time. Every attempt will be made to inform you within thirty (30) days of any changes as they occur. Please visit www.MagnoliaHealthPlan.com, or call 1-866-912-6285, for the most up-to-date information.

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

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



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

Your Provider Directory

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

If you would like a Magnolia Health provider directory:

- You can call Member Services at 1-866-912-6285 and request one.
- You can pick up one at your Regional DOM office.
- You can pick up one at your local Women, Infant and Children (WIC) office.
- You can pick up one at:
 - Magnolia Health, 111 E. Capitol Street, Suite 500, Jackson, MS 39201
 - Magnolia Health, 2148 W. Jackson Avenue, Oxford, MS 38655

Magnolia Health can also help you pick a PCP. We can make your choice of PCP effective on the next business day.

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

Magnolia Health Website

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

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

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

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

- Change your PCP
- Contact Member Services
- Complete the Health Information Form
- View your benefit summary
- And more!

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

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

Member Advisory Committee

You can help Magnolia with the way our health plan works. We have a Member Advisory Committee that gives members like you a chance to share your thoughts and ideas with Magnolia. At the meetings, you have a chance to talk about the way services are delivered. The group meets at least two times a year.

We may ask members, parents/foster parents, guardians of children who are members, member advocates, and Magnolia staff to join in the meeting. This gives you a chance to talk about your concerns with a variety of people. You also have a chance to tell us how we are doing. You may ask questions or share any concerns that you have about the delivery of services. Call Member Services at 1-866-912-6285 if you would like to attend.

Quality Improvement (QI)

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

- Conducting a thorough check on providers when they become part of the Magnolia provider network
- Monitoring the access that Magnolia members have to all types of healthcare services
- Providing programs and educational items about general healthcare and specific diseases
- Sending reminders to you to get annual tests, such as an annual wellness checkups, EPSDT screenings, cervical cancer screening, and breast cancer screening
- Investigating your concerns regarding the healthcare you have received. If you have a concern about the care you received from your provider or any service provided by Magnolia, please contact us at 1-866-912-6285.

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

How to Contact Us

Magnolia Health

111 East Capitol Street, Suite 500
Jackson, MS 39201

Hours of Operation

7:30 a.m. – 8:00 p.m. CST first working day of the week

7:30 a.m. to 5:30 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
Member Services Fax 1-877-779-5219
Relay Services 711
Behavioral Health/Substance Use Disorder 1-866-912-6285
Non-Emergency Transportation 1-866-912-6285

Other Important Phone Numbers

Dental/Vision Services..... 1-866-912-6285
Emergency Services Call 911
In-Patient Hospitalization..... 1-866-912-6285

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, Magnolia has a free service to help. This service is very important, because you must be able to talk about your medical or behavioral health/substance use disorder concerns in a way you can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. Magnolia members who are blind or visually impaired can call Member Services for an oral interpretation. To arrange for interpretation services, call Member Services at 1-866-912-6285 or Relay 711.

Your Member ID Card

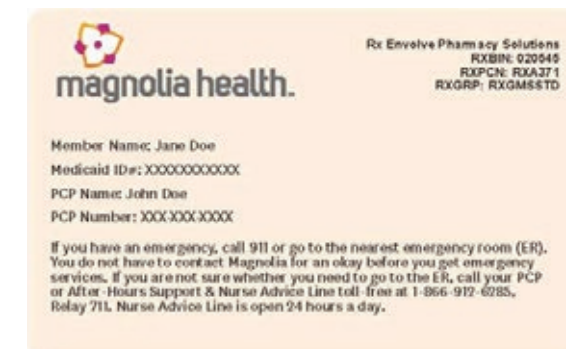
When you enroll in Magnolia, you will receive a Magnolia member ID card within fourteen (14) calendar days of enrollment. This card is proof that you are enrolled with Magnolia.

You need to keep this card with you at all times. Please show this card every time you go for any service under the Magnolia program. The Magnolia member ID card will show your name, Medicaid ID number, and your PCP's name and number. If you do not get your Magnolia member ID card within a few weeks after you join our plan, please call Member Services at 1-866-912-6285. We will send you another card. You can request a new Magnolia member ID card at any time by calling Member Services at 1-866-912-6285.

Here Is an Example of Your Magnolia Health Member ID Card

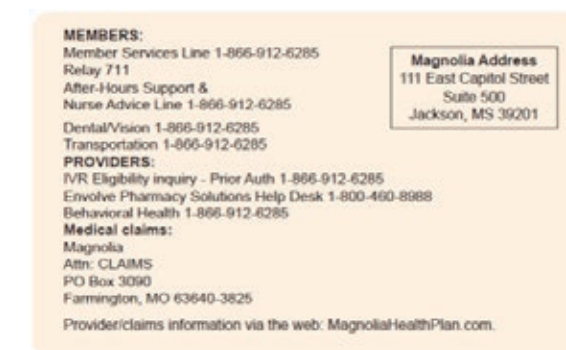
FRONT:

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



BACK:

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



Service Areas Covered

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

Member Services

Our Member Services Department will tell you how Magnolia works and how to get the care you need. The Member Services Call Center can help you to:

- Find a PCP
- Schedule an appointment with your PCP
- Obtain a new Magnolia member ID card
- Obtain information about covered and non-covered benefits and services
- Obtain a list of health plan providers
- Report a potential fraud issue
- Request new member materials
- Obtain information about Care Management
- Assist with emergency issues
- Assist with transportation for members
- Obtain information about the operation of Magnolia

Please call 1-866-912-6285 or Relay 711. Magnolia Member Services Department will be open from 7:30 a.m. – 8:00 p.m. CST on the first working day of the week; Tuesday – Friday from 7:30 a.m. – 5:30 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 Magnolia’s 24-Hour Nurse Advice Line. The 24-Hour Nurse Advice Line nurses are available 24 hours a day, seven (7) days a week, including holidays.

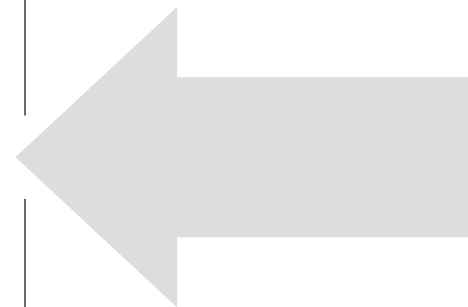
24-Hour Nurse Advice Line

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

The services listed below are available by calling Magnolia’s 24-Hour Nurse Advice Line at 1-866-912-6285.

