TRUECARE™

TrueCare™ MississippiCAN and Children's Health Insurance Program (CHIP)

Member Handbook

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2050 (TTY/TDD: 711)**.

Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-833-230-2050 (TTY/TDD: 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2050 (TTY/TDD: 711).**

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-833-230-2050 (TTY/TDD) "الهاتف النصيّ للصم وضعاف السمع": 711)**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。 如果您有残疾，可以获得免费的辅助设备和支持。 **请致电：1-833-230-2050（听语障人士专用电话：711）。**

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an**: 1-833-230-2050 (TTY/TDD: 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-833-230-2050 (ATS : 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2050 (TTY/TDD: 711).**

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आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसएबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2050 (TTY/TDD: 711).**

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2050 (TTY/TDD: 711)** 로 문의하세요.

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Gba ìrànlọ́wọ́ ọ̀fẹ́ ní èdè rẹ pẹ̀lú àwọn ògbifọ̀ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ́ àti àtìlẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2050 (TTY/TDD: 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2050 (TTY/TDD: 711)**.

په خپله ژبه کې د ژباړونکو او نورو لیکلي شوو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلولیت لرئ نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمېرې ته زنګ ووهئ **1-833-230-2050 (TTY/TDD: 711)**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-833-230-2050 (TTY/TDD: 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-833-230-2050 (TTY/TDD: 711)** मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် **1-833-230-2050 (TTY/TDD: 711)**

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kall e **1-833-230-2050 (TTY/TDD: 711)**.

MS-MED-M-3287595 DOM Approved: 3/3/2025

TRUECARE™

Non-Discrimination Notice

We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation) or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you.

Call **1-833-230-2050 (TTY/TDD: 711)** if you need any of this help. We are open Monday through Friday, 7 a.m. to 8 p.m. Central Time (CT). We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

Mail: TrueCare
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, OH 45401
Phone: 1-844-539-1732 (TTY: 711)
Email: CivilRightsCoordinator@MSTrueCare.com
Fax: 1-844-417-6254

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Mail: U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Mail the complaint form found at
www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Online: ocrportal.hhs.gov

You can find this notice at **MSTrueCare.com**.

MS-MED-M-3314788 DOM Approved: 3/3/2025

Your Member Handbook

Welcome to TrueCare™! We are happy to serve you as a member of our health plan.

This is your member handbook. It will tell you about the benefits and services you have as a TrueCare Mississippi Coordinated Access Network (MississippiCAN) or Children's Health Insurance Program (CHIP) member.

Please look through this handbook. Keep it handy so you can look at it as needed. Call your Care Manager if you have any questions. You can learn more about Care Management on **page 28**. You can also call Member Services or find the handbook on our website at **MSTrueCare.com**.

If you need the member handbook or other materials in another format or language, we can help. We provide free services for members who may need communication support. These include:

- Sign language interpreters
- Written materials in other formats, such as large print, audio, braille, and accessible electronic formats
- Information written in other languages
- Language interpreters

You can get materials in other formats by calling us at **1-833-230-2050 (TDD/TTY: 711)** Monday through Friday, 7 a.m. to 8 p.m., Central Time (CT).

TRUECARE™

TABLE OF CONTENTS

WELCOME TO TRUECARE

We are excited to serve you and glad to have you as a member! TrueCare is Mississippi's only provider sponsored health plan. Our mission is to make a lasting difference in your health and well-being. This is at the heart of who we are.

Contact Us

There are many ways to contact us. Use one of the ways below to get in touch.

Use your secure member TrueCare MyLife account at **MyLife.MSTrueCare.com**. Learn more on **page 3**.

Call Member Services:
1-833-230-2050 (TDD/TTY: 711)

Open Monday through Friday,
7 a.m. to 8 p.m. Central Time (CT).

Mail:
TrueCare
P.O. Box 8738
Dayton, OH 45401-8738

Visit us online:
MSTrueCare.com

Member Services can help you learn more about:

- Your TrueCare benefits and what your plan covers.
- Finding out if a service needs a prior authorization.
- How to get a new member ID card.
- Changing your primary care provider (PCP) or getting help finding one in our network.
- Changing your address, phone number, or email.
- Filing a grievance about TrueCare or a provider.
- File a grievance if you have been discriminated against.
- Accessing interpreter services.

Interpreter Services

Are you or someone you care for a TrueCare member who:

- Does not speak English?
- Has hearing or vision problems?
- Has trouble reading or speaking English?

We can help! Call Member Services. We can explain items in English or in your first language. These services are free. We can get you sign language interpreters. We can have someone help you talk with us or your doctors and nurses. You can get any material in other formats for free. These can be in large print, braille, or audio.

Important Dates:

TrueCare is closed* on:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

*Our 24-Hour Nurse Advice Line is open 24/7, 365 days a year, even holidays.

24-Hour Nurse Advice Line

Phone: 1-833-687-7321 or 1-833 NURSE 21 (TTY: 711)
Open 24 hours a day, 7 days a week, 365 days a year

You can call us 24 hours a day, 7 days a week, 365 days a year. This is a free call. We can help you:

- Learn about a health problem.
- Decide when to go to your doctor, urgent care, or emergency room (ER).
- If you have a mental health or behavioral crisis.
- Find out more about your medications.
- Find out about health tests or surgery.
- Learn about healthy eating.

Need Help Now? You Have Options.

Call 988 or text HOME to 741741 to reach a crisis counselor 24 hours a day, 7 days a week.

Call our Behavioral Health Crisis Line at **1-833-687-7396 or 1-833-NURSE 96 (TTY: 711)**.

Call 911 if you have an emergency or go to the nearest ER.

TRUECARE WEBSITE

Use TrueCare's website to learn more about your plan. Go to **MSTrueCare.com**. You will find information about:

- ✓ Your member handbook
- ✓ Our online provider directory at **findadoctor.MSTrueCare.com**
- ✓ Access to TrueCare MyLife, you secure online member account
- ✓ Health programs and services
- ✓ And much more!

TRUECARE MYLIFE

Convenience meets care with TrueCare MyLife. TrueCare MyLife is a safe, personal online account. Get health tips, support, and plan details—all in one place. You'll get:

- Easy access to plan resources, health coverage and benefits.
- Health education resources.
- Personalized, practical advice.
- Access to manage your dependent's health plan.

Don't have an account? Sign up at **MyLife.MSTrueCare.com**.

You can also download the TrueCare MyLife app to your smartphone from Google Play® or the App Store® to access TrueCare MyLife on the go!

HEALTH RISK SCREENING

Please fill out the Health Risk Screening (HRS) for each TrueCare member in your household. You will earn a $25 reward through MyHealth if you are a TrueCare member age 18+. (See **page 38** to learn more about rewards). What you share in the HRS helps us work with you to meet your health care needs. There are a few ways to fill out the HRS.

Online:
Visit **MyLife.MSTrueCare.com**. Assess or sign into your secure TrueCare MyLife account to find your HRS.

Phone:
1-844-542-2610 (TTY: 711)
Monday through Friday, 7 a.m. to 6 p.m. Central Time.

By mail:
Copies of the HRS will be sent to you in the mail soon. There will be one for each member in your household. Fill them out and send them back in the postage paid envelope provided.

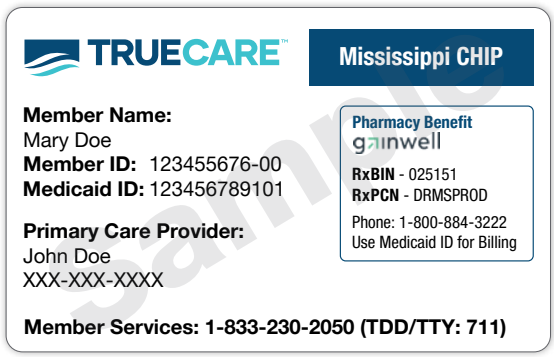
MEMBER ID CARDS

Your ID card comes in your new member packet. You will get this in the mail when you first join TrueCare. Didn't get your ID card or need a new one? Visit **MyLife.MSTrueCare.com** or call us.

- Each TrueCare member will get their own ID card.
- Each ID card is good while you are a TrueCare member. Cards do not expire.
- You can view your ID card on your TrueCare MyLife account.
- Member ID cards will look like the ones below.

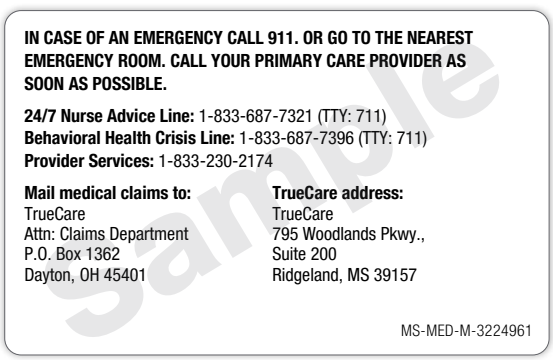
Front of ID Card

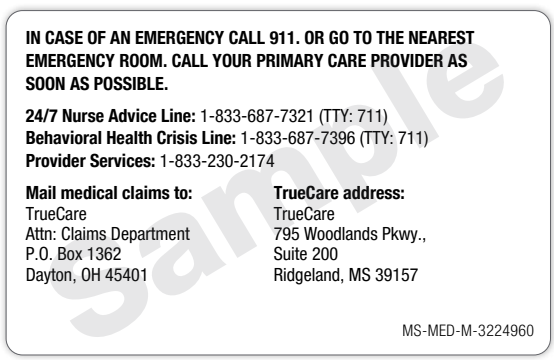
Your Name
Your Member ID
Your Primary Care Provider (PCP)
Pharmacy Information
TrueCare Member Services Phone Number



Back of ID Card

What to do in an emergency
24-Hour Nurse Advice Line Phone Number
Behavioral Health Crisis Line Phone Number
Provider Services Phone Number
Claims Addresses





Always keep your ID card with you.

You will need your ID card each time you get medical care. You can also view it on your TrueCare MyLife account. You need your TrueCare member ID card when you:

- See your providers or a specialist.
- Go to an emergency room or go to a hospital for any reason.
- Go to urgent care.
- Get medical supplies.
- Get a prescription.
- Have medical tests.

Call Member Services as soon as possible if:

- You did not get your ID card.
- Your card details are wrong.
- You lose your card.
- You have a baby.

Member Services can also help if you need a replacement card.

CURRENT TREATMENT PLANS AND HEALTH CARE

If you are getting ongoing medical treatment when you become a TrueCare member, your treatment may need to be approved by us. You do not need approval for emergency care.

If you don't have an emergency, call us. We will let you know if your care needs to be approved. Some of this care might be:

- Any surgery or medical procedure
- Cancer care
- Care after a hospital stay within the last 30 days
- Equipment (like a breathing machine for asthma)
- Home health care

Your Care Manager can help you find a provider in our network. You can also find a list in our Provider Directory or at **findadoctor.MSTrueCare.com**.

Current Drug Coverage

TrueCare members will use Gainwell, the contracted Single Benefit Pharmacy Manager, to fill prescriptions. Visit portal.ms-medicaid-mesa.com/ms/%20provider/Resources/SearchProviders/tabid/220/%20Default.aspx to find a pharmacy or learn more about prescriptions. Please call Gainwell at 1-800-884-3222 (TTY: 711) if you have any questions.

