

Office of the Governor | Mississippi Division of Medicaid

MississippiCAN & CHIP



MISSISSIPPI DIVISION OF
MEDICAID

2021 Beneficiary Workshop

Purpose of today's Beneficiary Workshop

Mission: The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

Purpose: Today's workshop is to provide clarity and understanding of the MississippiCAN and CHIP programs, processes, and resolve any issues and concerns.

For questions regarding MississippiCAN Enrollment and Eligibility,
call 601-359-3789 or email Charlotte.McNair@medicaid.ms.gov

For Member Issues Michelle.Robinson@medicaid.ms.gov

Cc: MississippiCAN.Plan@medicaid.ms.gov.

You may also visit Division of Medicaid's website at
<https://medicaid.ms.gov/programs/managed-care/>.

How Medicaid is Structured

The Division of Medicaid manages two statewide programs designed to improve beneficiary access to needed medical services, and to improve the quality of care.

- **Mississippi Coordinated Access Network (MississippiCAN)**
- **Children’s Health Insurance Program (CHIP)**

There are three coordinated care organizations (CCOs) which provide services for MississippiCAN:

- **Magnolia Health**
- **Molina Healthcare**
- **UnitedHealthcare Community Plan**

There are two coordinated care organization (CCOs which provide CHIP services):

- **Molina Healthcare**
- **UnitedHealthcare Community Plan**

For questions regarding MississippiCAN, call 601-359-3789 or email MississippiCAN.Plan@medicaid.ms.gov or view the website at www.medicaid.ms.gov

Who is eligible for MississippiCAN?

Category of Eligibility	Age	Population
SSI – Supplemental Security Income	19 – 65	Mandatory
SSI – Supplemental Security Income	0-19	Optional
DCLH Disabled Child Living at Home	0-19	Optional
CPS – Foster Care Children IV-E	0-19	Optional
CPS – Foster Care Children CWS	0-19	Optional
Working Disabled	19 – 65	Mandatory
Breast and Cervical Cancer	19 – 65	Mandatory
Parent and Care Takers (TANF)	19 – 16	Mandatory
Pregnant Women	8 - 65	Mandatory
Newborns	0 - 1	Mandatory
Children	1 - 19	Mandatory
CHIP	0 - 19	Mandatory

Optional population may return to regular Medicaid.
 Mandatory population switch between CCOs.
 Note: Providers should always check eligibility on the date of service to ensure submission to correct payer by methods.

Telephone: 1-800-884-3222
 Envision Web Portal at
www.ms-medicaid.com

MississippiCAN Enrollment

Category of Eligibility	Age	Population
SSI – Supplemental Security Income	19 – 65	Mandatory
Working Disabled	19 – 65	Mandatory
Breast and Cervical Cancer	19 – 65	Mandatory
Parent and Care Takers (TANF)	19 – 16	Mandatory
Pregnant Women	8 - 65	Mandatory
Newborns	0 - 1	Mandatory
Children	1 - 19	Mandatory
CHIP	0 - 19	Mandatory

Mandatory Population:

- Beneficiaries in the above categories are required to enroll in the program.
- Beneficiaries are encouraged to check with their doctor to see which plan they accept. Then the beneficiary’s selection is made on the back of the enrollment letter of the CCO of his/her choice.
- If DOM does not receive the enrollment form within 30 days the member’s enrollment, a CCO will be picked for them. Beneficiaries will have 90 days from the initial enrollment date into MSCAN, to switch CCOs.
- After 90 days, they will be locked into the program and will not be able to change from CCOs or “opt-out”, except during the annual open enrollment.

MississippiCAN Enrollment

CATEGORY OF ELIGIBILITY	AGE	POPULATION
SSI- Supplemental Security Income	0 - 19	Optional
DCLH- Disabled Child Living at Home	0 - 19	Optional
CPS- Foster Care Children IV-E	0 - 19	Optional
CPS –Foster Care Children CWS	0 - 19	Optional

Optional Population:

- These beneficiaries do not have to join the MississippiCAN program. They may choose to keep regular Medicaid.
- If beneficiaries do not want to join, they must select “opt-out” on the enrollment form on the back of the enrollment letter.
- If DOM does not receive an enrollment form in 30 days of receiving the enrollment letter, a CCO will be picked for them.
- Beneficiaries will have 90 days to pick a different CCO or to “opt-out” of the program.
- After the 90 days, they will be locked into the program and will not be eligible to change from CCOs or “opt-out”, except during the annual open enrollment.

Beneficiaries Not Eligible for MississippiCAN

Not Eligible for MSCAN

Hemophilia diagnosis and treatment

Dual Eligible (Medicare/Medicaid)

Waiver Program Enrollees (ex. HCBS, TBI, IL, etc.)