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

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



Eligibility

To be eligible to enroll with Magnolia, a CCO for the DOM’s MississippiCAN program, a person must be a beneficiary of Mississippi Medicaid. In addition, a beneficiary must be a resident of the state of Mississippi.

For purposes of this program, MississippiCAN beneficiaries include:

Required Mandatory Populations (Age):

SSI – Supplemental Security Income (19-65)

Working Disabled (19-65)

Breast and Cervical Cancer (19-65)

Parents and Caretakers – (19-65)

Pregnant Women - (8-65)

Medical Assistance Children – (0-19)
(Populations other than those listed below in optional populations)

Optional Populations (Age):

SSI – Supplemental Security Income (0-19)

Disabled Child Living at Home (0-19)

Child Protective Services (CPS) – Foster Care Children – (0-19)

Child Protective Services (CPS) – Foster Care Children Adoption Assistance–(0-19)

Indian (0-65)

Magnolia does not determine eligibility. Eligibility is determined by the Mississippi Medicaid Regional Office that serves your area. To locate your Mississippi Medicaid Regional Office, please visit www.medicaid.ms.gov/about/office-locations/. You may also call Medicaid’s toll-free telephone number at 1-800-421-2408.

Who cannot be a part of MississippiCAN:

Beneficiaries in any of these waiver programs:

- Elderly and Disabled (E&D)
- Independent Living (IL)
- Traumatic Brain Injury/Spinal Cord Injury (TBI-SCI)
- Assisted Living (A&L)
- Intellectual Disabilities/ Developmental Disabilities (IDDD)

Beneficiaries who have both Medicare and Medicaid

Beneficiaries who are in :

- Nursing facilities
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)
- Correctional facilities

Major Life Changes

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

Some examples of major life changes are:

- A change in blindness or disability
- Pregnancy
- Moving to a new county or out of state
- A change in your name
- A move to a different address
- A change in your job
- Having or obtaining health coverage under another policy or if there are changes to the coverage

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

Open Enrollment

There will be an annual open enrollment period for MississippiCAN members that the DOM will tell you about. Open enrollment occurs every year between October 1 – December 15. During this period, you may choose another CCO health plan for any reason. If you want to change your health plan during open enrollment, please contact Conduent, the state enrollment broker, at 1-800-884-3222. You can also visit the state website at www.medicaid.ms.gov.

Disenrollment

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

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

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

- Member no longer resides in the state of Mississippi
- Member dies
- Member no longer qualifies for medical assistance under one of the Medicaid eligibility categories in the targeted population
- Member becomes eligible for Medicare coverage
- Member is diagnosed with hemophilia
- Member enrolled in a waiver program
- Member becomes a nursing home resident or a resident of an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).

Magnolia shall not disenroll a member for the following reasons:

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

A member may request disenrollment from Magnolia Health if:

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

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

The DOM's address and phone number is:
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201
Ph: 601-359-6050
1-800-421-2408
Fax: 601-359-4185

What to Do If You Get a Bill

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

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

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

Notes:

Covered Services

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

Please Note:

- Magnolia will not limit or deny services because of a condition you already have.
- For services which are medically necessary and covered by Magnolia, you will not have any co-payments (co-pays), deductibles, or other cost sharing.
- If you receive healthcare services which are not medically necessary or if you receive care from providers who are out of the Magnolia network, you may be responsible for payment. If you have questions about medical necessity or which providers are in our network, call Member Services at 1-866-912-6285.
- Members are notified of new changes in services, providers and locations via Magnolia’s website, www.MagnoliaHealthPlan.com, addendums to the member handbook, at new member orientations, and letters.

Benefits Grid

Covered Services	Comments and Limitations
Ambulatory Surgery Center	
Behavioral health services	A comprehensive range of services are covered, including substance use disorder treatment, MYPAC services, CSP care management services and PRTF
Emergency ambulance	Prior authorization required when using a Fixed Wing Airplane only
Chiropractic services	\$700 per benefit year
Dialysis	Home and free-standing dialysis center services
Dental Anesthesia	Covered in an office setting, outpatient and inpatient setting. Prior authorization required.
Dental services under 21 years of age	\$2,500 per benefit year provided through Envolve Dental; \$4,200 per lifetime for orthodontia under age 21 through Envolve Dental. Members strongly encouraged to see your dental provider yearly. All medically necessary services are covered for EPSDT-eligible members with prior authorization.
Dental services over 21 years of age	Emergent and pain relief only; \$2,500 per year provided through Envolve Dental
Durable Medical Equipment (DME) and medical supplies	Covered in the member’s place of residence and may require prior authorization. All medically necessary DME and medical supplies are covered for EPSDT-eligible members with prior authorization.
ER services	Emergency room visits should only be used for true emergencies when the member cannot wait to be seen by your PCP. ER visits do not require prior authorization and have no benefit limit.
Enteral and Parenteral Nutrition for home use	Available through pharmacy and medical benefit
EPSDT	Limited to under 21 years of age
Expanded EPSDT services	Prior authorization required for services not covered or any service that exceeds service limits. Limited to under 21 years of age
Eyeglasses	1 per year for adults; 2 per year for children under age 21; provided through Envolve Vision. EPSDT-eligible members are eligible for more services if determined to be medically necessary.
Family planning	Over-the-counter contraceptives are not covered
Flu and Pneumonia vaccines	Limited to one each per 12 months
Services from Federally Qualified Health Centers (FQHC) & Rural Health Clinics (RHC)	

Covered Services	Comments and Limitations
Genetic testing	May require prior authorization. Check with Magnolia prior to genetic testing.
Hearing services	Limited to children under 21 years including cochlear implants
Home healthcare services	Limited to 25 visits per benefit year. All medically necessary services are covered for EPSDT-eligible members regardless of benefit limit with prior authorization.
Hospice care	Requires prior authorization
Hysterectomy	Must include Sterilization Consent Form with claim
Inpatient hospital services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide
Laboratory services	Basic laboratory services do not require prior authorization
Neuro-Psychiatric services	May require prior authorization
Non-emergency transportation	1-866-912-6285
Nuclear Cardiology	Including, but not limited to, Thallium stress test or nuclear stress test
Oral Surgeon	Covered for inpatient and outpatient setting. Prior authorization is required.
Orthotics and Prosthetics	Limited to children under 21 years
Out-of-network physician/facility/ services	Typically not allowed, except for ER services, pregnancy and family planning services, outpatient basic laboratory chemistries and basic radiology
Observation	
Outpatient Therapy (Occupational Therapy, Physical Therapy, and Speech Therapy)	Therapy in the home setting is only a covered benefit for EPSDT-eligible members.
Pain management services	Includes office visits, consultations, services, treatments, and procedures
Physician Assistant & Nurse Practitioner office visits	No Limit
Physician office services	No Limit
Plastic Surgeon	All services must be in office setting; services that are for cosmetic purposes only are not a covered benefit
Podiatrist services	Benefit limited to once every 60 days as a result of or associated with systemic condition.
Prescription drugs	Limit of 6 per month. EPSDT-eligible members are eligible for more prescriptions if determined to be medically necessary. Diabetic supplies and HIV medications do not count toward benefit limit.