TRUECARE MISSISSIPPICAN

Eligibility for MississippiCAN

TrueCare serves members through the MississippiCAN program. You must receive Mississippi Medicaid and be a resident of Mississippi to be in this program. Only certain members qualify for MississippiCAN. Below are lists of who may qualify for MississippiCAN.

TERMS TO KNOW

- Federal Poverty Level (FPL)
- Temporary Assistance for Needy Families (TANF)
- Children's Health Insurance Program (CHIP)

Mandatory Populations

Populations Who May Not Disenroll	Ages
Supplemental Security Income (SSI)	19-65
Working Disabled	19-65
Breast and Cervical Cancer	19-65
Pregnant Women (below 194% FPL)	8-65
Newborns (below 194% FPL)	0-1
Parent/Caretakers (TANF)	19-65
Medical Assistance Children (Populations other than those listed above)	0-19
Transition children	1-19
Children (TANF)	0-19
Children (below age 6, below 143% FPL)	1-5
Children (below age 19, below 100% FPL)	6-19
Quasi-CHIP (previously qualified for CHIP, age 6-19, 100-133% FPL)	6-19
Children (age 0-19, below 209% FPL)	1-19

Optional Populations

Populations Who Have the Option to Enroll	Ages
Supplemental Security Income (SSI)	0-19
Disabled Child Living at Home	0-19
DHS-Foster Care Children	0-19
DHS-Foster Care Children (Adoption Assistance)	0-19
American Indians	0-65

Optional populations may be able to choose regular Medicaid or MississippiCAN. These members can disenroll within 90 days and get health care through fee-for-service (FFS).

Who cannot be a part of MississippiCAN:

Some groups do not qualify for benefits under MississippiCAN. These groups include:

- Members in any waiver program including:
  - Elderly and Disabled (ED)
  - Independent Living (IL)
  - Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI)
  - Assisted Living (AL)
  - Intellectual Disabilities/Developmental Disabilities (ID/DD)
- Members who have both Medicare and Medicaid
- Members who live in an institutional setting, like:
  - A nursing facility
  - An intermediate care facility for individuals with intellectual disabilities (ICF/ID)
  - A correctional facility
  - And others

Also, members will lose their MississippiCAN eligibility and be disenrolled from TrueCare if they:

- No longer live in Mississippi.
- Die.
- No longer qualify for Medicaid benefits.
- Begin living in a nursing home.
- Enroll in a waiver program.
- Become eligible for Medicare.
- Are diagnosed with hemophilia and get clotting factor products and other treatments.

Want to learn more?
Go to: https://medicaid.ms.gov/who-qualifies-for-mississippican/.

TRUECARE CHIP

Eligibility for CHIP

CHIP stands for Children's Health Insurance Program. It is health coverage for uninsured children up to age 19 years old who meet family income limits. To be part of CHIP, a child cannot be eligible for Medicaid or have other health insurance.

It is possible that one child in a family may be part of Medicaid. Another child may be part of CHIP. Eligibility is based on:

- Family household income
- The age of each child
- The child's insured status

Populations	Income Level
Newborn to age 1	194% FPL to 209% FPL
Ages 1 to 6 years	143% FPL to 209% FPL
Ages 6 to 19 years	133% FPL to 209% FPL

Want to learn more?
Go to: https://medicaid.ms.gov/programs/mississippican/mississippican-chip-information/

MEMBERSHIP AND ELIGIBILITY

We hope you are happy with TrueCare. Please call us if you have problems or concerns about your benefits. The sections below will tell you more about enrollment and eligibility.

If you're an optional member of MississippiCAN or in CHIP

You can disenroll or change your plan:

- During the first 90 days as a member. If you do not change within the first 90 days, you will stay with TrueCare for the calendar year.
- During the open enrollment period from October 1 to December 15.

If you are a mandated member of MississippiCAN

- You cannot disenroll.
- You can change coordinated care organizations (CCO) within 90 days of enrollment.

Open Enrollment

Open enrollment is when you can change your insurance plan provider. During open enrollment, you can stay with your plan, or change your plan. Your plan will be active January 1 to December 31 of the next year.

In 2025, there is a special enrollment period before TrueCare's July 1, 2025, start date. You may have chosen to enroll in TrueCare or have been assigned to us during the special enrollment period.

In 2026, the open enrollment period will be from October 1 to December 15. The State of Mississippi will send you a letter about open enrollment.

Major Life Changes

Life changes can happen at any time. Life changes could affect your eligibility with TrueCare. If you have a major life change, call the Medicaid Hotline at 1-800-421-2408 within 10 days of the change happening. You can also call within 10 days of when you notice there has been a change.

Some major life changes are:

- Name change
- Moving to a new address, a new county or out of state
- Family size
- Job/income change
- Disability change
- Pregnancy
- Health coverage is obtained under another policy or there are changes to that coverage

Changing Your Plan

The Mississippi Division of Medicaid (DOM) either assigned you to us or you chose to be a member of TrueCare. If you want to change plans, you can do that within the first 90 days. After 90 days, you can only change your plan for cause until the next annual open enrollment period. Here are the reasons you can change:

- You move out of state.
- You do not have access to covered services.
- You do not have access to providers for your health care needs.
- You get poor quality care.
- DOM placed sanctions against TrueCare.
- Other reasons set up by DOM.

You can switch to a new plan *during the annual open enrollment*. If you decide not to make a change during open enrollment, you'll stay with TrueCare for the next 12 months. We hope you will be happy with TrueCare and stay with us!

If you don't change plans during open enrollment and want to switch plans, you will need to show cause.

To change plans, call the DOM. You can make this request by phone or in writing.

Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201
Toll-free: 1-800-421-2408
Phone: 1-601-359-6050 (TTY: 711)
Fax: 1-601-359-4185

DOM will work with you and will let you know their decision. TrueCare is not part of this decision. If you are approved, the new plan's start date will be no later than the first day of the second month after the month DOM gets your request. For example, if DOM gets your request on March 15, the start date with your new plan will be no later than May 1.

If your request is not worked on timely, it will be approved automatically.

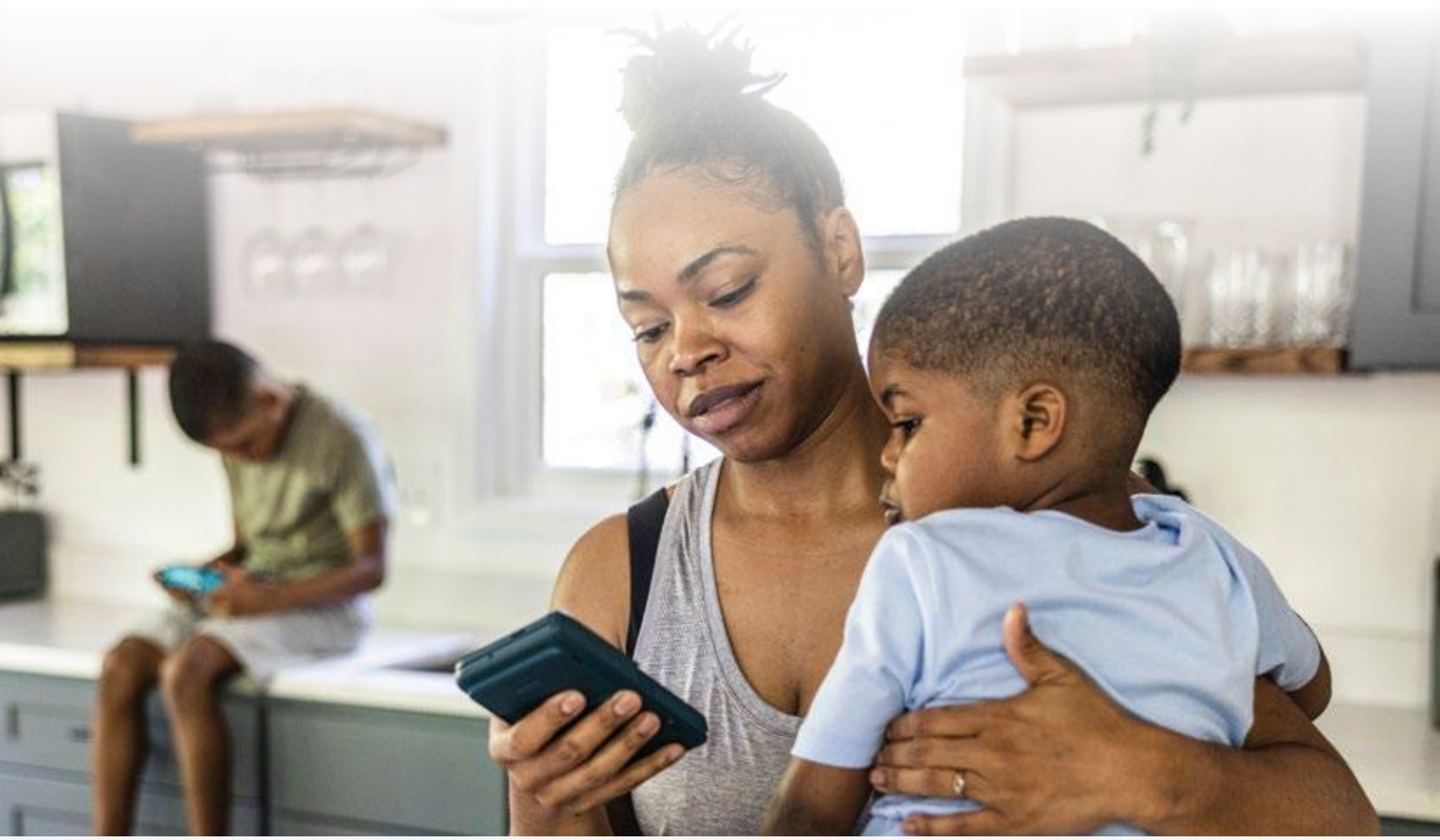
Disenrollment/Reinstatement

If you are disenrolled, you may be reinstated for the next month with no coverage loss. You must renew your eligibility. It will need to be put into the Medicaid Management System (MMIS) by the last day of the month. To renew your eligibility, call the Mississippi Division of Medicaid (DOM) at 1-800-421-2408. The decision to renew your eligibility comes from the State of Mississippi, not TrueCare.

If an eligibility lapse is not fixed in this timeframe (by the last day of the month) you cannot be reinstated for the next month. You will be disenrolled from TrueCare. If you need to continue a certain type of care, and all parties agree, you can be reinstated.

Questions about your eligibility? Want to have your eligibility reinstated? Call the DOM at 1-800-421-2408.

Members of some plans have the right to disenroll or change health plans at certain times of the year. Different rules may apply depending on your plan. You may also be disenrolled if you are no longer eligible for the plan. This may happen if you become part of Medicare.



NO COPAYS FOR TRUECARE MEMBERS

TrueCare MississippiCAN members do not have copays. This means you should not get a bill or be charged a copay when you get health care services covered by us.

TrueCare Waives Costs for CHIP Members

TrueCare has chosen to waive all copay and out-of-pocket costs for CHIP members so there are no barriers to getting the care you need. This means TrueCare's CHIP members will not pay for physician or emergency room visits, or any other covered health services.