Institutionalized Residents (ex. Nursing Facility, ICF-MR, Correctional Facilities)

American Indians (They may choose to opt into the program)

MississippiCAN Enrollment

When can Beneficiaries enroll in MSCAN?

- Beneficiaries not already enrolled may enroll throughout the year.

When are Newborns enrolled?

- Newborns born to a Medicaid mom who is currently enrolled in MississippiCAN will automatically be placed in the same plan as the mother.

When is Enrollment effective?

- Enrollment is always effective at the beginning of the month and disenrollment is effective the last day of the month.
 - *The exception is when beneficiary is transferred to a nursing home or waiver program.*

When can Members choose a CCO?

- After receiving initial notification letter, beneficiaries may choose a plan within 30 days, or they will be automatically assigned to a CCO. Members may be added each month to Medicaid and MississippiCAN.

When can Members change CCOs?

- After initial enrollment with a CCO, every member will have a 90-day window to make changes.
- During the 90-day window, mandatory members may only switch **once** between CCOs.
- During the 90-day window, optional members may switch **once** between the CCOs or return to regular Medicaid.
- The open enrollment period each year (October – December) to allow members to make changes.

Changes go into effect January 1.

Services covered by the Health Plan

The health plans will pay for the following:

All services currently covered by Medicaid are included but the limits may be different for some services.

- Physician Office Visits (more than what Medicaid provides)
- Durable Medical Equipment (DME)
- Vision (*more than what Medicaid provides*)
- Dental (*limited over 21*)
- Therapy Services
- Hospice Services
- Pharmacy Services
- Mental Health Services
- Outpatient hospital services (Chemotherapy, ER visits, x-rays, etc.)

All MississippiCAN beneficiaries must always present your new health plan card and your Blue Medicaid card for all health plan services.

Services covered by the Health Plan

Please refer to Comparison Chart

- CCOs connect enrollees to a **medical home through PCPs**.
- CCOs offer **case management** to all enrollees, including their practitioners.
- CCOs offer **comprehensive care management programs** which include coordinating services with mental health providers, social service agencies and out-of-state providers to improve care and quality outcomes
- CCOs offer **chronic disease management programs** which include, but are not limited to:
 - Diabetes
 - Organ Transplants
 - Congestive Heart Disease
 - Obesity
 - Asthma
 - Hypertension
 - Sickle Cell
- Each CCO has nurses available 24 hours, seven days per week to address beneficiary or provider issues:

Magnolia Health	1-866-912-6285	24/7 NurseWise
Molina Healthcare	1-844-794-3638	Nurse Advice Line
UnitedHealthcare	1-877-370-4009	NurseLine 24/7

MississippiCHIP

Children's Health Insurance Program

Who is eligible for CHIP?

- Uninsured children up to age 19 years old
- Children not eligible for Medicaid
- Children of families that meet the income requirements
- Children with no other primary insurance coverage
(at the time of application)


Identifying Member Cards



Note: Always present both your blue Medicaid card and CCO card.

Identifying Member Cards




 188 E. Capitol Street, Suite 700
 Jackson, MS 39201

Member: John Doe
 Member ID #: 0000999999999999 Program: MHMS CHIP

Primary Care Provider (PCP)
 Name: John Doe
 Phone: (999) 999-9999

Effective Date of Coverage: 10/01/2019 Out of Pocket Maximum: \$xxx
 Copay: Office/ER \$xx/\$xx

RXBIN: 004336 RXPCN: MCAIDMSCP RXGRP: RX6949

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP). Follow up with your PCP after all emergency room visits.

MEMBERS
 Member Services: (844) 809-8438
 24-Hour Nurse Advice Line: (844) 794-3638
 24-Hour Behavioral Health Crisis Line: (844) 794-3638
 For Dental, Transportation, Vision: (844) 809-8438
 For Deaf and Hard of Hearing: TTY/TDD 711

PROVIDERS
 Medical Claims | PO Box 22518 | Long Beach, CA, 90801
 For prior authorizations, eligibility, claims or benefits call (844) 826-4335 or visit the Provider Portal at provider.molinahealthcare.com.

www.molinahealthcare.com




 Health Plan (80843) 911-87726-04

Member ID: 999999929657 Group: MSCHIP

Member: REISSUE ENGLISH Payer ID: 87726

PCP Name: DOUGLAS GETWELL

Copay: OFFICE/ER \$0/\$0

Effective Date: 12/19/2014


 Rx Bin: 810494
 Rx Grp: ACUMS
 Rx PCN: 4747

9501 Administered by UnitedHealthcare of Mississippi, Inc.

In an emergency go to nearest emergency room or call 911. Please see reverse.

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myuhc.com/communityplan or call. If you receive emergency services, notify Member Services within 48 hours of receiving such care.