Covered Services	Comments and Limitations
Preventive care	Services for children and adults include, but are not limited to: preventive health assessment visits, well-child care up to age 21, dental exams for ages up to 21 (members should be referred to a plan participating dental provider at the eruption of the first tooth, but no later than 12 months of age), immunizations, screenings (e.g. lead screenings, pap smears, mammograms, dilated eye exams for diabetics, kidney function tests, other lab work for diabetics, total serum cholesterol, etc.), flu shots, and many other preventive health services.
Radiology services	Basic radiology services do not require prior authorization
Sleep study	Outpatient only
Specialty injection/ infusion (Infusion in home setting applies to home health benefit limits)	Biopharmaceutical drugs may require a prior authorization when done in the home setting
Stereotactic Radiosurgery	Prior authorization is required
Sterilization procedures	No prior authorization required except for hysterectomy; Sterilization Consent Form must be submitted with claim
Substance use disorder treatment	Treatment is covered as part of a written plan. It includes inpatient and outpatient care. Benefit also includes SBIRT.
Surgery-elective-potentially cosmetic	Including, but not limited to, breast reduction surgery and varicose vein treatments
Swing bed services	Covered and authorized by the DOM
Transplants	Magnolia requires prior authorization for all transplants, except Cornea

Value Added Benefits provided by Magnolia Health include:

- No co-pays
- Unlimited office visits
- Six (6) prescriptions per month (children under 21 are eligible for more prescriptions if determined to be medically necessary)
- Adults get one (1) pair of glasses per year and one (1) eye exam per year; children get two (2) eye exams per year and two (2) pairs of glasses every year (children under 21 are eligible for more services if determined to be medically necessary)
- The CentAccount Rewards Program provides rewards on a CentAccount card each time you receive select screenings and preventive care
- 24-hour Nurse Advice Line
- Start Smart for your Health programs help members with chronic illnesses, complex conditions, disabilities, weight loss, and more, manage and improve their health
- Start Smart for your Baby is a program for expecting and new mothers
- Connections Plus Cell Phone for high-risk members in Care Management
- Appointment Wizard with Magnolia can assist you in making wellness or EPSDT appointments in real time
- Weight Watcher Program for certain members in Care Management

MYMagnolia Mobile App

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

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

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

Magnolia Works Program

Magnolia Works is a referral service offered by Magnolia to help provide our members with obtaining a GED, education, training and employment assistance. We partner with Families First for Mississippi to offer programs for our members.

We can connect members with:

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

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

Boys and Girls Club/YMCA Memberships

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

Non-Emergency Transportation

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

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

Prior to calling, please have the following information available:

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

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

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

Hours of Operation

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

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

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

Periodic Health Screening:

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

Periodic Schedule:

Frequency is as follows:

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

If you need help accessing EPSDT services for your child, please call 1-866-912-6285 and speak to the EPSDT Coordinator.

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

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

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

Notes:

Behavioral Health Care/ Substance Use Disorder

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

This is how we can help:

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

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

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

HOW DO YOU KNOW IF YOU OR YOUR CHILD NEEDS HELP?

Help might be needed if you or your child:

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

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

WHAT TO DO IN A BEHAVIORAL HEALTH EMERGENCY

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

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

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

Preventive Health Services

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

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

Colonoscopy	Every 10 years starting at age 50	Every 10 years starting at age 50	Every 10 years
Prostate cancer	If you are age 50 or older, talk to your PCP about being tested for prostate cancer.		
Testicular cancer	Talk to your PCP about being tested for testicular cancer.		
Screening Tests			
Tuberculosis screen	Ask your PCP about any screening tests you may need.		
Diabetes screen			
Screening for sexually transmitted diseases			
Serum cholesterol tests			
<i>* These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S. Preventive Services Task Force.</i>			

Preventive Healthcare for Women*			
	18 to 30 Years	31 to 50 Years	51 to 64 Years
Annual Exam	Every year.		
Medical history			
Height and weight			
Discuss how well you eat			
Behavioral health screening			
Hearing screens			
Blood pressure checks			
Screening for alcohol or substance abuse			
Any referrals to special services you may need			
Immunizations: Shots are important. Ask your PCP what shots are needed.			
*These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S. Preventive Services Task Force.			
Colorectal cancer:			
Fecal Occult Blood Test	Every year starting at age 50	Every year	
Sigmoidoscopy	Every 5 years starting at age 50	Every 5 years	
Colonoscopy	Every 10 years starting at age 50	Every 10 years starting at age 50	Every 10 years
Cervical cancer	Every 3 years starting at age 21.		
Breast cancer.	Mammogram every 1 to 2 years starting at age 50.		

Preventive Healthcare for Women* (Continued)			
	18 to 30 Years	31 to 50 Years	51 to 64 Years
Screening Tests			
Tuberculosis screen	Ask your PCP about any screening tests you may need.		
Diabetes screen			
Rubella Screen			
Screening for sexually transmitted diseases			
Serum cholesterol tests			
Prenatal Care			
Prenatal screen	See your PCP or midwife as soon as you think you are pregnant. Then, follow the visit schedule your PCP or midwife gives you.		
Medical history			
Behavioral health history			
Screening for alcohol or substance abuse			
Care management if needed			
Postpartum Care			
Follow-up visit	See your PCP or midwife 21-56 days after the delivery of your baby.		
Care management if needed			
* These are guidelines for routine services. Talk to your PCP about any additional services you may need. You may need other services if you are at risk for certain health problems. This information is from the U.S. Preventive Services Task Force.			