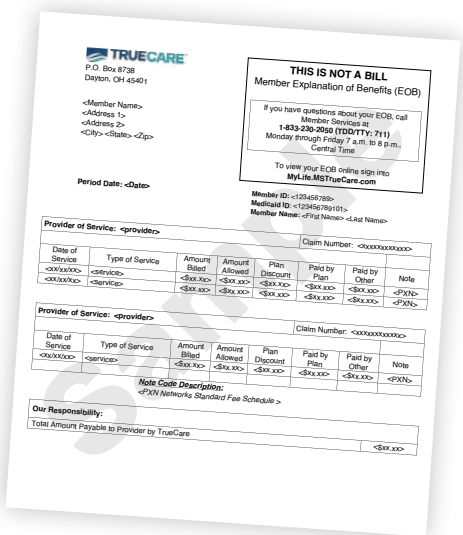
You should call Member Services if you get a bill. There may be times when services are not covered, need a prior authorization (PA), or are limited. You can be charged for non-covered services if your provider gives you a written letter. This letter will say you have to pay **before** you get the service. You can learn more about what is covered on **pages 18-26**.

Follow these helpful tips when you get care:

- Keep your TrueCare ID card with you. Show it at the time you get the service or item. If you don't, you may have to pay the bill.
- Before getting any service, ask if it is covered.
- If your provider recommends you get a service that's not covered, you may pay for that service if you choose to get it.
- If you get a non-covered service, your provider may ask you to sign a statement that you will pay for the service. If you sign, you must pay for that service.

We send an Explanation of Benefits (EOB) when you have a health visit.
An EOB is not a bill. It will list:

- Who got care
- The doctor who billed for the care
- The date of the care
- The type of care
- The amount that TrueCare paid


TRUECARE
P.O. Box 8738
Dayton, OH 45401

<Member Name>
<Address 1>
<Address 2>
<City> <State> <Zip>

THIS IS NOT A BILL
Member Explanation of Benefits (EOB)

If you have questions about your EOB, call Member Services at 1-833-230-2050 (TDD/TTY: 711) Monday through Friday 7 a.m. to 8 p.m. Central Time

To view your EOB online sign into MyLife.MSTrueCare.com

Period Date: <Date>

Member ID: <123456789>
Medicaid ID: <12345678910>
Member Name: <First Name> <Last Name>

Provider of Service: <provider>
Claim Number: <xxxxxxxxxxx>

Date of Service	Type of Service	Amount Billed	Amount Allowed	Plan Discount	Paid by Plan	Paid by Other	Note
<xx/xx/xxx>	<service>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<PXN>
<xx/xx/xx>	<service>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<PXN>

Provider of Service: <provider>
Claim Number: <xxxxxxxxxxx>

Date of Service	Type of Service	Amount Billed	Amount Allowed	Plan Discount	Paid by Plan	Paid by Other	Note
<xx/xx/xxx>	<service>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<$xx.xx>	<PXN>

Note Code Description:
<PXN Networks Standard Fee Schedule >

Our Responsibility:
Total Amount Payable to Provider by TrueCare <$xx.xx>

Sample

SERVICES COVERED BY TRUECARE

When you see your provider, show them your member ID card. This is how they know you are covered by TrueCare and your care will be paid for.

TrueCare covers all medically necessary care. This means you need the services. They will prevent, diagnose, cure, or help stop a condition. This care could help address something that:

- Could cause risk to your life.
- Causes suffering or pain.
- Results in illness or injury.
- Causes or worsens a handicap.
- Causes physical deformity or malfunction.

Sometimes you may need care that requires a **prior authorization (PA)**. PA means we must approve a service before you get it. Your provider will work with us to ask for a PA when needed for certain types of care. You can learn more about PA in the next section.

You should not be billed for these services. Please call us if you get a bill.

What's covered by TrueCare*:

- Ambulance services
- Behavioral health services
- Emergency room (ER)
- Helping you plan to have a baby
- Inpatient and outpatient care
- Maternity care
- Office visits – all health care types
- Preventive care
- Vision care
- Well-baby or well-child visits

**This is not a full list. The full list is on the pages below, 18-26.*

PRIOR AUTHORIZATION AND REFERRALS

Prior authorization (PA) means TrueCare must approve a service before you get it. Your provider will ask TrueCare first. You can learn more about services that need a PA in the benefits list on **pages 18-26**. A full list can also be found on **MSTrueCare.com**. You can call us to learn more or if you need help.

Please Note:

- You should try to get care in the TrueCare network. This means the providers take TrueCare. You do not need a PA to visit these offices.
- When you want to see a provider out of network, you need a PA.
- You will not need a PA if it is an emergency.
- Please check the PA list on our website. This list can change. The website is most up to date.
- For medications, you may get a minimum of a 3-day emergency supply for drugs that need a PA until the authorization is completed.

WORDS TO KNOW

Covered Service: medically necessary care that we pay for.

Medically Necessary: care that is needed to diagnose or treat an illness, injury, condition, disease or its symptoms.

Prior Authorization (PA): approval that may be needed before you get a service or medication. The service must be medically necessary for your care. Your provider will take care of this for you.

Services Outside of Our Network

We can work with a provider outside of the TrueCare network to coordinate care. Your provider will need to get a PA first if they are out of network.

Transition of Care

TrueCare's Coordination Team will work with you to keep your care. We can help set things up to make sure your care runs smoothly if you are coming from a different plan. We can also help if:

- You are new to TrueCare.
- Your provider has left the network.
- You leave TrueCare to go to another plan.
- You move from TrueCare to standard Medicaid.
- You move between settings like an inpatient hospital back to your home.

Services Covered By Medicaid

- Assisted living facility services
- Dental benefits in a capitated program
- Human Development Center (HDC)
- School-based services by school employees
- Skilled nursing facility (limited rehabilitation stay is not the same as this)
- Transplants
- Rides for Early Intervention Day Treatment (EIDT) and Adult Development Day Treatment (ADDT)

Call us if you need help.

Other Insurance

Let us know if:

- You have other insurance.
- You are on a family member's health insurance.
- Your children or other dependents are covered through someone else.

Keep in mind:

- If you or your child or dependent has another primary insurance, that insurer is responsible. The other primary insurer must be billed before a claim is sent to us.
- The provider will need your TrueCare ID card and the other insurance card.
- You must have both cards with you to get care.
- We will help coordinate payment of claims between your two insurance plans.

AMERICAN INDIANS/ALASKA NATIVES (AI/AN)

American Indians and Alaska Natives (as defined by the Indian Health Care Improvement Act of 1976) may choose not to use managed care.

All AI/AN members can get care from Indian health care providers. This choice is even if a provider is out of network. AI/AN members may choose to have an Indian health care provider as their PCP if they are in the TrueCare network, an eligible PCP and they have the space to provide the services.

We will pay for services in the same way network providers are paid when getting care from out-of-network health care providers. Cost share requirements, PA and benefit coverage is the same for network providers and Indian health care providers.

YOUR BENEFITS

At TrueCare, we care about you. We know that there is more to health than great health care. That's why we offer benefits and services that go beyond basic care. The list below covers care and services you have with us. You can find out more at **MSTrueCare.com**. You can also call us if you have questions about the benefits and services listed here.

Talk to your Care Manager or call us if you have any questions.

Benefits	Details
Ambulance and Air Ambulance	• Transportation for emergencies by ambulance or an air ambulance is covered. • Ambulance services to a doctor's office or clinic are not covered. It could be covered under certain cases. • Non-emergent ground and air transport requires prior authorization (PA).
Certified Nurse Midwife (CNM)	Nurses who help you with pregnancy, labor, and birth. Find a CNM in your provider directory. Go to **findadoctor.MSTrueCare.com**. You can also ask your Care Manager or call Member Services.
Certified Nurse Practitioner (CNP)	Nurses who are trained in some of the medical care that doctors provide. Find a CNP in your provider directory. Go to **findadoctor.MSTrueCare.com**. You can also ask your Care Manager or call Member Services.
Chiropractic Services	Involves adjustments (manipulations) to the spine or other parts of the body. $700 per year limit.
Diagnostic Services	Lab work, x-rays, or tests ordered by a doctor. They help the doctor learn more about a specific condition. Need a PA for: • Some bloodwork/lab testing • Scans (Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET))

Benefits	Details
Durable Medical Equipment (DME) and Supplies	Medical equipment and supplies that can be used more than once for health services. These are covered: • Cochlear implants (ages 20 and under; batteries are covered for all ages) • Diabetic supplies • Enteral/Parenteral Nutrition and Supplies • Incontinence supplies (ages three and older, 6 units of garments per day) • Orthotics/Prosthetics (Orthotics may not be replaced for 12 months from the date of purchase. Prosthetics may not be replaced for five years from the date of purchase.) • Oxygen and supplies • Wheelchairs covered for those age two and older. - Age 20 and under gets one wheelchair per two-year period. - Age 21 and older gets one wheelchair per five-year period. • Wound care The following services always need a prior authorization (PA): • Wheelchairs and some associated accessories • Insulin infusion device • Continuous Glucose Monitors • Prosthetic and orthotic devices • Patient transfer systems/Hoyer lifts • Phototherapy beds (Bili beds) • Power wheelchair repairs • Spinal cord stimulators • Oral nutrition (for medical purposes) and enteral nutritional therapy All rental/lease items like: • CPAP (continuous positive airway pressure)/BiPAP (bilevel positive airway pressure) • NPPV (noninvasive positive pressure ventilation) machines • Apnea monitors • Ventilators • Hospital beds • Specialty mattresses • High frequency chest wall oscillators • Cough assist/stimulating device • Pneumatic compression devices • Infusion pumps • Cochlear implants including most replacements • Wound vacs • Custom equipment • Repairs and/or replacements

Benefits	Details
Eye Care	Surgical evaluation for ptosis, congenital cataracts, exotropia or vertical tropia between the ages 12 and 21.
Family Planning Services and Supplies	• Birth control • Family planning exam Infertility diagnostic services need a PA. Family planning services are available from any provider, both in and out of the TrueCare network.
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)	Special offices to help people who live in rural or urban areas. Covered care includes: • Office visits with PCP • Specialist services • Physical therapy • Speech pathology • Occupational therapy • Audiology services • Podiatry • Mental health services Find a FQHC or RHC in your provider directory. Go to **findadoctor.MSTrueCare.com**. You can also ask your Care Manager or call us.
Hearing Services	Hearing exams are covered at no cost to you. Hearing aids and related items are covered for those under the age of 21. A PA is needed for: • Hearing aid repairs
Hospice Services	Inpatient hospice services require PA. Hospice is care for terminally ill patients. Hospice care is covered at no cost to you.
Inpatient Hospital Services	These services are medical procedures or tests done in a hospital or medical center. They usually need an overnight stay. All inpatient hospital services need a PA.