For Member Service: 800-992-8840 TTY 711
 Number: 24-7 877-419-0184 TTY 800-855-2880
 Website: myuhc.com/communityplan
 Health Plan: 795 Woodlands Parkway, Suite 301, Ridgeland, MS 39157

For Providers: UHCprovider.com 800-557-9633
 Medical Claim Address: PO Box 5032, Kingston, NY, 12402-5032
 For use of non-participating providers, prior authorization is required: 1-866-804-3207

Pharmacy Claims: OptumRx, PO Box 2944, Hot Springs, AR 71903
 For Pharmacists: 877-305-8952

Note: Always present both your blue Medicaid card and CCO card.

How do I know I am a member?

If your address on file is correct, you will get:

- New member ID card from your health plan
(Please keep your original Blue Medicaid card)
- New member welcome package
- New member welcome call

If Medicaid does not have your current address and phone number, you may not find out you have *MississippiCAN* until you go to the doctor or pharmacy.

Please update your information with Division of Medicaid

Please contact your Regional Medicaid Office to update :

- Mailing Address
- Telephone Number
- Name Change
- Deaths
- Add an Insurance Carrier (i.e.. Blue Cross, Aetna, etc.)
- Etc.

Need to Know

Member Rights and Responsibilities

- Members may choose a Plan of their choice within 90 days of initial enrollment and during Annual Open Enrollment (October 1 – December 15)
- Members may file Grievances at any time
- Members may file an Appeal within 60 days of notice
 - If an appeal has been filed on behalf of the beneficiary by a provider, please respond to the correspondence sent by CCO.
- Members must request continuation of benefits within 10 days of notice of adverse benefit determination.
- If you received an outstanding bill for covered services, contact your provider to verify whether claims were filed correctly. If not, please contact CCO or Division of Medicaid for assistance.
- Some MSCAN members are not required to pay a co-pay for covered services (including pharmacy). If your Plan does not have a co-pay and you are asked to pay a co-pay, please contact your CCO for further assistance.

Your Response is Needed

- **DOM Eligibility Redeterminations**

DOM mails Redetermination Notices to Medicaid enrollees each year to confirm whether enrollees are still eligible for Medicaid. Please respond to all mailings from DOM so that we may update your eligibility and there is no interruption or termination of coverage.

- **Public Health Emergency (PHE)**

This period of the Coronavirus (COVID-19) pandemic, the federal government announced a Public Health Emergency beginning January 2020 to present. This means that your Medicaid will be extended through the end of this PHE. You may have already been mailed a “Notice of Medicaid Reinstatement During COVID-19 Public Health Emergency.”

- **Member Surveys**

You will be mailed Member Surveys from DOM and Magnolia Health, UnitedHealthcare Community Plan, and Molina Healthcare of Mississippi. We want to know whether you are receiving the services needed, and whether you are having any problems. We want to be able to correct any problems.

- **Update Addresses**

With all these important mailings from DOM, it is very important that you contact your Regional Offices to update your mailing address. You may also contact the DOM Central Office at 1-800-421-2408.

- **Open Enrollment for MississippiCAN and CHIP**

Every year there is an Open Enrollment period between October 1 and December 15 for MississippiCAN and CHIP. You may switch to a different health plan (Magnolia Health, UnitedHealthcare Community Plan, and Molina Healthcare of Mississippi). And if you are in the Optional Population, you may switch back to regular Medicaid. These forms are being mailed to you now, so please check your mail.

Your Open Enrollment information may also be entered on the Envision Web Portal.

[Mississippi Envision \(ms-medicaid.com\)](https://www.ms-medicaid.com/msenvision/)

[www.ms-Medicaid.com/msenvision/](https://www.ms-medicaid.com/msenvision/)

Welcome

Welcome to the Mississippi Envision Web Portal. For log in or first time user registration, please go to the 'Login' section below.

User Login

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

[Forgot Password?](#)

[Web Registration](#)

1. Go to the User Login and
2. Choose Web Registration
3. Choose Beneficiary or Head of Household or Authorized Representative or Provider
4. You must be on file in the system to enroll as Head of Household or Authorized Representative.
5. Enter your Login ID as “example123” as your temporary User ID
6. Enter Required information and Submit
7. You will receive an email with your temporary Password
8. Go back to Envision Web Portal and Enter Login ID “example123” as User ID
9. Next screen asks you to create your new Password
10. Enter User ID and new Password “Medicaid123”
11. Now you are registered.
12. Go to “Beneficiary” at the top of the screen, then down to “MississippiCAN,” then down to “Forms”
13. You will now see the MSCAN Enrollment/Change Request/PCP Update screen
14. Now enter information on page 1, and Submit
15. Now enter change information on page 2 and Submit.

Your Open Enrollment information may also be entered on the Envision Web Portal.