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

Notes:

Non-Covered Services	Comments
Surgery or procedures to improve how you look	
Reversal of voluntary sterilization	
Infertility services	Non-coverage includes any services, supplies, or drugs related to the diagnosis or treatment of infertility
Pregnancy surrogate	Non-coverage includes any services or fees related to using a surrogate to achieve pregnancy
Birth control supplies without a prescription	Non-coverage includes birth control devices, agents, or preparations that by law do not require a prescription (except when given to you by a network provider during an office visit)
Experimental treatment	Non-coverage includes all services, procedures, supplies, or drugs that are still being tested for safety and are considered under investigation or experimental
Obesity treatment	Non-coverage includes all procedures to treat obesity or weight control, such as gastric surgery
All other services not specifically listed or defined by Medicaid	

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

How to Obtain Healthcare

In-Network Providers

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

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

Out-of-Network Providers

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

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

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

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

PCP Responsibilities

Your PCP will:

- Make sure that you get all medically necessary services in a timely manner
- Follow-up on the care you get from other medical providers
- Take care of referrals for specialty care and services offered
- Provide any ongoing care you need
- Update your medical record, including keeping track of all the care that you get with your PCP and specialists
- Provide services in the same manner for all patients
- Give you regular physical exams
- Provide preventive care for all members and preventive screenings for members under age 21
- Give you regular immunizations
- Make sure you can contact him/her or another provider at all times
- Discuss what advance directives are and file the advance directives appropriately in your medical record

Magnolia believes that seeing your PCP is important. Magnolia offers a program called the CentAccount® program. You can earn rewards for healthy behaviors. More information on this program is on page 60 of this handbook.



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



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

Appointment Wizard

Magnolia has partnered with certain providers to provide real time PCP appointments to our members. These providers will allow Magnolia to schedule an appointment and send the member reminders, to ensure the member keeps their appointment. If you would like more information, please call Member Services at 1-866-912-6285.



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

Choosing Your PCP

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

If you would like a Magnolia Health provider directory:

You can call Member Services at 1-866-912-6285 and request one.

- You can pick up one at your Regional DOM office.
- You can pick up one at your local WIC office.
- You can pick up one at:
 - Magnolia Health, 111 E. Capitol Street, Suite 500, Jackson, MS 39201
 - Magnolia Health, 2148 W. Jackson Avenue, Oxford, MS 38655

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

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

- Family Practitioner
- General Practitioner
- Internist
- Certified Nurse Practitioner whose specialty is pediatrics, adult, family, certified nurse midwife or obstetrics/gynecology
- Obstetrician/Gynecologist (OB/GYN)
- Physician Assistant
- Pediatrician

Specialists can be your PCP for primary care functions, upon request. In some situations, providers at Federally Qualified Health Centers, Rural Health Clinics, Health Departments and other similar community clinics can be your PCP if approved by DOM. Because Magnolia is always working to have the best provider network for all of its members, please check the Magnolia website at www.MagnoliaHealthPlan.com to see if new providers have been added. If you want to know more about the PCP before you choose, please call Member Services at 1-866-912-6285. You may also see a list of network providers at www.MagnoliaHealthPlan.com.

Making an Appointment with Your PCP

Once you have selected a PCP from Magnolia’s provider network, make an appointment to meet with your provider within ninety (90) days and at least annually. This will give you and your provider a chance to get to know each other. Your provider can give you medical care, advice and information about your health. Call your PCP’s office to make an appointment. Remember to take your Magnolia member ID card with you every time you go to the provider’s office. If you have difficulty getting an appointment with or seeing your provider, please call Member Services at 1-866-912-6285.

Scheduling/Appointment Waiting Times

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

	Scheduling Time Frame
PCP (well care visit)	Within thirty (30) calendar days
PCP (routine sick visit)	Within seven (7) calendar days
PCP (urgent care visit)	Within twenty-four (24) hours
Specialists	Within forty-five (45) calendar days
Dental Providers (routine visits)	Within forty-five (45) calendar days
Dental Providers (urgent care)	Within forty-eight (48) hours
Initial prenatal visit with OB/GYN	Within three (3) weeks
OB/GYN prenatal visit during the 1st and 2nd Trimester	Within seven (7) days
OB/GYN prenatal visit during the 3rd Trimester	Within three (3) days
Behavioral Health/Substance Use Disorder Providers (routine visit)	Within twenty-one (21) calendar days
Behavioral Health/Substance Use Disorder Providers (urgent visit)	Within twenty-four (24) hours



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

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

After-Hours Appointments with Your PCP

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

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

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

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

What to Do if Your PCP Leaves the Magnolia Health Network

If your PCP is planning to leave the Magnolia provider network, we will send you a notice within fifteen (15) calendar days of notice or issuance of the termination of the provider. We will automatically reassign you to another PCP. We will send you a new Magnolia member ID card identifying your new PCP. You can also change your PCP by calling Member Services at 1-866-912-6285.

Magnolia may approve visits with your provider for up to sixty (60) days after he/she leaves the network. We can do this if you are in active treatment with your provider. We would like for members in the second or third trimester of pregnancy to be able to keep the same provider until after the first postpartum visit. Call us to talk about how we can help you. During this time, we will help you find a new provider. You will receive the same covered services. The provider must agree to:

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

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



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



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

Continuity and Transition of Care for New Members

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

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

Review Criteria

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

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

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

Experimental, Investigational and Clinical Trial Services

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

New Technology

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

Magnolia's Medical Directors 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 that are indicated.

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

Prior Authorization for Services

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

You may be liable for services that require a prior authorization and not authorized by Magnolia.

Your provider will give us information about why you need the service. Magnolia will look to see if the service is covered and that it is appropriate. Magnolia will make the decision as soon as possible, based on your medical condition. For outpatient services, standard decisions are made within three (3) calendar days and/or two (2) business days and urgent decisions are made within twenty-four (24) hours. For inpatient services, standard and urgent decisions are made within 24 hours or one (1) workday. If Magnolia requires additional medical information in order to make a decision, Magnolia will notify your provider of additional information needed. If Magnolia does not receive the information, Magnolia may make a second attempt to notify your provider of the additional information needed and Magnolia may allow additional days for your provider to submit information to Magnolia.

We will let your provider know if the service is approved. If your provider is not happy with the decision, you can ask us to make a second review. This is called an appeal. See the "Member Satisfaction" section in your member handbook for more information about appeals.