Benefits	Details
Maternity Care	Prenatal and postpartum care, including at-risk pregnancy services and gynecological services. You may self-refer to any in-network women's health specialist. Or you may see your PCP. • Nurse midwife services • Prenatal and postnatal doctor visits • Lamaze • Parent education • Breastfeeding classes
Outpatient Services (Facility and Professional)	These services are medical procedures or tests. They are done in a medical center without an overnight stay. Some surgeries and procedures may need a PA. These are examples of outpatient services, but not limited to: • Blood services • Chemotherapy/Radiation Therapy • Dialysis • Emergency/urgent care services • Imaging (CT/PET/MRI) • Infusion therapy • Observation services • Outpatient hospital diagnostic procedures, labs, and tests • Outpatient hospital surgery and Ambulatory Surgical Center (ASC) • X-Rays and diagnostic imaging For more information on coverage limitations, see **page 27**.
Out-of-Network Providers	Providers that have not signed a contract to give services to our members. PA is needed for any out-of-network providers or services with the exception of American Indian/Alaskan Native members. Find providers in your provider directory. Go to **findadoctor.MSTrueCare.com**. You can also ask your Care Manager or call us.

Benefits	Details
Pain Management Services	These services help improve the quality of life for those living with chronic pain. These are covered: • Epidurals • Facets medial nerve branch • Implanted pain pumps • Joint fusions • Sacroiliac joint injections • Spinal Code Stimulators (SCS) • Trigger point injections A PA is needed for: • Epidural steroid injections • Trigger point injections • Implantable pain pump • Implantable spinal cord stimulator • Most sacroiliac joint procedures • Sacroiliac joint fusion • Most facet joint interventions
Pharmacist Services	We cover medically necessary visits with a pharmacist to manage your medications, give you immunizations, or provide other medication services.
Physical, Speech, and Occupational Therapy	Physical, occupational and speech therapy are three related fields in rehabilitation. No restrictions on programs for age 20 and under. PA may be needed for some programs. These programs are covered for age 21 and older: • Adult Developmental Day Treatment Services • Critical access hospital • End-Stage Renal Disease (ESRD) • Home health • Hospice • Independent Lab/Certified Registered Nurse Anesthetist/Radiation Therapy Centers PA may be needed for some programs.

Benefits	Details
Podiatry Services	Services for your feet. No limits for medical visits (non-hospital setting) for age 20 and under. PA may be needed for those age 21 and up.
Prescription Drugs	Your pharmacy benefits are provided by Gainwell, the single Pharmacy Benefit Administrator (PBA) for all Mississippi Medicaid members. Many drugs are covered by Medicaid. Some drugs may require a prior authorization before they are covered. Please call Gainwell at 1-800-884-3222 if you have any questions.
Provider Administered Drugs	We cover medically necessary drugs that are typically infused or injected and given to you by a provider in an office or other outpatient clinical setting. These drugs may need prior authorization before your provider can give it to you. All other pharmacy benefits are provided by Gainwell, the PBA for all Mississippi Medicaid members. Please call TrueCare at **1-833-230-2050 (TDD/TTY: 711)** if you have any questions.
Residential Treatment	Provides therapy for substance use disorder, mental illness, or other behavioral issues. This is done in a health care facility. Talk to your Care Manager or call us to learn more. PA is needed for residential treatment.
Screening and Counseling for Obesity	Obesity/Body Mass Index (BMI) screening and dietary counseling are covered. Your provider can give this care if medically necessary.
Specialists	Specialists are dermatologists, cardiologists, and other specialty providers. Find specialists in your provider directory. Go to **findadoctor.MSTrueCare.com**. You can also ask your Care Manager or call us. Out of network specialists need a PA.
Vaccines and Immunizations	Vaccines and immunizations needed for wellness services.

Mental Health (Behavioral Health) and Substance Use Disorder (SUD) Services

If you are dealing with depression, anxiety, alcohol or drug dependence, we can help.

Find a provider at **findadoctor.MSTrueCare.com** or your Provider Directory. You can ask us for a printed copy. You can also talk to your Care Manager or call us.

Need Help Now? You have options.

- Call 988 or text HOME to 741741 to reach a crisis counselor 24 hours a day, 7 days a week.
- Call our Behavioral Health Crisis Line at **1-833-687-7396/1-833 NURSE 96 (TTY: 711)**.
- Call the 24-Hour Nurse Advice Line, at **1-833-687-7321/1-833 NURSE 21 (TTY: 711)**.

These services need a prior authorization (PA). PA means we must approve a service before you get it.

- Adaptive Behavior Treatment
- Family psychotherapy (marital/family behavioral health counseling)
- Group pharmacologic counseling
- Individual pharmacologic counseling
- Inpatient services
- Psychiatric diagnostic evaluation (mental health diagnosis)
- Psychiatric diagnostic evaluation with medical services (psychiatric assessment)
- Psychosocial rehabilitative services
- Psychotherapy (individual behavioral health counseling)
- Therapeutic behavioral services (behavioral assistance)

You can also use myStrength℠ to take charge of your mental health. You can get support to help with your mood, mind, body, and spirit. Use it online or get it on your mobile device. You get this tool at no cost to you. Get myStrength in your TrueCare MyLife account.

TrueCare Addiction Hotline

The path to recovery starts here. When you are ready for treatment, it is vital to start right away. Call us at **1-866-286-9738 (TDD/TTY: 711)** to learn about local resources and benefits. We want to help support you on your recovery journey. Make sure you let your Care Manager know you called so they can help with follow up care. You can learn more about how to get a Care Manager on **page 28**.

Dental Care

Good oral care is key to your health. Your dental benefits are covered by Avesis. Go to avesissymplr.veriben.net/?healthPlanCompany=TrueCare to learn more about Avesis or find covered dental providers or call 1-833-282-2418. You can also call Member Services. Make sure the provider knows you are covered by Avesis before you visit.

You have these dental benefits. Frequency and/or age limitations apply.

Type	Benefits
Preventive and Diagnostic	Full exams, routine cleanings, and x-rays
Basic	Fillings and gum care
Major	Full and partial dentures, root canals, tooth removal
Urgent	Dental care to treat pain, swelling or an infection
Orthodontia (age 20 and under)	Treatment for tooth alignment (lifetime limits apply)

MississippiCAN members also get extra dental benefits with TrueCare!

MississippiCAN members under the age of 21 have:

- Four extra cavity applications to stop cavity progression, in addition to fluoride benefits.
- Over age 12, tobacco or substance use counseling two times each year.

MississippiCAN members aged 21 and over have:

- One comprehensive oral evaluation per 180 days.
- One periodic oral evaluation per 180 days.
- One dental cleaning per 180 days.
- One fluoride varnish treatment for high-risk caries medical conditions.
- Tobacco or substance use counseling (2 sessions per calendar year).
- $300 that can be used toward services such as fillings, deep cleaning, dentures.

We also provide extra care for pregnant members, including:

- One extra dental exam and cleaning (2 exams each year are standard).
- One extra comprehensive oral evaluation.
- Four quadrants of scaling.
- You can also earn rewards for routine dental visits. See **page 38** to learn more.

Eye Care

Your eyesight is a key part of your health. It helps you go about your day at work, school, and home. You get routine visits at an eye doctor and glasses. Your vision benefits are covered by EyeMed.

Visit member.eyemedvisioncare.com/MSTrueCare/en to find EyeMed providers near you or call 1-833-918-0861. You can also call Member Services. Make sure the provider knows you are covered by EyeMed before you visit.

Your eye care benefits cover:

MississippiCAN Members	• Age 20 and under: Two eye exams and two pairs of glasses per year OR contact lenses when medically necessary PLUS $100 allowance for glasses or contacts per year that can be used to upgrade the standard benefit. • Age 21 and over: One eye exam per year and up to $100 per year toward glasses or contacts.
CHIP Members	• One eye exam per year, one pair of eyeglasses up to $100 per year. Contact lenses available if medically necessary.

Note: Tinted, photogray, or sunglasses are for post-operative cataract or albino patients only.

SERVICES NOT COVERED

TrueCare will not pay for some services or supplies. You must follow the rules in this handbook. Some examples of non-covered services are noted below.

- Services/care you have outside the United States
- Acupuncture
- Experimental services and procedures
- Plastic or cosmetic surgery that is not medically necessary
- Surrogacy

This is not a complete list of non-covered services. Call us at **1-833-230-2050 (TDD/TTY: 711)** if you have questions about what is and is not covered.

CARE MANAGEMENT

We want you to get the care you need. We make sure your care needs are met by your team. Your Care Manager will help lead your care team, connect you to resources and get extra benefits based on your needs.

How to Work with a Care Manager

Members can self-refer to care management. If you want to reach the Care Management team call **1-844-542-2610 (TTY: 711).**

We can also assign you to care management. We assign you based on screenings and assessments you have when you become a member. These include your completion of a Health Risk Screening (HRS) and a comprehensive health assessment when needed. These assessments help us to understand your unique needs and resources so we can best support you.

Care Manager

Your Care Manager is your main contact for your health and support needs. They will help you through the care planning process. Call your Care Manager if you need anything.

Your Care Manager will help you:

- ✓ Find doctors and care.
- ✓ Learn about your health and your medications.
- ✓ Get the medical, behavioral health and social services you need.
- ✓ Get the support you need to live and work in your community.
- ✓ Develop your Individualized Care Plan (ICP) with your team.
- ✓ Get the most out of your benefits.
- ✓ Keep track of your health care services, and add or change them based on your needs.
- ✓ Assess your needs to update your care plan.

Our team will reach out in the first 15 days that you are with us. Call us if they have not called by then at **1-844-542-2610 (TTY: 711)**.

Care Team and Care Plans

A care team can help you achieve your care plan goals. You choose who is part of your team. Your team may include:

- Your family or caregivers
- Friends
- Specialists
- Primary care physician
- Behavioral health providers
- Home health providers
- And more

You work with your care team to make your plan for care. Your Care Manager will make sure you have services and supports for your goals. We will help make changes if needed.

An **Individualized Care Plan** (ICP) is a plan that helps you set goals and build your best life. This plan can be changed at any time. Your ICP will have:

- Your strengths
- Your interests
- Where you want to live
- How you want to spend your days

The list below tells you what items are part of your care plan:

- What you need to have:
  - TrueCare contacts
  - Emergency contacts
  - List of people on your care team
- What you and your **Care Team** need to have:
  - Your diagnosis(es)
  - Your social, medical, physical, and mental health history
  - List of your current medications
  - List of services you get and who gives them
- What your Care Team needs to know:
  - Your treatment, goals, and steps for your care
  - Your strengths, choices, and preferences
  - A crisis plan to help you through one, or even stop a crisis

Disease Management

We know that living with a chronic health condition can be hard. We want you to have the right tools to stay healthy. If you are living with chronic health condition like diabetes or high blood pressure, our disease management (DM) programs are for you.

Our free DM programs can help you learn more about your health. They can also help you manage your health condition. You can choose to be part of a program. We may also hear from your doctor, pharmacy, or other provider that you would benefit from one of our programs. Please call us at **1-844-542-2610 (TTY: 711)** if you would like to be part of a program. You can also opt-out by calling this number.

Preventive Care

Preventive care is key for the whole family. You should see your PCP even if you are healthy at least once a year for an exam. This helps them find and treat problems early. The chart of screenings below/on the next page can help you learn what kinds of preventive care you may need based on your age. You should work with your PCP to get this care. They will know what may be right for you. The chart is only a sample.