[Mississippi Envision \(ms-medicaid.com\)](http://www.ms-medicaid.com)

<http://www.ms-medicaid.com/msenvision/>

1. Go to the User Login and
2. Choose Web Registration
3. Choose Beneficiary or Head of Household or Authorized Representative or Provider
4. You must be on file in the system to enroll as Head of Household or Authorized Representative.
5. Enter your Login ID as “example123” as your temporary User ID
6. Enter Required information and Submit
7. You will receive an email with your temporary Password
8. Go back to Envision Web Portal and Enter Login ID “example123” as User ID
9. Next screen asks you to create your new Password
10. Enter User ID and new Password “Medicaid123”
11. Now you are registered.
12. Go to “Beneficiary” at the top of the screen, then down to “MississippiCAN,” then down to “Forms”
13. You will now see the MSCAN Enrollment/Change Request/PCP Update screen
14. Now enter information on page 1, and Submit
15. Now enter change information on page 2 and Submit.

MississippiCAN/CHIP

Contact Information, Cont.

<p>Mississippi Division of Medicaid</p> <p>Toll Free: 1-800-421-2408 Local: 601-359-3789 www.medicaid.ms.gov/programs/mississippiCAN/</p>	
<p>Conduent Member Enrollment</p>	<p>MississippiCAN/CHIP 1-800-884-3222</p>
<p>Magnolia Health</p>	<p>MississippiCAN 1-866-912-6285 www.magnoliahealthplan.com</p>
<p>Molina Healthcare</p>	<p>MississippiCAN/CHIP 1-844-809-8438 www.molinahealthcare.com</p>
<p>United Healthcare Community Plan</p>	<p>MississippiCAN/CHIP 1-877-743-8731 www.uhccommunityplan.com</p>



2021 Member Workshop

10/1/2021

Get MORE with Magnolia



Transforming the health of the community, one person at a time.

Need help or have questions?

Call Member Services at 1-866-912-6285 (Relay 711)



- **Find a Primary Care Provider (PCP)**
 - Order **Provider Directory**
 - **Schedule** an **appointment** with your PCP
 - Report a potential fraud issue
 - Request new member materials
 - Obtain a **new** Magnolia member **ID** card
 - Obtain information about **Care Management**
 - Obtain information about **covered** and **non-covered benefits** and **services**
 - Obtain a list of health plan providers
 - Assist with transportation for members
 - **24/7- Nurse Advice Line**
- Download the Member Mobile App** on your phone from the **Apple** or **Google app store**.
- Benefit information
 - Find a Provider



Magnolia Member Services Department will be open from 7:30 a.m. to 8 p.m. CST on the first working day of the week; Tuesday-Friday from 7:30 a.m. to 5:30 p.m. CST; and the second weekend of the month, Saturday-Sunday from 8 a.m. to 5 p.m. CST. After business hours, calls are sent directly to the After-Hours Support and Nurse Advice Line. The Nurse Advice Line nurses are available twenty-four (24) hours a day, seven (7) days a week, including holidays.

*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.

Value Added Benefits



Want *Great* Benefits?



Your Doctor, Your Choice

- Get *unlimited* doctor visits



Vision

Children

- 2 eye exams and 2 pair of glasses every year

Adults

- 1 eye exam and 1 pair of glasses per year



Prescription Benefits

- 6 prescriptions per month.

*Prior Authorization required for Brand name drugs if the **generic** is preferred. \$1.00 co-pay may apply for some members.*



Cell phone

- SafeLink and Net10-
- Must be enrolled in Care Management

Weight Watcher Vouchers

- Must be enrolled in Care Management

Fan Club

- Provides 1 or 2 fans to help alleviate the heat
- July- September

Start Smart for Your Baby

- *Prenatal care*- during your pregnancy
- *Postpartum care*- after you deliver
- *Baby Showers*- 4 each year throughout the state

NICU kits

- Information about how to care for the baby
- Other beneficial items

Boys and Girls Clubs

- At select clubs
- Age 6 – 18 years old

YMCA Memberships

- 19 years old and older

My Health Pays™



Want to earn money?

Earn **My Health Pays™** rewards when you **complete healthy activities** like a **yearly wellness exam, annual screenings, tests and other activities to protect your health**. Use your My Health Pays™ rewards to help pay for:

- **Everyday items** at certain retailers
- **Utilities**
- **Transportation**
- Telecommunications
- Childcare services
- Education
- Rent



Healthy activities eligible for rewards:

- **\$20** – Annual **Flu** Vaccine
- **\$25** – Completing Health Information Form
- **\$25** – **Well Care** Visit with PCP
- **\$20** – Annual Adult Well Care Visit
- **\$30** – Annual Comprehensive **Diabetes** Care
- **\$20** – Annual Cervical Cancer Screening
- **\$20** – Annual Breast Cancer Screening
- **\$50** – Notification of Pregnancy Form (Completed within 1st trimester)
- **\$25** – Notification of Pregnancy Form (Completed within 2nd trimester)
- **\$20** – Postpartum Doctor Visit
- **\$10** – Per Each Infant **EPSDT** Visit
- **\$10** – Per Each Early Child EPSDT Visit
- **\$20** – Per Annual EPSDT Visit

Care/Disease Management



Want assistance managing your health?