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

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

Utilization Review

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

Prospective utilization review:

Services proposed to be provided are reviewed and approved prior to the service being performed. Examples include certain outpatient or home care services, outpatient surgical services and scheduled inpatient admissions. An initial determination will be made within three (3) calendar days and/or two (2) business days for outpatient services, twenty-four (24) hours for urgent outpatient services and twenty-four (24) hours or one (1) workday for inpatient services 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 provider in writing on the day of determination for services that have been approved to both you and your provider on the date of determination for services that have been approved, 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 fourteen (14) calendar 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 was obtained. We will notify your provider through written correspondence.

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 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
- Appeal information including timeframes for submitting an internal appeal for the decision, that you may choose anyone to represent you in the appeal process and expedited appeal information and timeframes.
- Circumstances under which you have the right to request that benefits continue pending resolution of the appeal and the circumstances under which you may be required to pay for these services.
- How you can request an external appeal (State Fair Hearing with the DOM) after exhausting all appeals at Magnolia.

Second Medical Opinion

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

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

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



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

How to Get Medical Care

When You Are Out-of-State

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

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

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

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

Out-of-Network Care

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

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

Referrals

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

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

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

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

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

Self-Referrals

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

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

- Emergency services
- Family planning services and supplies; You are free from coercion or mental pressures and free to choose the method of family planning to be used.
- Women's preventive health services
- Treatment of women's acute health conditions
- Maternity care



Sometimes you may not be sure if you need to go to the ER.

Call Magnolia's 24-Hour Nurse Advice Line. Our nurses can help you decide where to go for care.

Urgent Care – After Hours

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

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

- Call your PCP. The name and phone number are on your Magnolia member ID card. Your PCP may give you care and directions over the phone.
- If it is after-hours and you cannot reach your PCP, call Magnolia's 24-Hour Nurse Advice Line at 1-866-912-6285 or Relay 711. You will be connected to a nurse. Have your Magnolia member ID number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.

If you are told to see another provider or to go to the nearest hospital ER, bring your Magnolia member ID card and your Medicaid ID card. Ask the provider to call your PCP or Magnolia.

Emergency Care

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

When to go to the ER

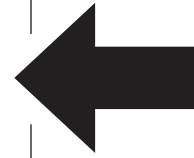
- Broken bones
- Gun or knife wounds
- Bleeding that will not stop
- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burns
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
-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

When NOT to go to the ER

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

ERs are for emergencies. If you can, call your provider first. If your condition is severe, call 911 or go to the nearest hospital. You do not need a provider's approval. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, a provider taking calls can help. There may be a message telling you what to do. You can also call Magnolia's 24-Hour Nurse Advice Line at 1-866-912-6285 or Relay 711 if you have questions.

It is okay if the hospital does not belong to the Magnolia network. It is requested that you or someone acting on your behalf call your PCP and Magnolia within 48 hours of admission. This helps your PCP to provide or arrange for any follow-up care that you may need. We will help you get follow-up care. Call us at 1-866-912-6285 or Relay 711.



ER visits are unlimited.
Please refer to the **"Benefits Grid"** on page 19 of this manual.



You can use any hospital if it is an emergency.



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

Emergency Transportation Services

Magnolia covers emergency ambulance ground transportation to the nearest hospital for emergency care. Ambulance transportation to the hospital ER in non-emergency situations is not a covered service under Magnolia and you may have to pay for it. Ambulance transportation from a healthcare facility to another healthcare facility is covered only when it is medically necessary and it has been arranged and approved by a Magnolia network provider. All care must be provided by a provider with a Mississippi Medicaid provider ID number.

Post-Stabilization Services

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

Pharmacy Program

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

Magnolia will cover six (6) prescriptions per month. When generic drugs are preferred, the brand name drug will not be covered without prior authorization from Magnolia. If you and your provider feel a brand name drug is medically necessary, your provider can ask for prior authorization. Magnolia's nurses and pharmacists will work with your provider if you need more than six (6) prescriptions per month.

Preferred Drug List

Magnolia uses a list of covered medications called the Preferred Drug List (PDL). The DOM reviews current, as well as, all new medications that can be added or changed from the PDL. This process is coordinated with Magnolia. For the most current PDL, you may call Member Services at 1-866-912-6285 or visit the Magnolia website at www.MagnoliaHealthPlan.com.

For additional medications that may be covered, visit the DOM's website at www.medicaid.ms.gov.

Emergency Drug Supply

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

All participating pharmacies are authorized to provide a 72-hour (3-day) supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour (3-day) supply of medication, whether or not the prior authorization request is ultimately approved or denied.

Over-the-Counter Medications

The Magnolia pharmacy program covers a variety of OTC medicines. All covered OTCs appear in the PDL or the Mississippi Medicaid Covered OTC Drug List. In order for an OTC medicine to be covered by Magnolia, it must be written on a valid prescription, by a licensed provider. If you purchase OTC medications without a prescription from a provider in the Medicaid provider network, you will have to pay for them.

Tobacco Cessation Medications

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

- Nicotine replacement products
- Zyban or Wellbutrin
- Chantix

Excluded Drugs

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

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

These and other excluded drugs will not appear on the PDL.

Quantity Limits

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

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



Step Therapy

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

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

Age Limits

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

Filling a Prescription

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

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 DOM office.
- You can pick up one at your local WIC office.
- You can pick up one at:
 - Magnolia Health, 111 E. Capitol Street, Suite 500, Jackson, MS 39201
 - Magnolia Health, 2148 W. Jackson Avenue, Oxford, MS 38655

You can also find the most current version of Magnolia's provider directory on Magnolia's website at 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 prescription and your Magnolia member ID card. Please contact Magnolia at 1-866-912-6285 or Relay 711 if you have questions about filling your prescriptions.



You can locate a pharmacy near you by using the "Find a Provider" section on 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 provider the first time he or she prescribes these medications for you. The information should be submitted by your provider to Envolve Pharmacy Solutions on the Prior Authorization Form. This form should be faxed to Envolve Pharmacy Solutions at 1-866-399-0929. This document is located on the Magnolia website at www.MagnoliaHealthPlan.com.

Frequently Asked Questions:

Can I get an early refill if I lose my prescription or if my prescription is stolen?

If your prescription is lost, spilled, or stolen, you will be allowed one override a year. If your prescription was stolen, a police report must be filled out in order for your prescription to be filled. An override cannot be given unless a police report is received. The pharmacy must call Envolve Pharmacy Solutions to request this override. The pharmacy will fax the police report to the Envolve Pharmacy Solutions Customer Service Department at 1-559-244-3793.