Preventive Care	20s	30s	40s	50s	60 and older	Recommendations
Yearly well-adult exam. Physical exams and tests for jobs or training is covered. We will cover the cost if the exam is not being paid by another source.	✓	✓	✓	✓	✓	
Chlamydia test	✓					
Cholesterol test	✓	✓	✓	✓	✓	
Colon cancer test				✓	✓	One colonoscopy or sigmoidoscopy every 5 years for ages 50+.
Dental exam	✓	✓	✓	✓	✓	
Diabetes test	✓	✓	✓	✓	✓	
Flu shot	✓	✓	✓	✓	✓	
Pneumococcal shot					✓	
Shingles shot					✓	
Tetanus and diphtheria (Td) shot	✓	✓	✓	✓	✓	
Vision exam	✓	✓	✓	✓	✓	

Extra Preventive Care for Women	20s	30s	40s	50s	60 and older	Limits
Breast cancer screening (Mammogram)			✓	✓	✓	Ages 40+, 1 mammogram every 1 to 2 years.
Cervical cancer screening (Pap test)	✓	✓	✓	✓	✓	One Pap test every 3 years.

Extra Preventive Care for Men	20s	30s	40s	50s	60 and older
Prostate cancer test				✓	✓

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

EPSDT covers care for those under the age of 21. This is at no cost to you. EPSDT stands for:

Early - So problems are discovered and treated soon.
Periodic - To set up routine visits.
Screening - To check for a health problem.
Diagnostic - To find a health problem.
Treatment - To care for a problem.

EPSDT services are also called well-child services. EPSDT covers:

- ✓ Well-child exams
- ✓ Vision and hearing tests
- ✓ Health education
- ✓ Lab testing
- ✓ Lead screening
- ✓ Dental exams

EPSDT covers medically necessary care for issues found by an exam. This care can be things like glasses and hearing aids.

When should children have an EPSDT check?

- ✓ From **birth to 15 months** of age, children may have six checks.
  - These checkups are along with the newborn screening they have in the hospital.
- ✓ Children aged **15 months to 24 months** may have two checks.
- ✓ Children may have one check between the ages of **24 months to 30 months** and again between **30 months to three years old**.
- ✓ After age 3, children should have at least one exam per year.

How to Get EPSDT Services

Call your PCP or dentist to set up a visit for an exam. Questions? Want to learn more? Please call our Member Services team.

TRANSPORTATION

You have non-emergency transportation (NET) benefits. Our ride benefits are provided through MTM. We can help you get rides to your doctor and other places you need for your health. This includes rides from the hospital or to urgent care when you need them. We also offer bus passes and mileage repayment. You can get money back for your travel when you fill out a trip log for gas mileage. Call Member Services to learn more.

You can get rides for:

- Up to five grocery trips each month.
- Special educational events sponsored by TrueCare.
- High School Equivalency (HSE) classes.
- Job interviews.
- Eligibility and redetermination appointments at local Women, Infants, and Children (WIC) and Medicaid offices.
- Visiting your baby in the hospital.
- Classes for parents and caregivers on CPR and parenting.
- Parents and caregivers to visit Residential Treatment Facilities.
- Programs with faith-based groups, to go to church services, and get help from community social service programs.
- Other approved activities if you don't get monthly bus passes from Medicaid.

Want to set up transportation?

Please call **1-833-230-2050 (TDD/TTY: 711)**, Monday through Friday, 7 a.m. to 8 p.m. CT for a ride. You should call at least 2 business days before your visit. You can set up a ride up to 30 days before you need it. You can also ask other questions you have about ride benefits.

We are here 24/7 to help you when you need urgent care or when you are leaving the hospital. You can call the Member Services number after hours to get connected with MTM.

Manage your rides online using MTM Link!
Visit www.mtm-inc.net/mtm-link or scan this QR code.

When you call to set up transportation, make sure you:

- Have your Medicaid ID number.
- Tell us the date, name, address and phone number for your transportation.
- Tell us why you are requesting transportation.
- Share what type of appointment you are going to.
- Let us know if you need any mobility aides for your ride.

EXTRA BENEFITS

We offer extra benefits, beyond what is covered by standard Medicaid. We want to put good health within your reach. Learn more below about all of the great extra benefits we have for you!

- No copays for TrueCare members.
- Unlimited primary care visits.
- Extra dental benefits (see **page 25**).
- Extra ride benefits, including for CHIP members, to pick up groceries, to job interviews and more (see **page 33**).

And there's more! You also have access to these benefits and programs.

Free Cell Phone and Internet

Get access to a free Android phone with unlimited talk and text, 25 GB of data and a hotspot! We want you to be able to connect with us and other key services when you need to.

If you're under the age of 18, an adult age 18 or older will have to sign you up for this program. Get this benefit through TrueCare MyLife or go to mybenefitphone.com.

Kids Programs

Get up to $100 each year toward the cost of a single membership to Boys and Girls Club®, YMCA®, or other approved groups. To get this benefit you must have your yearly well-visit and be 18 or younger.

Ask your Care Manager about this benefit or call us. If you qualify, we will give you a voucher up to $100 to use for eligible clubs. *Note: This benefit may not be available in all areas.*

myStrength℠

Take charge of your mental health and try our tool called myStrength. You can get support to help with your mood, mind, body, and spirit. Use it online or on your mobile device. This tool is at no cost to you. Get myStrength in your TrueCare MyLife account. You can also visit **MyLife.MSTrueCare.com**.

MyResources

Sometimes you just need a little extra help. We have a search tool called MyResources. Visit www.findhelp.org. It helps you find free or low-cost programs and support for:

- Food
- Shelter
- School
- Work
- Budgeting support
- And more!

We have programs across the U.S., from small towns to large cities. More programs are added each day. You can get this tool by logging into your TrueCare MyLife account. You can also call us to find help near you.

Over-the-Counter Medication Allowance (MississippiCAN Members Only)

All MississippiCAN members get $10 per month to use for non-prescription medicines and personal care items, such as first aid supplies, cold medicine, pain relievers, diapers and more!

If you're a MississippiCAN member and want to learn more and find items you can order online and ship direct to you, visit **MSTrueCare.com**.

Mom and Baby Beginnings™

The Mom and Baby Beginnings program can help you have a healthy pregnancy. We have staff like nurses, social workers, behavioral health, substance use case managers and breastfeeding specialists that can offer you extra support at this important time. Our team can help you learn more about rewards and programs that are only for pregnant or recently delivered members. If you would like to learn more about how this program can help you, please call **1-844-542-2610 (TTY: 711)**.

These services are also covered for pregnant members (Limit six classes per pregnancy):

- Lactation classes
- Lamaze classes
- Parent education
- Home visits

Hypoallergenic Bedding

TrueCare members 18 and younger who have an asthma diagnosis and are working with Care Management can get one full bedding set each year. This can help to reduce triggers like dust and allergens. Ask your Care Manager about this benefit.

Meals During Recovery

Heading home from the hospital can be tough. We can help you heal at home after a hospital stay. TrueCare MississippiCAN members with a high-risk pregnancy or who are on Supplemental Security Income (SSI) can get two meals a day delivered to their home for up to 14 days. Service is set up through your Care Manager.

TrueCare WorkConnect (Starting 1/1/2026)

TrueCare WorkConnect helps you develop new skills, links you with local services, and helps you find a job. You'll be paired with a Life Coach who can set you up for success. Life Coaches provide one-on-one coaching for up to 24 months. TrueCare WorkConnect partners with employers to help you in your job search. This is all provided at no cost to you. To learn more, please fill out our online form at **MSTrueCare.com**. You can also call us at 1-844-679-7868 or email LifeServices@MSTrueCare.com.

Weight Watchers (WW)

We offer a 12-week WW membership for members 18 and older diagnosed with obesity, hypertension or diabetes. You must also be in our Care Management program. Talk to your Care Manager to learn more.

REWARDS PROGRAMS

Make life more rewarding! Earn rewards when you take an active role in bettering your health.

TrueCare MyKids

We want all kids to have what they need to live a healthy life. All kids, newborns through age 17, can earn rewards when they complete healthy activities or get preventive care. The rewards are added to a rewards card to use at local stores. Use this card to buy **groceries, school supplies, diapers, personal care items and more!**

How Does it Work?

1. Sign up for TrueCare MyKids first. Fill out the form at **MSTrueCare.com/MyKids** or call Member Services to sign up. Make sure you sign up each child. If you are 17 years old or younger and pregnant, both you and your baby should sign up.
2. After you sign up and complete your first reward activity, we will send you a rewards card in the mail. We send the card after the claim for services has been processed and paid. It will take about 60 days from the date of service to get your card in the mail. Please keep this card in a safe place.
3. Activate your rewards card once you get it in the mail. Call 1-833-832-7306 (TTY: 711) or visit **HealthyBenefitsPlus.com/TrueCareMDC** to activate it. You can also check your reward balance here.
4. Rewards are added to your card as you complete healthy activities. For rewards where you need to see a provider, they will send a claim to us. We will add the rewards to your card after we process the claim. It can take up to 60 days after we get the claim before a reward is added.
5. Use your rewards card at local stores like you would use a gift card.

Use your rewards card at these stores:

- CVS®
- Dollar General®
- Kroger®
- Walgreens®
- Walmart®
- And many more!

Use your rewards card to buy items like:

- Groceries including fresh and frozen goods and pantry staples
- Baby care items including diapers, wipes and formula
- Personal care items such as deodorant, shampoo and toothpaste
- Home items including cleaning products and school supplies

Questions or issues with rewards? Call Member Services **1-833-230-2050 (TDD/TTY: 711)** Monday through Friday, 7 a.m. to 8 p.m., CT.

Rewards for Newborns and Kids through age 17	
Amount	**Reward Activity**
$25	Well-baby visit #5, earn $25. Ages newborn through 17 months.
$25	Well-baby visit #6, earn $25. Ages newborn through 17 months.
$50	Well-child visit age 3 to 17 years old.
$10	Well-child visit – Can earn 3 times ages 18 months to 30 months.
$10	Routine dental exams for 3 to 17 years old. Two times each calendar year.
$25	Flu vaccine. One time per calendar year.
$50	Postpartum visit.

TrueCare MyHealth

Adults ages 18 and older can earn rewards through the MyHealth Rewards program. Use your rewards for gift cards or to shop on the TrueCare online store.

How Does it Work?

1. Adults ages 18 and older are automatically enrolled in MyHealth. Log in to **MyLife.MSTrueCare.com** and click on the MyHealth link under the Health tab to get started. You can also track your progress and view your balance here.
2. Rewards are added to account as you complete healthy activities. For rewards where you need to see a provider, they will send a claim to TrueCare. We will add the rewards to your online account after we process the claim. It can take up to 60 days after we get the claim before a reward is added.
3. You can use your rewards to shop on the TrueCare Online Store or redeem them for gift cards to your favorite stores to shop for anything from **groceries and clothing to cleaning products and personal care products**. Shop at stores like Walmart®, Old Navy®, Apple®, Domino's® Pizza, Google Play®, Panera Bread® and TJ Maxx®.

Questions or issues with rewards? Call Member Services **1-833-230-2050 (TDD/TTY: 711)** Monday through Friday, 7 a.m. to 8 p.m., CT.