CM/DM services are available to anyone who needs assistance with managing their health. *Just call us at **866-912-6285***

✓ Care Management

- **Clinical and Behavioral Health Care Managers-** Physical and mental health concerns
 - OB
 - HIV/AIDS
 - Sickle Cell
 - Oncology
 - Substance abuse
- **Social Service Specialists-** Address social concerns
 - Food
 - Shelter
 - Utility assistance
- **Community Connections Coordinators-** Connecting members to the plan, their doctors and other community services
 - Home/doctor visits
 - Community events/baby showers

✓ Disease Management Programs

For members who need extra assistance:

- Diabetes
- Asthma
- Obesity- **weight loss program**
- Hypertension

***We have a dedicated team of health coaches to help you manage your conditions**

✓ 24 Hour Nurse Advice Line

✓ Foster Care

Foster Care Children are enrolled with **Magnolia Health.**

- **Dedicated team**
1-888-869-7747





Want to Stay Healthy and Prevent Illness?

Members are **rewarded** for completing many of their screenings and preventive measures!!

Screenings: getting checked for possible issues

- **EPSDT Screenings** for children 0-21
- Lead Screening (before age 2)
- **Well-Woman Screenings**
 - Cervical Cancer
 - Breast Cancer
- **Diabetic screening**
 - Hgb A1c annually
 - Check for kidney disease annually
 - Dilated eye exam annually

Preventions: taking actions to stay healthy

- **Control Blood Pressure** by keeping it less than 140/80
- Prenatal Visit in the 1st Trimester
- **Postpartum Visit** 4-6 weeks after delivery
- **Flu Shots**
- **Adult annual wellness**
 - preventive care and lab
 - Annual Dental checkup (2-21)
- Childhood **Immunizations** (completed before 2nd Birthday)
- Adolescent Immunizations (completed by age 12)

Urgent vs. Emergent care



Need help after hours?

We will help you locate an **Urgent Care Clinic** in your area. Call your PCP or Magnolia Health's **Nurse Advice Line** for help.

Urgent Care (Urgent Care Clinics are for After-Hours Care)

- **Non-emergencies** when your PCP is unavailable, including:
- **Flu, colds, sore throats** and earaches
- A sprain or strain
- **A cut or scrape** not requiring stitches
- To get more medicine or have a prescription refilled
- Diaper rash

Emergency Room (Emergency Rooms are for Emergencies)

- **Broken bones**
- Gun or knife wounds
- Bleeding that will not stop
- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain or heart attack
- **Drug overdose**
- Trouble breathing
- Bad burns
- Other serious ailments

COVID 19

Visit www.MagnoliaHealthPlan.com to find information about COVID 19 or call Member Services at 1-866-912-6285.

Other Important Info



Need a Ride?

Call Magnolia at 1-866-912-6285 (Relay 711) to find out if you are eligible for **NET** services.

- **NET = Non-Emergency Transportation.**
 - NET is for people who have no other way to get to their healthcare appointment.
 - Magnolia has partnered with **MTM transportation services** to help provide members with transportation to and from their healthcare appointment.
- We provide trips for **eligible members and their caregivers**, if needed.
- **3 Day advance Notice**

Got a Bill?



- You **should not be billed** for services that are **covered**.
- **If you get a bill** (covered services)
 - **Call your provider** to make sure they have your Magnolia insurance
- If you still get a bill from the provider,
 - Call Member Services 1-866-912-6285 (Relay 711).
 - **Do not pay the bill yourself.**
- **Magnolia will not reimburse members who pay out-of-pocket for covered services.**

Thanks for Listening!!
















If you have any **questions** please contact us at 1- 866-912-6285

Tekemia Latham- 601-874-3375
tlatham@centene.com

A photograph of a woman with dark curly hair and a young child, both smiling broadly. They are wearing light blue shirts. The background is a soft teal color with some green foliage visible at the top.

**WE'RE MOLINA HEALTHCARE.
AND YOU'RE IMPORTANT TO US.**

As a part of MSCAN and CHIP, we are committed to making it easy for you to stay healthy, by providing traditional Medicaid Services and more!