Can I get an early refill if I'm traveling?

Magnolia Health does not cover a vacation supply. You will need to make arrangements to get your medication while traveling. NOTE: The early refill/vacation supply restrictions do not apply to situations such as hurricane or other natural disaster.

When can I get a refill of medication?

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

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

- If you don't have an ID card, have the pharmacy call Magnolia Health so that we can provide them with the information they need to fill your prescription.
- NOTE: If the member calls and needs to fill a prescription but doesn't have an ID card, Member Services is responsible for verifying eligibility. If the member is a Magnolia member, Member Services can provide them with their member number and the BIN. The pharmacy will need both of these numbers to process a claim. If necessary, a designated person on the Member Services Team may add the member to the Envolve Pharmacy Solutions PBM system after eligibility is verified.
- BIN #020545, GROUP #RXGMSSTD, PCN #RXA371

Health Information Form

Magnolia wants to know how we can better serve you. The Health Information Form in your welcome packet gives us information to determine your needs. Once you fill out the form, please send it back to us right away in the postage-paid envelope we have provided for you. You can also fill out this form on our website: www.MagnoliaHealthPlan.com. If you have questions about the form, please call us at 1-866-912-6285.

Care Management

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

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

Conditions may include:

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

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

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

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



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



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

Disease Management

Magnolia has several programs to improve the health of our members. We know this means more than just helping you to see a provider. It also means helping you find your way through the healthcare system so you get the treatments and the social services you need. It also means helping you understand and manage your health conditions. We do this through education and personal help from Magnolia staff. The goal of this service is to add to the quality of your care and help you improve your health.

Magnolia Health provides Disease Management for:

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

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

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

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

CentAccount® Program

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

Your 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. Please call Member Services at 1-866-912-6285 for more information.

Notes:

When You Are Pregnant

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

- Go see your provider as soon as you think you are pregnant. It is important for your health and your baby's health to see a provider as early as possible. Seeing your provider early will help your baby get off to a good start. It's even better to see your provider before you get pregnant to get your body ready for pregnancy.
- Take the Notification of Pregnancy Form in your welcome packet to your first visit with your provider. Ask the provider to fill it out and send back to us.
- Make an appointment with your dentist for a cleaning and checkup.
- Set a goal to live a healthier lifestyle. Healthy lifestyle habits include exercising, eating balanced, healthy meals, and resting for 8-10 hours at night.

Pregnancy & Maternity Services

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

- You have had three (3) or more miscarriages
- You have given birth to a premature baby (this means the baby came before 37 weeks of pregnancy), or a "preemie"
- You gave birth to a stillborn baby

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

If you are pregnant and smoke cigarettes, Magnolia can help you stop smoking. We have a special Smoking Cessation Program for pregnant women that is available at no cost to you. The program has trained healthcare clinicians who are ready to build one-on-one contacts with you. They will provide education, counseling, and the support you need to help you quit smoking. Working as a team over the telephone, you and your health coach can develop a plan to make changes in your behavior and lifestyle. These coaches will encourage and motivate you to stop smoking.



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



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

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

High Risk Pregnancy Program: Start Smart for Your Baby®

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

A nurse with obstetrical nursing experience will serve as Care Manager for members at risk of early delivery or who experience complications from pregnancy. The Care Management Team has providers advising the team on overcoming obstacles, helping identify high risk members, and recommending interventions. These providers will provide input to Magnolia's Medical Directors on obstetrical care standards and use of newer preventive treatments such as Makena, which is a hormone shot used to prevent premature birth.

Magnolia offers a premature delivery prevention program by supporting the use of Makena. When a provider determines that a member is a candidate for Makena and orders this treatment to begin (which has shown substantial reduction in the rate of preterm delivery), he/she will notify Magnolia and a Care Manager will assist in coordination of Makena therapy with member, provider office and pharmacy.

A Care Manager will contact the member and do an assessment regarding compliance of Makena therapy, office visits and appointments and transportation for care. The Care Manager will remain in contact with the member and the prescribing provider during the entire treatment period.

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

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

MemberConnections®

MemberConnections is a program that promotes preventive health and connects you to quality healthcare 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 Care Managers to ensure your healthcare needs are addressed. Please call Member Services at 1-866-912-6285. They can also visit your home to help you with healthcare needs and social services.

ConnectionsPLUS®

ConnectionsPLUS is part of the 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, Care Managers, Magnolia staff, and 911. To learn more about the program, please contact Member Services at 1-866-912-6285 or log onto our website at www.MagnoliaHealthPlan.com.

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

Member Satisfaction

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

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

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

Grievance and Complaint Process

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



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

Grievances may be received orally or in writing and may be submitted to Magnolia by you or your authorized representative, including your provider. A member may file a grievance either orally or in writing with Magnolia any time after the grievance has occurred.

Examples of a grievance:

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

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

How to File a Grievance or Complaint

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

To file a grievance or complaint, call Member Services at 1-866-912-6285. Magnolia will provide reasonable assistance to members in filing a grievance or complaint. You can also write a letter and mail or fax your grievance or complaint to Magnolia at 1-877-264-6519. Be sure to include:

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

A grievance or complaint may be filed in writing or by mailing it to the address below or by faxing it to 1-877-264-6519. You can also call us at 1-866-912-6285 or file the grievance or complaint in person at:

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

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



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

How to File a Grievance or Complaint (Continued)

If you file a complaint, there is no need for written acknowledgement.

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

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

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

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

Expedited Grievances

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

Internal Appeal Process

Filing an Appeal

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



You, a parent or guardian of a minor member, a person named by you, or a provider acting for you may file an appeal.

An Adverse Benefit Determination occurs when Magnolia:

- Denies or limits authorization of a service you want
- Decreases, suspends, or ends care that you are already getting
- Denies all or part of payment for covered care and you may have to pay for it
- Fails to provide services in a timely manner as defined by the state
- Denies the right to request services outside the network (for residents in rural areas)

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

Who May File an Appeal?

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

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

When Does an Appeal Have to Be Filed?

The Adverse Benefit Determination Notice will tell you about this process. You may file an appeal within sixty (60) calendar days of the date on the Adverse Benefit Determination Notice. If you make your request by phone or in person, you must also send Magnolia a letter confirming your request for standard appeal. Within ten (10) calendar days, Magnolia will send you a letter, letting you know your appeal was received and give you an expected date that the appeal will be resolved.