TrueCare MyHealth Rewards	
Amount	**Reward Activity**
$25	Complete Health Risk Screening.
$20	Yearly physical exam.
$10	Routine dental exams. Two times each calendar year.
$10	Flu vaccine. Two times each calendar year.
$20	Cervical cancer screening
$25	Breast cancer screening (mammogram)
$50	Postpartum visit.
$25	Diabetic A1c testing (must have diabetes diagnosis)
$10	Diabetes micro-albumin testing (must have diabetes diagnosis)
$25	Diabetic retinal eye exam (must have diabetes diagnosis)

WHERE TO GET CARE

This section will tell you about:

- ✓ Where you can get care.
- ✓ How to access care.
- ✓ Standard time frames for when you should expect to see a provider based on the kind of appointment you need.
- ✓ An overview of different types of providers.

Finding a Provider

There are many ways to find a provider. Use your TrueCare MyLife account or our *Find a Doctor* tool at **findadoctor.MSTrueCare.com**. You can also ask for a printed copy of our Provider Directory. There is a card that came in your new member packet that you can send in the mail to ask for one. You can also call Member Services at **1-833-230-2050 (TDD/TTY: 711)** Monday through Friday, 7 a.m. to 8 p.m., CT for help. Member Services can also help set up visits.

Sometimes to get certain services you will need a prior authorization (PA). A PA is approval that may be needed before you get a service. The service must be medically necessary for your care. Your provider will take care of this for you.

We are always adding new providers to the TrueCare network. To get the most up-to-date list, you can visit our website at **findadoctor.MSTrueCare.com** or call Member Services. You will be able to view information about in-network providers such as:

- Name
- Address
- Telephone numbers
- Professional qualifications
- Specialty
- Medical school attended
- Residency completion
- Board certification status
- And more

In-Network Providers

You can see any provider in our network for care. **In-network** means that a provider has contracted with TrueCare to provide services to our members. You can set up visits with providers in our network.

Out-of-Network Providers

An out-of-network provider is a provider that is not part of our network. TrueCare usually will not pay for care you get from an out-of-network provider.

Not sure where to go? Call the 24-Hour Nurse Advice Line at **1-833-687-7321 or 1-833 NURSE 21 (TTY: 711)**. We are here for you 24 hours a day, 7 days a week.

Type of Care	When and How to Access
 **Primary Care Provider (PCP)/Patient-Centered Medical Home (PCMH)**	**When to see them:** Once a year for a checkup, even if you are not sick. Also used for common sicknesses and tips. You will get most of your preventive care from your PCP. Patient-Centered Medical Homes focus on primary care for patients with ongoing medical conditions, like diabetes or heart disease. You should see your PCP/PCMH the most often! **Access:** You can call your provider to set up a visit. Often offices also have a way you can schedule online. Member Services can also help connect you to a provider or set up visits.
 **Specialty Care**	**When to see them:** Your PCP will help you when you need specialty care services. They can refer you to a specialist for the services you need. **Access:** Your PCP will help you set up care with a specialist through a referral.
 **Telehealth**	**When to see them:** Used for common sicknesses and tips to stay healthy, or when you're not able to get an office visit with your PCP. **Access:** Visit with a PCP by phone or computer. Ask them if they offer telehealth.
 **Convenience Care Clinics**	**When to see them:** Used for common sicknesses like coughs, colds, sore throats, and to get shots. You can also use them if you can't get a visit with your PCP or when they are closed. They are found in many local drug and grocery stores. **Access:** Walk-ins are often welcome. You can also make an appointment.

Type of Care	When and How to Access
 **Community Behavioral Health Centers (CBHCs)**	**When to see them:** CBHCs give health and social services for people living with mental health and/or substance use problems. CBHCs are often the first-place people go to get help for behavioral health (BH) issues. **Access:** You usually need an appointment for these services. If you need to find a BH provider, you can use our Find a Doctor tool at **findadoctor.MSTrueCare.com** or call us for help.
 **Urgent Care**	Used to treat non-life-threatening issues when you cannot visit your PCP, and your health issue cannot wait. **Access:** Walk-ins are welcome. You can also make an appointment
 **Hospital Emergency Room**	Use for life-threatening issues or emergencies. Call 911 or go to the nearest ER. **Access:** Call 911 or go immediately to the ER when you have an emergency.

Appointments With Your Providers

Please set up visits with your providers as early as you can. You should always go to your planned visits. If you need to change or cancel a visit, call your provider's office. Call their office at least 24 hours before your planned visit.

Providers in our network must meet certain standard time frames for appointments. This table shows you the standard time frames for medical and mental health (behavioral health and substance use disorder) appointments. When you set up one of these types of appointments, it should happen within the standard time frame listed.

Type of Appointment	Standard Time Frame
PCP Well Care Visit	Within 30 calendar days
PCP Routine Sick Visit	Within 7 calendar days
PCP Urgent Care Visit	Within 24 hours
Specialists	Within 45 calendar days
Dental Providers (routine visit)	Within 45 calendar days
Dental Providers (urgent care)	Within 48 hours
Behavioral Health/Substance Use Disorder Providers (routine visit)	Within 14 calendar days
Behavioral Health/Substance Use Disorder Providers (urgent visit)	Within 24 hours
Behavioral Health/Substance Use Disorder Providers (post-discharge from acute psychiatric hospital when aware of member's discharge)	Within 7 calendar days
Urgent Care Providers	Within 24 hours
Emergency Providers	Immediately

Primary Care Provider (PCP)

You should choose a PCP when you join TrueCare. Make an appointment with your PCP within 90 days of enrolling in TrueCare.

Your PCP will play a big role in your care. Routine health exams and tests can help find and treat problems early. Visit your PCP for routine health care. This helps them get to know you and your health care needs. It can also help you get a visit set up more quickly when you are sick. This lets them give you the best care.

Your PCP is responsible for:

- Ensuring your care needs are known and met in a timely manner.
- Providing health care for your physical and mental health.
- Helping you get appropriate preventive care, including immunizations.
- Providing ongoing care for chronic conditions.
- Helping to set up other appointments.
- Accessing the care you need (including specialty services and referrals when you need them).
- Helping with prior authorization requests.

Your PCP can treat conditions listed below and more.

- High or low blood pressure
- Swelling
- High or low blood sugar
- Cough
- Rash
- Sore throat
- Not eating
- Restless
- Pains
- Colds/flu
- Headache
- Taking out stitches

Sometimes your PCP is not able to treat your health issue. They will send you to other providers that are specialists in a certain disease or treat certain parts of the body. Your PCP can also admit you to the hospital.

Choosing a PCP

Find a PCP at **findadoctor.MSTrueCare.com** or at TrueCare MyLife. These are the most up-to-date sources. The online directory will tell you about providers. It will list name, address, telephone numbers, specialty, and more. You can also use the printed Provider Directory or call Member Services for help. You can ask Member Services for a printed Provider Directory or ask for one using the reply card you received in your new member kit.

Primary care providers can be:

- General or family doctors
- Pediatricians
- Internists
- Obstetrician/Gynecologist (OB/GYN)
- Physician Assistants
- Nurse Practitioners
- Specialists for those with long-term issues (must request)
- Providers at Federally Qualified Health Centers or Rural Health Clinics (must be approved by DOM)

Changing Your PCP

If you want to change your PCP, you can work with your Care Manager or call us. We can help you find a new doctor. You can also use your TrueCare MyLife account or our *Find a Doctor* tool at **findadoctor.MSTrueCare.com**.

We will also let you know if your PCP leaves our network. We will let you know in writing 30 days before the date they plan to leave our network or 15 calendar days from when TrueCare learns the provider is leaving the network. Your Care Manager or Member Services can help you find a new in network provider.

Second Opinion

You have the right to ask for a second opinion. If there isn't a second option in-network, you can go out-of-network. Your provider can let us know if you'd like to have a second opinion. Once it's approved, they will tell you. They will also tell you the visit's date and time. They will send records to the other doctor if needed. They will let you and TrueCare know the result.

Patient-Centered Medical Home (PCMH)

Your Patient-Centered Medical Home (PCMH) puts you at the center of your care. A PCMH is recommended to coordinate your care if you have complex or ongoing health needs. You work with a health care team on a plan to reach your goals. Your PCMH team will get to know you and your health care needs. They will build a partnership of trust with you and each other.

You can choose a PCMH as your provider. If you're working with Care Management and have complex or ongoing health needs, they may suggest that you work with a PCMH.

Your team may have providers such as:

- Primary care
- Behavioral health
- Pharmacists
- Nutritionists
- Specialists
- Community support
- And others

Specialists

Specialists are providers that give care for a certain disease or part of the body. A few examples of specialists are:

- Oncologists care for those with cancer.
- Cardiologists care for those with heart conditions.
- Orthopedists care for those with bone, joint, or muscle conditions.

When your PCP cannot treat a specific health issue, they can send you to a provider that specializes in your health condition for treatment.

Telehealth

With telehealth you use your phone or computer online to speak to a doctor. It can be a good way to see a provider if you do not have a ride to a visit. It is an easy way to get care.

You can use telehealth for many issues. You can use it for things like sinus problems, rashes, and more. They can give you quick steps to keep your issue from getting worse. Your providers may offer telehealth. Check with them to find out if they do.

Convenience Care Clinics

You can go to a convenience care clinic if you can't see your PCP. A retail visit is quicker than a visit to urgent care or an ER. You can go to a clinic in a local drug or grocery store. At the clinic, you can:

- Get a flu shot.
- Get health screenings and physicals.
- Get care for aches and pains, sicknesses, and minor injuries.

Most clinics are open in the evening, 7 days a week. Visits can be made for the same day. Walk-ins are often welcome. You can find them online with our *Find a Doctor* tool at **findadoctor.MSTrueCare.com**.

Urgent Care

Urgent care is for non-emergencies. It is for when you cannot see your PCP right away. It can help keep an injury, sickness, or mental health issue from getting worse. Do you think you need to go to urgent care? You can also go online to **findadoctor.MSTrueCare.com**. You can also find one in your Provider Directory. After you go, always check in with your Care Manager.

Emergency Services

An emergency medical condition is a serious health problem. It has sudden and severe symptoms, including severe pain. A person with average knowledge of health and medicine would know that if the person doesn't get immediate medical attention, it could lead to serious health problems such as:

- Putting the person's life in danger
- For a pregnant woman, could put the health of the woman or her unborn child's life in danger
- Causing serious problems with the body's functions
- Causing serious problems with an organ or body part

When you have an emergency, you need to get medical attention right away. Emergency services are for severe health issues that must be treated right away. We cover emergency care anywhere. Some examples are listed below. This is not a full list.

- Miscarriage/pregnancy with vaginal bleeding
- Major chest pain
- Shortness of breath
- Loss of consciousness
- Seizures
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major burns
- Sudden change in your mental health
- Suicidal thoughts

If you need emergency care:

- Go to the nearest ER or call 911. There is no need to call TrueCare first.
- You do not need a PA to get emergency care.
- Show your member ID card.
- The hospital must call us if they think you need more care.
- Please have the hospital call TrueCare within 24 hours if you need to stay overnight.
- Let your Care Manager know about your health emergency. They will help you set up any follow-up care with your providers.
- For emergency transportation, call 911.

No PA is needed for emergency care. Remember, if you're not sure if you are having an emergency, we can help. Call the 24-Hour Nurse Advice Line at **1-833-687-7321 or 1-833 NURSE 21 (TTY: 711)**. We are here for you 24 hours a day, 7 days a week.