-  Unlimited Office Visits
-  Smoking Cessation
-  Health Management Program
-  24-Hour Nurse Advice Line
-  Weight Watchers Program™
-  Pregnancy Program
-  My Molina Mobile
-  Vision Care
-  Non-emergency Transportation
-  Access to No-cost Cell Phone
-  Asthma Program
-  Farm to Table
-  Community Connectors

How to find a doctor

Choose a doctor that's right for you. Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) to view a list of participating providers. *You can also call us at (844) 809-8438, TTY/TDD 711 to request a printed directory or visit your local Division of Medicaid Regional Office or local WIC office.*

Ways to find a Provider:

- Download My Molina Mobile App and locate a Doctor near you
- [MolinaHealthcare.com/ProviderSearch](https://www.molinahealthcare.com/ProviderSearch)
- Let a **Case Manager** assist you in locating the right Doctor near you



Care Management

Molina's team of **Care Managers** are ready to serve! They are very helpful and will give you extra attention if you have Asthma, Behavioral health disorders, Chronic Obstructive, Pulmonary Disease (COPD), Diabetes, High blood pressure, High-risk pregnancy, Other high-risk conditions

Our Care Managers and Transition of Care Coaches can help you with:

- Scheduling an appointment to see your provider
- Understand your discharge plan
- Get your medications
- Find community resources.

Any Molina member may ask for a **Care Manager** to assist them with their health care needs including making doctor appointments, arranging transportation, and finding Community resources!

Rides to your doctor

Molina provides **transportation benefits** through **MTM**, so you don't have to miss your next scheduled visit. If you must travel to receive services, Molina will always help you.

- For **MSCAN**, Molina provides unlimited rides to your doctor. For **CHIP**, Molina provides 24 one-way trips (12 round trips) for covered services each calendar year.
- Molina covers rides to and from appointments, including trips to the pharmacy
- Molina covers rides to and from urgent care centers
- You can arrange for gas mileage reimbursement if more convenient for you



Member Rights and Responsibilities

Did you know that as a member of Molina Healthcare, you have certain rights and responsibilities?

- Molina Healthcare **MississippiCAN** members are not responsible for charges for *covered* medical services.
- Molina Healthcare **CHIP** Members are only responsible for copays, if applicable. CHIP members are not responsible for charges for covered medical services.
- If you get a bill from a plan provider for approved and covered services, call Member Services. Do not pay the bill until you have talked to us.
- If you pay out of pocket for covered services, contact member services at (844) 809-8438, TTY/TDD 711 to get reimbursement details.



Please visit our website at www.MolinaHealthcare.com for a complete list of member rights and responsibilities.

Stay healthy, get rewards – Visit your doctor as directed and receive gift cards and more!

MississippiCAN

• Pregnancy Rewards

- **Prenatal Care** – During pregnancy, visit your OB/GYN for six (6) regular exams and receive a **car seat**.
- **Postpartum Care** – After giving birth, visit your doctor as directed and get a **\$25 gift card**.
- **Healthy Behaviors** – Pregnant moms who connect with Primary Care or Home Health providers as scheduled during the 1st and 2nd trimester get a **\$25 gift card** for each trimester

- **Wellness** – Babies, children and adults who get scheduled wellness visits **\$25 gift card**
- **Mammograms** – Female members 50-74 years old, who receive their recommended mammogram screening **\$25 gift card**
- **Diabetic Treatment** – Diabetic members who receive their annual diabetic retinal eye exam. **\$25 gift card**

CHIP



Well Child Care Rewards

- Members' ages 0-18 that receive all childhood immunizations on schedule earn a **\$20 gift card!**
- Members that receive all scheduled childhood immunizations before 18 months of age earn a **\$20 gift card**.

Gift card rewards for taking your child to scheduled checkups, including:

- **\$25 gift card** for infants up to 15 months
- **\$25 gift card** for babies 15 - 30 months
- **\$25 gift card** each year for children 3 – 18 years old
- **\$25 gift card** for children with asthma who get primary care



Thank You!





UnitedHealthcare Community Plan

Beneficiary Workshop 2021

October 1, 2021

United
Healthcare

We are the UnitedHealthcare Community Plan

Mission

Helping people live healthier lives and helping make the health system work better for everyone.

Vision

Be the most trusted name in health care.



We are guided by a compassionate culture that responds to our members' health goals and needs.

We are empowering people to become actively engaged in their healthcare.

We work to become a true partner in our members' overall healthcare.



Member Benefits and Services

As a member with UnitedHealthcare Community Plan, you have a **\$0 copay**.
Your insurance also covers:



In-Network hospital stays
and emergency room visits.



Unlimited Doctor visits.
Services may include
vaccinations, tests, x-rays
and more.



Care for expecting
mothers and healthcare
services for children.



6 Prescriptions per month
(some medications may
require a prior
authorization.)



Eyeglasses for adults
and children.
Dental care for children.
*Benefits vary by age.

Our members call us to get the support they need. Our advocates treat each call as an opportunity to understand the member needs, answer the immediate questions and offer additional support.

Call **Member Services** at 1-877-743-8731, TTY: 711.

We're ready to answer any questions you may have.