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

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

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

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

Expedited Appeals

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

We will decide within 72 hours (3 days) of receipt of the appeal request. However, Magnolia may extend up to fourteen (14) calendar days if you request an extension, or if Magnolia determines that the extension is in your best interest. You will also receive a letter telling the reason for the decision and what to do if you don't like the decision.

Medicaid State Fair Hearing for Appeals

What if I am still not pleased?

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

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



Expedited appeals do not require a signed authorization form.

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



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

To request a State Fair Hearing, please write to:

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

Waste, Abuse, and Fraud (WAF) Program

Authority and Responsibility

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

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

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

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

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

You can also report fraud and abuse to Medicaid.

Medicaid's address and phone number is:

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

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

Your healthcare benefits are given to you based on your eligibility for Medicaid. Magnolia’s network providers must also report any misuse of benefits to Magnolia. Magnolia must also report any misuse or wrongful use of benefits to Medicaid. If you misuse your benefits, you could lose them. Medicaid may also take legal action against you if you misuse your benefits.

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

Other Insurance

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

Accidental Injury or Illness (Subrogation)

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

Member Rights and Responsibilities

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

Magnolia members have the following rights:

- To receive information on available treatment options and alternatives, presented in a manner appropriate to the member’s ability to understand
- To participate in decisions regarding his/her healthcare, including the right to refuse treatment



You must not share your benefits with anyone.

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

- To seek second opinions
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in the federal regulations on the use of restraints and seclusion
- To express a concern or appeal about Magnolia or the care it provides and receive a response in a reasonable period of time
- To be able to request and receive a copy of his/her medical records (one copy free of charge) and request that they be amended or corrected by calling Member Services at 1-866-912-6285
- To request and obtain information on any limits of your freedom of choice among network providers
- To receive healthcare services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid fee-for-service and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished
- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition
- To a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage
- To receive materials— including enrollment notices, informational materials, instructional materials, and available treatment options and alternatives—in a manner and format that may be easily understood
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent
- To be notified that interpretation services are available and how to access those services
- To receive information about the structure and operation of Magnolia
- To receive information about physician incentive plans
- Be free to exercise these rights without retaliation
- To be treated with respect and with due consideration for your dignity and the right to privacy and non-discrimination as required by law
- To privacy of healthcare needs and information as required by federal law (Standards for Privacy of Individually Identifiable Health Information)

- Be furnished healthcare services in accordance with 42 C.F.R. 438.206 through 438.210
- Receive information in a manner and format that may be easily understood in accordance with 42 C.F.R. 438.10
- To voice complaints/grievances or file appeals about Magnolia’s decisions that affect the member’s privacy, medical care provided, services received and/or benefits.
- To receive information about Magnolia, its benefits, its services, its network providers, and member rights and responsibilities.
- To receive information on the Grievance, Appeal and Medicaid’s State Fair Hearing procedures.
- A right to make recommendations regarding the organization’s member rights and responsibilities.

Magnolia Health members have the following responsibilities:

- To inform Magnolia of the loss or theft of a Magnolia member ID card
- Present the Magnolia member ID card when using healthcare services
- Be familiar with Magnolia procedures to the best of the member’s abilities
- To call or contact Magnolia to obtain information and have questions clarified
- To provide participating network providers with accurate and complete medical information
- Following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible
- To understand their health problems and participate in developing mutually agreed upon treatment goals, to the degree possible
- To make every effort to keep any agreed upon appointments, scheduled follow-up appointments and accessing and scheduling appointments for preventive healthcare services
- To live healthy lifestyles and avoid behaviors known to be detrimental
- To provide accurate and complete information to all healthcare providers
- To become knowledgeable about Magnolia coverage provisions, rules and restrictions

- To ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives, and then making care decisions after carefully weighing all pertinent factors
- To follow the grievance and complaint process established by Magnolia (and outlined in the member handbook) if there is a disagreement with a provider
- To report truthful and accurate information when applying for Medicaid. If inaccurate information is reported which results in enrollment being discontinued, the member will be responsible for repayment of capitation premium payments.

Advance Directives

All Magnolia adult members have a right to make advance directives for healthcare decisions. This includes planning treatment before you need it.

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

Together, you and your PCP can make decisions that will set your mind at ease. It can help your PCP and other providers understand your wishes about your health. You also have a right to make decisions regarding organ donation. You should discuss this with your PCP. Advance directives will not take away your right to make your own decisions and will work only when you are unable to speak for yourself.

Examples of advance directives include:

- Living Will
- Healthcare Power of Attorney
- “Do Not Resuscitate” Orders

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

Notice of Privacy Practices

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

PLEASE REVIEW IT CAREFULLY.

Effective: January 1, 2011

For help to translate or understand this, please call 1-866-912-6285.

Hearing impaired Relay 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.

1-866-912-6285. (Relay 711).

Interpreter services are provided free of charge to you.

Covered Entities Duties:

Magnolia is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Magnolia is required by law to protect the privacy of your protected health information (PHI). We must give you this notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice. We must let you know if there is a breach of your unsecured PHI.

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

Magnolia reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for your PHI we already have. We can also make it effective for any of your PHI we get in the future. Magnolia will promptly update and get you this notice whenever there is a material change to the following stated in the notice:

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

Updated notices will be on our website and in our member handbook. We will also mail you or email you a copy on request.

Protecting Oral, Written and Electronic Personal Health Information (PHI):

These are some ways we protect your PHI:

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Uses and Disclosures of Your PHI:

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

- **Treatment.** We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment.** We may use and disclose your PHI to make benefit payments for the health care services you received. We may disclose your PHI for another health plan, to a health care provider, or other entity subject to the federal Privacy rules for payment purposes. Payment activities may include:
 - Processing claims
 - Determining eligibility or coverage for claims
 - Issuing premium billings
 - Reviewing services for medical necessity
 - Performing utilization review of claims
- **HealthCare Operations.** We may use and disclose your PHI to perform our healthcare operations. These activities may include:
 - Providing customer services
 - Responding to complaints and appeals
 - Providing care management and care coordination
 - Conducting medical review of claims and other quality assessment improvement activities

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

 - Quality assessment and improvement activities
 - Reviewing the competence or qualifications of healthcare professionals
 - Care management and care coordination
 - Detecting or preventing healthcare fraud and abuse.
- **Appointment Reminders/Treatment Alternatives.** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use your PHI to provide you with information regarding treatment alternatives or other health-related benefits and services. For example, information on how to stop smoking or lose weight.
- **As Required by Law.** If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information.