If you need help finding the nearest ER or place to get emergency care, you can check our Provider Directory at **findadoctor.MSTrueCare.com** or call us for help.

When You Travel

Sometimes you get sick or hurt when you are traveling. Here are some things you can do:

- **If it is an emergency:** Call 911 or go to the nearest ER. You have the right to use any hospital or other setting for emergency care.
  - **If you call 911**, you will be transported by ambulance.
- **If it is not an emergency:** Call your doctor for help about what to do.
- **If you're not sure if it is an emergency:** Call our 24/7 Nurse Advice Line at **1-833-687-7321 or 1-833-NURSE 21 (TTY: 711)**. We can help you decide what to do.

Remember, if you need transportation and it's not an emergency, you can call Member Services.

Post-Stabilization Care Services

Post-stabilization care services (also called follow-up care) are medical services that are covered and given once you are stable after you have an emergency medical condition. You may need more care after your emergency. Follow-up care can help keep your condition stable and/or help you get better. Let us know that you have had an emergency. We can help you get back home and set up follow-up visits.

We will talk to the providers that give you care during your emergency. They will tell us when your medical emergency is over. They need to tell us if you need more care. They will call us to ask for approval. We will cover your care after an emergency if you need it. We want to be sure you heal. If your emergency care was out-of-network, we will work with the providers, and you will not have a financial penalty. Find providers in your Provider Directory at **findadoctor.MSTrueCare.com**. You can also call us for help finding a provider.

PHARMACY

Prescription Drugs

You will use Gainwell to fill prescriptions. They are DOM's contracted single Pharmacy Benefits Administrator (PBA). All MississippiCAN and CHIP members use Gainwell, no matter what CCO they are part of. Visit portal.ms-medicaid-mesa.com/ms/%20provider/Resources/SearchProviders/tabid/220/%20Default.aspx to find a pharmacy or learn more about prescriptions.
Please call 1-800-884-3222 (TTY: 711) if you have any questions.

Learn which prescriptions drugs are covered. Gainwell uses a Universal Preferred Drug List (UPDL). This is a list of drugs they prefer your provider prescribe. You can find the UPDL and the list of over-the counter (OTC) medications that are covered at https://medicaid.ms.gov/preferred-drug-list/.

To find a pharmacy near you, go to portal.ms-medicaid-mesa.com/ms/%20provider/Resources/SearchProviders/tabid/220/%20Default.aspx.

You can also call Gainwell at 1-800-884-3222 (TTY: 711) for help.

Beneficiary Health Management (BHM)

Some TrueCare members may be enrolled in Beneficiary Health Management (BHM). This is a state required pharmacy lock-in program. It helps track how you use your Medicaid benefits and coordinate care if there is misuse or overuse of medication services. If you are chosen to enroll in BHM, you must use one pharmacy to fill your prescriptions. You may be assigned to one provider to coordinate your medications for 12 months. If you are enrolled in BHM, we will let you know in writing. We will tell you more about the program, including your rights to appeal.

PREGNANCY AND FAMILY PLANNING

Thinking of having a baby? We want you to have a healthy pregnancy. TrueCare covers family planning services.

Pregnancy and family planning services help:

- ✓ You be healthy before getting pregnant.
- ✓ Put off pregnancy until you are ready.
- ✓ Protect you and your partner from sexually transmitted infections (STIs).

Pregnant women may be presumptively eligible for limited Medicaid benefits. This means that pregnant women may be able to get care from a qualified provider with short term coverage before their application for benefits is fully processed. You can learn more about presumptive eligibility at: https://medicaid.ms.gov/presumptive-eligibility-for-pregnant-women/.

Important: Your Pregnancy and Family Planning Services

You may choose any provider to get family planning services and supplies. This includes providers that are out-of-network. You do not need a referral for a family planning provider.

You also have the right to choose your method of family planning without facing coercion or mental pressure.

If you need help finding a provider for your family planning services or have questions, we can help. Visit our online Find a Doctor tool at **findadoctor.MSTrueCare.com**. You can also call us at **1-833-230-2050 (TDD/TTY: 711)** Monday through Friday, 7 a.m. to 8 p.m., CT.

Before You Are Pregnant

If you want to have a baby, you can take healthy steps now.

- Visit your PCP or obstetrician/gynecologist (OB/GYN) doctor.
- Talk with your provider about healthy eating.
- Stop smoking now.
- Take folic acid daily.
- Do not drink alcohol or use illegal drugs.

While You Are Pregnant

See a provider as soon as you know you are pregnant. Seeing your provider on a routine basis can spot problems early, so you can get the care you need.

Join our Mom and Baby Beginnings program to get extra support and benefits during and after your pregnancy! Please call **1-844-542-2610 (TTY: 711)** or Member Services if you would like to learn more. You can also learn more in the Extra Benefits section on **page 33**.

After You Have Your Baby

Visit your provider after you have your baby. They can make sure your body is healing. They will also check on your mental health and answer any questions you have. You need to take care of you and your baby.

Well-Baby and Well-Child Services

Well-baby and well-child services are routine services that help make sure that children are healthy and developing physically and mentally. These services cover:

- Medical and well-baby/well-child exams
- Immunizations (shots)
- Health education
- Laboratory tests

Who gets these services? Mississippi children who have CHIP benefits and are under age 19 and eligible for Medicaid benefits.

Mothers should have prenatal exams and children should have exams as outlined below. Your child should also have dental exams once a year.

- Newborn (0 to 2 weeks)
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 24 months
- 30 months
- At three years old, once a year, every year

Your child can earn rewards for getting certain preventive care. See page 36 to learn more about rewards.

At these visits, your provider will:

- Give your child a physical exam
- Review growth and development
- Give vaccines based on the recommended schedule
- Talk with you about feeding, sleep patterns, and safety
- Discuss any concerns or questions you have

How to Schedule a Visit:

Call your child's provider's office to set up a visit. Ask for a well-baby or well-child visit when you call. When you go to the visit, make sure you have your child's Member ID card with you.

Medically Necessary Follow-Up Care

Well care also covers medically necessary care for issues found by an exam. This could include, but is not only, services such as:

- Visits with a primary care provider (PCP), specialist, dentist, hearing, vision, and other providers to diagnose and treat problems or issues
- Inpatient or outpatient hospital care
- Clinic visits
- Prescription drugs
- Laboratory tests, including blood lead screening
- Health education

CAREGIVER RESOURCES

If you are a caregiver for a spouse, parent, child or loved one, you know it is hard. It takes a lot of time, effort, and work.

We can help you manage care for your loved ones. Your loved one's Care Manager help you find support like in-home care, Meals On Wheels, and home repair programs. You can also call us or talk to their doctors.

Helpful Resources for Caregivers

TrueCare does not endorse any of these groups or their resources. They are listed for information only. You can also go to:

Mississippi Department of Human Services, Division of Aging & Adult Services

www.mdhs.ms.gov/aging/caregivers

National Alliance on Mental Illness (NAMI)

namims.org/your-journey/family-members-and-caregivers

AARP

www.aarp.org/caregiving

MEMBER RIGHTS AND RESPONSIBILITIES

Your Rights

As a TrueCare member, you have a right to:

- Make recommendations about the organization's member rights and responsibilities.
- Get information about TrueCare, our services, our providers, and member rights and responsibilities.
- Know TrueCare and how to get services through it.
- Have information on services that are offered by TrueCare such as:
  - Covered benefits and how to get them.
  - If any benefits have prior authorization (PA) requirements.
- Take part in decisions about your health care. This includes the right to say no to treatment.
- Get information about treatment options and alternatives, regardless of cost or benefit coverage, in a way that you can understand.
- Know and discuss medically needed treatment options for your condition(s). No matter the cost or benefit coverage.
- Create an advance directive without fear of being treated unfairly. (This is a written record of your wishes for medical care.)
- Make suggestions about TrueCare's member rights and responsibility policy.
- Be treated with respect and with regard for your dignity and privacy.
- Be sure your personal information and medical records are kept private.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Live in an integrated and supported setting in the community. Have control over aspects of your life.
- Be protected in the community.
- Voice complaints and appeals about TrueCare or the care we provide.

- Get all written member information from TrueCare:
  - At no cost to you.
  - In your primary language.
  - In other formats, to help if you have trouble reading the information. This can be for any reason.
- Choose an in-network provider for a service you are eligible and authorized to get under your care plan. This includes a PCP.
- Keep your Medicare PCP if you want to.
- Women have the right to see a women's health provider for covered women's health care.
- Ask for and get a copy of your medical records. You can also ask for them to be changed or corrected. To request records from us, call Member Services at **1-833-230-2050 (TDD/TTY: 711)** Monday through Friday, 7 a.m. to 8 p.m., CT.
- Get information on how to file a complaint, grievance, appeal. Or ask for a state fair hearing.
- File a complaint against TrueCare or any of its representatives, including providers.
- File a grievance, appeal, or ask for a state fair hearing.
- Get help free of charge from TrueCare and its providers if you do not speak English. This is also if you need help understanding information.
- Get help free of charge with auxiliary aids like TDD/TTY and sign language if you are hearing impaired.
- Know that TrueCare must follow all federal and state laws, and other laws about privacy that apply.
- Get all needed, available, and accessible health care services covered under TrueCare and the Medicaid state plan in a timely manner.
- Get covered services out-of-network if TrueCare is unable to provide a necessary and covered service in-network for as long as it is unable to provide the service in-network. If you are approved to go out-of-network, the services are provided at a cost no greater than it would be in-network.
- Get a written notice within seven business days if there is a change in your Care Manager.
- Get a member handbook and provider directory sent or made available to you at no cost 14 days after TrueCare receives notice of your enrollment.
- Get a second opinion of a medical treatment from a network provider. If a network provider is not available, you can get a second opinion outside the network.
- To freely exercise your rights without adverse treatment from TrueCare and/or it's providers.
- Get the following information on TrueCare from Member Services:
  - Structure, governance, and operation.
  - How TrueCare rates on quality metrics and performance measures tracked by DOM or CMS.
  - The plan's non-discrimination policies and the individuals responsible for overseeing those policies, as well as responding to accessibility and discrimination claims made against the plan.
  - A list of any counseling or referral services not provided by TrueCare because of moral or religious objections, and how they can obtain information on and how to get those services through DOM.
  - You can also ask for information about the structure and operation of TrueCare, including physician incentive plans.