You can also find answers to most questions at **[MyUHC.com/CommunityPlan](https://www.myuhc.com/CommunityPlan)**.

Member Services is available 7:30 a.m. – 5:30 p.m., Monday - Friday (and 7:30 a.m. - 8 p.m. on Wednesday).

We are also available 8 a.m. to 5 p.m. the first Saturday and Sunday of each month.



A Primary Care Provider (PCP) is *your personal doctor*.

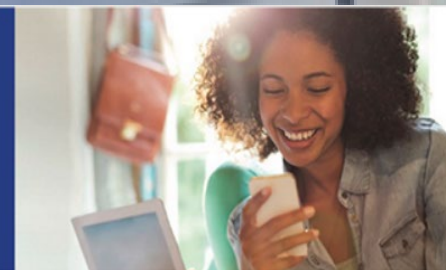
Our members choose a PCP from thousands of doctors in the Community Plan Network.

In Network Providers are participating in our network. Your care is covered here.

Out of Network Providers are *not* participating in our network. Your care may not be covered here and you may receive a bill when you receive care with an out of network provider.

Call Member Services to find an in-network provider or *change* your PCP at any time.

Find it all on your **secure member website**.



Search Providers



Member Handbook



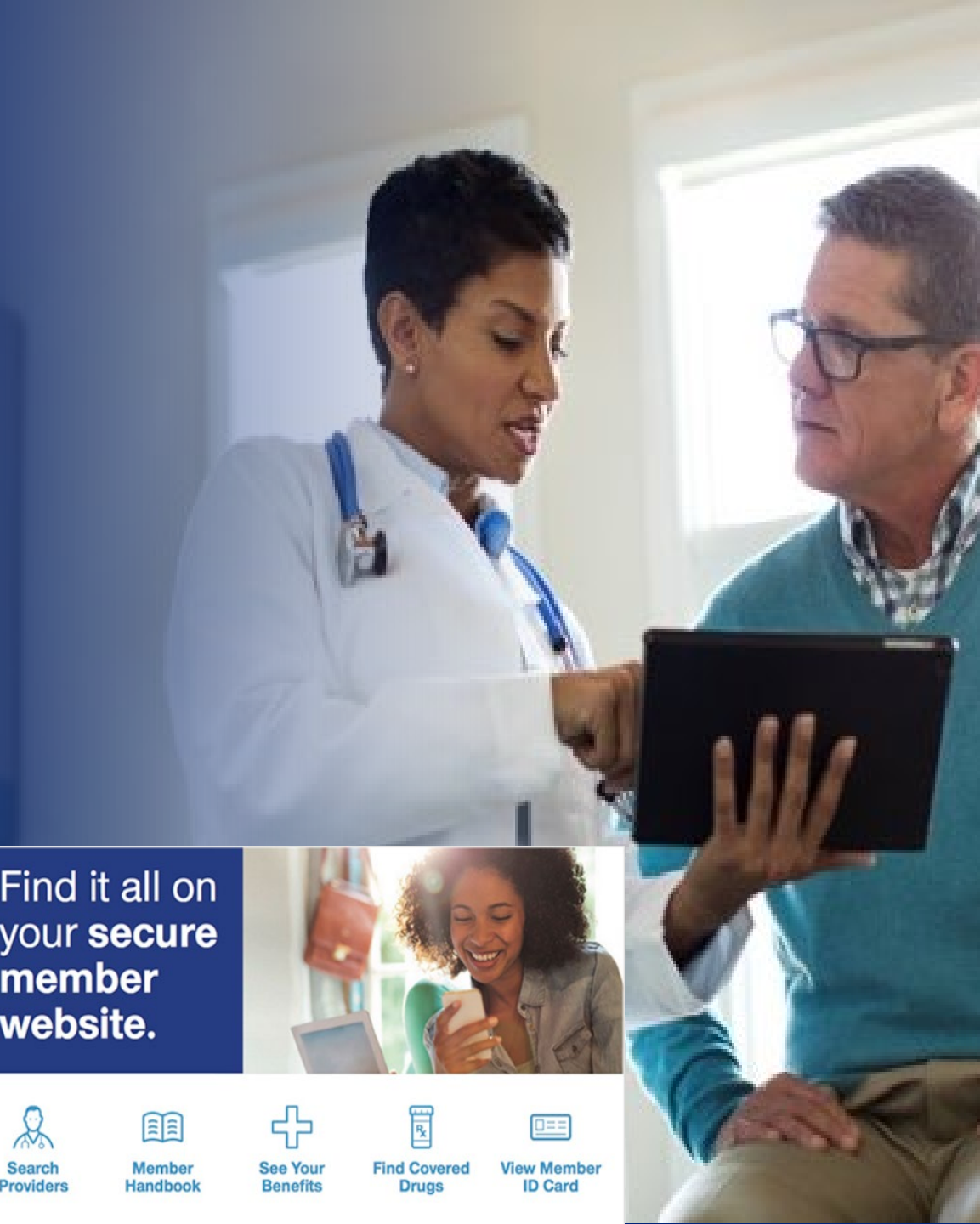
See Your Benefits



Find Covered Drugs



View Member ID Card



If a Member Receives a Bill

What if you receive a bill?