We do this when the use or disclosure complies with such law. The use or disclosure is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

- **Public Health Activities.** We may disclose your PHI to a public health authority for the purpose of preventing or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the control of the FDA.
- **Victims of Abuse and Neglect.** We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings.** We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - An order of a court
 - Administrative tribunal
 - Subpoena
 - Summons
 - Warrant
 - Discovery request
 - Similar legal request
- **Law Enforcement.** We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - Court order
 - Court-ordered warrant
 - Subpoena
 - Summons issued by a judicial officer
 - Grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness or missing person.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - Cadaveric organs
 - Eyes
 - Tissues

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

Uses and Disclosures of Your PHI That Require Your Written Authorization

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

- **Sale of PHI.** We will request your written approval before we make any disclosure that is deemed a sale of your PHI. A sale of your PHI means we are getting paid for disclosing the PHI in this manner.

- **Marketing.** We will request your written approval to use or disclose your PHI for marketing purposes with limited exceptions. For examples, when we have face-to-face marketing communications with you or when we give promotional gifts of nominal value.
- **Psychotherapy Notes.** We will request your written approval to use or disclose any of your psychotherapy notes that we may have on file with limited exception. For example, for certain treatment, payment or healthcare operation functions.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases it won't take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second case is before we received your written request to stop.

Your Rights

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

- **Right to Revoke an Approval Authorization:** You may withdraw your authorization at any time. The withdrawal of your authorization must be in writing. The withdrawal will be effective immediately, except when we have already taken actions based on your authorized approval and before we received your written withdrawal.
- **Right to Request Restrictions.** You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. We are not required to agree to this request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your PHI by other ways or locations if you believe it is needed for your safety. We must agree to your request if it is reasonable and you believe it is needed for your safety or location where your PHI should be delivered.
- **Right to Access and Receive a Copy of your PHI.** You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You must make a request in writing to obtain access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed and how to ask for a review or if the denial cannot be reviewed.

- **Right to Amend Your PHI.** You have the right to request that we amend your PHI if you believe it contains incorrect information. Your request must be in writing. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures.** You have the right to get a list of times within the last 6 year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities.
- **Right to File a Complaint.** If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us. You can do this in writing or by phone by using the contact information at the end of this notice.
- You can also file a complaint to the Secretary of the U.S. Department of Health and Human Services (HHS) Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**
- **Right to Receive a Copy of this Notice.** You may request for a copy of our Notice at any time by using the contact information listed at the end of the notice. If you receive this Notice on our website or by electronic mail (e-mail), you can also request a paper copy of the Notice.

Contact Information

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

Magnolia Health
Attn: Privacy Official
111 East Capital Street, Suite 500
Jackson, MS 39201
1-866-912-6285
Relay 711

Notes:

Member Authorization to Disclose Health Information

Use this form if you want Magnolia Health to give your personal health information to someone other than you. If you have any questions or need assistance filling out this form, please contact Magnolia Health, toll free, at **1-866-912-6285**.

Member Name (Print first and last name): _____

Member Date of Birth: ____ / ____ / _____ Member Medicaid ID Number/Member ID#: _____

Magnolia Health will only disclose the personal health information you want disclosed.

1. Check only **one** box below to tell Magnolia Health the specific personal health information you want disclosed:

- Limited information (go to question 2)
- Any information (go to question 3)

2. Complete only if you selected “limited information”. Check **all** that apply:

- Information about your benefits
- Disclosure of your medical information
- Other specific information (please write below)

3. Check only **one** box below indicating how long Magnolia Health can use this authorization to disclose your personal health information.

- Disclose my personal health information until further notice.
- Disclose my personal health information for a specified period only beginning: (mm/dd/yyyy) ____ / ____ / _____ and ending: (mm/dd/yyyy) ____ / ____ / _____.

4. Fill in the name, address and phone number of the person(s) to whom you want Magnolia Health to disclose your personal health information. Please provide the specific name of the person(s) you list below:

Name: _____ Relationship to member: _____

Address: _____

Phone Number: (_____) _____

5. I authorize Magnolia Health to disclose my personal health information listed above to the person(s) I have named on this form.

I understand that my personal health information may be re-disclosed by the person(s) and may no longer be protected by law.

Signature

Date (mm/dd/yyyy)

6. **Send the completed, signed form to:**

Magnolia Health
Attention: Member Services Department
111 East Capitol Street, Suite 500
Jackson, MS 39201

7. **Note:**

You have the right to take back (“revoke”) your authorization at any time, in writing, except to the extent that Magnolia Health has already acted based on your permission.

If you would like to revoke your authorization, send a written request to the address shown above.

Your authorization or refusal to authorize disclosure of your personal health information will have no effect on your enrollment, eligibility for benefits, or the health services you receive with Magnolia Health.

If you have any issues with this form or need help filling this form out, please call our toll free number at 1-866-912-6285 and speak with one of our member services representatives.

MEMBER APPEALS AUTHORIZED REPRESENTATIVE FORM

Member Name (Print first and last name): _____

Date of Birth: ____ / ____ / _____ Medicaid ID Number _____

You have the right to choose someone to serve in place of you during your appeal with Magnolia Health. To select someone to serve in your place, fill out this form and return it to us at the address below. You may cancel this form at any time by sending a request to us in writing. If you select someone to serve for you and we do not receive this signed form from you, your appeal may be closed. If your appeal is closed, we will let you know in writing.

1. I give permission to _____ to act for me and to receive information about my appeal with Magnolia Health or its partners.

2. Street Address or PO Box: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone Number (Daytime): _____ Phone Number (Evening): _____

3. By signing this form, Magnolia Health may share any information with the person named above about my eligibility for healthcare benefits and medical treatment.

4. This form is good for one year from the date this completed form is received by Magnolia Health.

5. I understand I may cancel this at any time by sending a letter to:

Magnolia Health
Attn: Appeals Coordinator
111 East Capitol Street, Suite 500
Jackson, MS 39201
Phone: 866-912-6285
Fax: 877-851-3995

I have read this and agree to its terms.

Printed Name of Member

Signature of Member or Legal Guardian

Date (mm/dd/yyyy)



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

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