- **Members should not pay out of pocket for covered services received from In network providers.**
- **Members should not pay out of pocket for medications that are on the PDL when they have not received the six allowable number of medications.**

Tip to avoid receiving a bill.

- **Give every provider your correct insurance information; present both your Medicaid card and your UnitedHealthcare Community Plan card.**

Tip to avoid receiving a bill.

- **Make sure a provider is in network with UnitedHealthcare Community Plan.**

Contact us if you receive a bill.

- **Please call our member services advocates at 1-877-743-8731, TTY 711 and we can help you!**

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We are also available 8 a.m. to 5 p.m. the first Saturday and Sunday of each month.



Case Management



Our case management team aims to be a trusted partner in our member's health care journey. We are there for our members and help them to feel they have advocates in the effort to reach their goals. Our case managers provide:

- Telephone support.
- Home Visits.
- Disease Management.
- Health Education.
- Appointment scheduling and care coordination.
- Referrals to transportation and community resources.

**CASE MANAGEMENT IS
AVAILABLE TO ALL MEMBERS.**

For more information or to make a case management referral call Member Services at 877-743-8731.



Getting Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn't available or it's after clinic hours.

Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Minor cuts or burns.
- Flu.
- Low-grade fever.
- Sprains.

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Need Help? Call the Nurse Line.

Specially trained nurses are available 24 Hours a Day – 7 Days a Week.
Call **1-877-370-4009** to get the help you need at any time of the day or night.



Important Screenings and Preventions

Good health requires ongoing check-ups. We make every effort to make sure that our members know about important screenings and have access to get them. These include but are not limited to:

- **Wellness Exams for Adults** that include complete medical exams, cancer screenings and much more. Wellness Exams also provide any referrals to special services that you may need.
- **EPSDT (Early Periodic Screening Diagnosis Treatment)** exams are well-child check-ups that help identify any vision, hearing, dental or physical problems that your child may have. Wellness rewards are available.
- **Vaccines and Immunizations** are important for babies, kids and adults. We work with your doctor to make sure that you can get the shots that you need.
- **Behavioral Health Services** include an initial exam and are assistance with Outpatient Individual Services, Group and Family Therapy, Medication Management and Case Management.

**UNITEDHEALTHCARE MEMBERS CAN EARN
MASTERCARD REWARD CARDS FOR COMPLETING
HEALTHY WELLNESS ACTIVITIES.**

Non-Emergency Transportation

MSCAN members pay \$0 for rides to and from Medicaid non-emergency services.

- **Going to see your personal doctor (PCP).**
- **Going to your dentist.**
- **Picking up your prescriptions.**



Schedule your ride *before* your visit.

- **Call MTM 3 business days before your visit.**

You will need to know your doctor's name, phone number and address to schedule.



You can ask for Gas Mileage Reimbursement (GMR).

- If you or someone else drives you to the doctor.
- Call MTM at least 1 business day before your visit to ask for GMR.
- You will need the same info as before PLUS you will need to submit a trip log before you are reimbursed.
- The trip logs can be mailed to you or printed from MTM's website at <https://www.mtm-inc.net/mileage-reimbursement/>

How to contact MTM.

- **Call MTM at 844-525-3085 Monday- Friday 7am-8pm CST**

*Urgent trips can be scheduled 24 hours per day/7 days per week.

*You, your doctor, or someone you trust like a friend or family member can schedule your trips with MTM.



Member Rights

We are committed to getting things right the first time, every time. That's why we want to make sure our members are aware of their rights and responsibilities.

Your rights are not limited to:

- Being told by your doctor what is wrong, what can be done and what the result may be.
- Learning about options for treatment, regardless of cost or coverage.
- Voicing complaints or appeals about us and your care.
- Exercising your rights and not have this affect the way you are treated.

(Additional member rights can be located in the member handbook.)

If you feel that your rights have been limited,
call our member services at
1-877-743-8731, TTY: 711.





Meeting Our Members in the Community

Living a healthier life is not just about the treatment of disease. To make a meaningful contribution to health, we must work within the communities where our members live. Access to the resources available in their community is critical for our members and we connect them to those local services. Some of the many ways that we help our members in their communities are:

- Farm to Fork
- Partnering with Food Banks
- Healthy First Steps
- Dr. Health E. Hound Physical Activities
- Community/Church Health Fairs
- Healthy Giveaways
- and so much more!





We Live Our United Culture.



Thank You.