- Not be discriminated against due race, color, religion, gender, gender identity, sexual orientation, age, national origin, veteran's status, ancestry, medical condition (including physical and mental illness), claims experience, receipt of health care, medical history, genetic information or evidence of insurability or disability. Contact the United States Department of Health and Human Services Office for Civil Rights with any complaint of discrimination:

  United States Department of Health and Human Services:

  Address: 200 Independence Avenue, S.W.
  Room 509F HHH Bldg.
  Washington, D.C. 20201

  Email: OCRComplaint@hhs.gov

  Online: www.hhs.gov/civil-rights/filing-a-complaint/index.html

Your Responsibilities

- Use providers in the TrueCare network.
- Go to all of your planned visits to your providers. Be on time. Call 24 hours before a doctor visit if you need to cancel.
- Follow the plans and instructions for care you have agreed to with your providers.
- Know the steps and rules to follow to get TrueCare covered services and care.
- Always carry your ID card. Show it when getting care.
- Never let others use your ID card.
- Let TrueCare, Mississippi Division of Medicaid, and providers know:
  - If you change your phone number or address.
  - If you are covered by other health insurance.
  - If your family size changes.
- Tell your PCP about going to an Urgent Care. Tell your PCP after getting medical or behavioral health care.
- Give information (to the extent possible) that TrueCare and its providers need to provide care and to get care.
- Tell us of suspected fraud, waste, abuse or overpayment as described in this handbook.
- Understand as much as possible about your health problems and take part in developing mutually agreed-upon treatment goals.
- To pay for unauthorized health care services you get from out-of-network providers and understand how to ask for authorization for such services.
- To follow established processes for prior authorization when asking for inpatient services and letting TrueCare know of inpatient admissions.
- To show courtesy and respect to providers and their staff.
- To report truthful and accurate information when applying for Medicaid. If a member provides inaccurate information which leads to their enrollment being discontinued, the member will be responsible for repayment of capitation premium payments.
- Report any concerns of child or adult abuse and/or neglect to TrueCare or:

  Suspected Child Abuse:

  Phone: 1-800-222-8000

  Online: https://reportabuse.mdcps.ms.gov/

  Adult Protective Services:

  Phone: 1-844-437-6282

  Online: https://reportabuse.mdcps.ms.gov/

ADVANCE DIRECTIVES

You have the right to file advance directives. An advance directive is a written record about your future care and treatment. This includes mental health care. It helps your family and provider know your wishes about your medical care. You must be of sound mind. You also must be at least 18 years or older or an emancipated minor. You choose a person to make your health care choices when you cannot. You may use an advance directive so others give you the care you want. These declarations serve under Mississippi law as "living will" or "medical power of attorney" and serve in other states.

WORDS TO KNOW

Emancipated Minor: A person under the age of 18 who is legally free from parent control.

You can use advance directives to state your wishes about your health care. Many people worry about what would happen if they become too sick. They want to make their wishes known. Some people may not want to spend months or years on life support. Others may want all steps taken to live longer.

You have a choice.

You do not have to make an advance directive, but we suggest you do so. Many people write their health care wishes while they are healthy. Providers must make it clear that you have a right to state your wishes about your health care. They must ask if your wishes are in writing. They also must add your advance directives to your medical record.

You can file a complaint or grievance concerning non-compliance with the advance directive requirements with the State Survey and Certification Division of the Mississippi State Department of Health (MSDH) at 1-800-227-7308. You can call weekdays between 8 a.m. and 5 p.m.

You will need to answer some tough questions when you make advance directives. Think about these things when you write your advance directives:

- It is a choice to write one.
- The law states that you can make choices about health care and surgical treatment. This includes agreeing to or refusing care.
- Having one does not mean you want to die.
- It can only be filled out by people of sound mind.
- You must be at least 18 years old or an emancipated minor to have one.
- Having one will not change other insurance.
- Advance directives should be kept in a safe place. A copy should be given to your family, health care agent, and PCP.
- They can be changed or ended at any time.

Please call us if you would like to know more.

Standard Forms of Declarations

Mississippi law has two standard forms of declarations. One deals with what would happen if there is a terminal illness. The other deals with what would happen if there is permanent unconsciousness. You may use either or both of these forms. Or you can use different wording. You can get these forms, or find out where to get them, from your provider or an attorney.

The forms do not always list all of the choices you may have the legal right to make. You may wish to have more details about your care. This can be if you want to have water and food given to you through artificial means if you become terminally ill or permanently unconscious. Talk to an attorney or other professional to add more instruction to your standard form.

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.

Your Rights

When it comes to health information, you have the right to:

Get a copy of your health and claims records.

You can ask for a copy of your health and claims records. We will give you a copy or a summary of your health and claims records. We often do this within 30 days of when you ask. We may charge a fair, cost-based fee.

Ask us to fix health and claims records.

You can ask us to fix health and claims records if you think they are wrong or not complete. We may say “no” to requests. If we do, we will tell you why in writing within 60 days.

Ask for private communications.

You can ask us to reach you in a specific way, such as home or office phone. You can ask us to send mail to a different address. We will think about all fair asks. We must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share.

You can ask us not to use or share certain health information for care, payment, or our operations. We do not have to agree to these requests.

Get a list of who we have shared information with.

You can ask for an accounting of certain disclosures. This is only up to six years before the date you asked. You can ask who we shared it with and why. We will include all the disclosures except for those about:

- Care
- Payment
- Health care operations
- Certain other disclosures

We will give you one list each year for free. We may charge a fair, cost-based fee if one is asked for within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time. You can ask even if you agreed to get the notice electronically. We will give you a paper copy as soon as possible.

Allow TrueCare to speak to someone on your behalf.

You can allow TrueCare to talk about your health information with someone else on your behalf. Legal guardians can make choices about your health information. TrueCare will give health information to the legal guardian. We will make sure a legal guardian has this right and can act for you before we take any action.

You can file a complaint.

You can complain if you feel we have violated your rights. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

Phone: 1-877-696-6775

Online: https://www.hhs.gov/ocr/complaints/index.html

Address: Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

We will not take action against you for filing a complaint. We cannot ask you to give up your right to file a complaint as a condition of:

- Care
- Payment
- Enrollment in a health plan
- Eligibility for benefits

Your Choices

For certain health information, you can choose what we share. Tell us how you want this information shared. We will follow these orders. You have the right and choice to tell us to:

- Share information with your family, close friends, or others who pay for your care.
- Share information in a disaster relief situation.

If you cannot tell us your choice, like if you are unconscious, we may share your information. We may share it if we believe it is in your best interest. We may also share if we need to reduce a serious and close threat to health or safety.

We cannot share your information unless you have given us written consent for:

- Marketing uses
- Sale of your information
- Sharing your psychotherapy notes

Consent to Share Health Information

The TrueCare policy is to share your health information. This includes Sensitive Health Information (SHI) such as drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STDs), or other diseases that are a danger to your health. We share this for the purpose of:

- Treatment
- Care coordination
- Help with benefits

It is shared with your past, present, and future providers. It is also shared with the Health Information Exchanges (HIE). HIE lets providers view information that TrueCare has about members.

You have the right to tell us if you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It is still shared with the provider who treats you, including for the

SHI. If you do not approve sharing, your providers may not be able to coordinate your care as well as they could if you did approve sharing.

Other Uses and Disclosures

We use or share your health information in these ways:

- **Help you get health care.** We can use your health information and share it with experts who are treating you. Example: A doctor sends us your diagnosis and care plan so we can arrange more care.
- **Pay for your health care.** We can use and give out health information when we pay for health care. Example: We share information about your dental plan to pay for dental work.
- **Operate the plan.** We may use or share your health information to run our health plan. Example: We may use your information to make the quality of health care better. We may give your health information to outside groups so they can help us run the health plan. Outside groups are lawyers, accountants, consultants, and others. They are required to keep your health information private, too.

How else can we use or share your health information?

- We may share your information in other ways. This is often for the public good, such as public health and research. We have to meet many rules in the law before we can share your information for these reasons. To learn more, see www.hhs.gov/hipaa/for-professionals/patient-safety/index.html.
- **To help with public health and safety issues.** This is to:
  - Prevent disease
  - Help with product recalls
  - Report harmful reactions to drugs
  - Report suspected abuse, neglect, or domestic violence
  - Prevent or reduce a serious threat to anyone's health or safety
- **To do research.** We can use or share your information for health research. We can do this as long as certain privacy rules are met.
- **To obey the law.** We will share information if state or federal laws call for it. This involves the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.
- **To react to organ and tissue donation requests and work with a medical examiner or funeral director.** We can share health information with organ donation organizations. We can also share with a coroner, medical examiner, or funeral director if you die.
- **To address workers' compensation, law enforcement, and other government orders.** We can use or share health information for:
  - Workers' compensation claims
  - Law enforcement purposes or with a police official
  - Health oversight offices for actions allowed by law
  - Special roles such as military, national safety, and presidential protective services
- **To react to lawsuits and legal actions.** We can share health information due to a court or legal order.
- **We may also make a group of "de-identified" information that cannot be traced back you.**

Our Responsibilities

- We protect your health information in many ways. This involves information that is written, spoken, or found online.
  - Our staff is trained on how to keep your information safe.
  - Your information is talked about in a way so that it is not overheard.
  - TrueCare makes sure that computers used by staff are safe by using firewalls and passwords.
  - TrueCare limits who can get your health information. We make sure that only staff with a business need can get information.
- By law, we must keep the privacy and security of protected health information and give you a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices in this notice.
- We will not use or share your information other than as listed here. This is unless you tell us we can in writing. You can change your mind at any time and tell us in writing.

To learn more, visit www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Effective date and changes to the terms of this notice

This privacy notice is effective July 1, 2025. We must follow the terms of this notice as long as it is in effect. If we change the notice, the new one would apply to all health information we keep. If this happens, TrueCare will put the new notice on our web site. You can also ask our TrueCare Privacy Office for a paper copy in one of the ways below.

Phone: **1-833-230-2098 (TDD/TTY: 711)**

Email: HIPAAPrivacyTeam@MSTrueCare.com

Mail: TrueCare
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 4540

This information is for general use only and is not meant to be legal advice.

UTILIZATION MANAGEMENT

Our Utilization Management (UM) team reviews the health care you get. This is based on a set of guidelines. We review your care to make sure it is the best for your needs. Requests are reviewed by medical experts. You can ask how care is reviewed for procedures. This includes:

- Preservice review
- Urgent concurrent review
- Post service review

TrueCare does not reward providers or our staff for denying services. Our staff is not offered incentives for under-utilization of decisions. We want you to get the care you need. We can set up interpreter services. We can also help if you have problems seeing, hearing, or reading.

Do you have questions about prior authorization or how your care is reviewed? Contact the UM team. Call us at **1-833-230-2174** and ask for Utilization Management.

- UM is open for calls Monday through Friday from 8 a.m. to 5 p.m. CT. You may leave a message about UM concerns after normal hours.
- Visit **MSTrueCare.com** to reach out to UM during and after normal hours. Use the *Tell Us* form at **secureforms.MSTrueCare.com/MemberInquiry**.
- UM staff will say their name, title and that they are from TrueCare on calls.

New Care Approvals

TrueCare may decide that a new treatment will be a covered benefit. This can be newly developed:

- Health care services.
- Medical devices.
- Therapies.
- Treatment options.

Review of New Technology

We depend on research and science advances to give evidence-based, high-quality care. Our New Technology Committee reviews medical advances. They decide the quality and safety of the new advances. Our providers can send us evaluation requests. By regularly reviewing, we strive to give up-to-date, effective and affordable medical care.

TrueCare reviews the new technology requests. This involves:

- Updated Medicaid or plan rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approvals
- Medical literature recommendations

Authorization Time Frames

We will decide standard authorization requests within three calendar days and/or two business days. This is after we get all of the information we need. We will tell you and your provider if the services have been approved. You, your provider, or TrueCare can ask for more time to review. The review can last up to two weeks.

Your provider or TrueCare can ask for an urgent authorization. An urgent request would be for a non-life-threatening condition. This will be in the opinion of a provider with knowledge of your medical condition. This can happen if you need prompt medical care to prevent:

- ✓ A serious threat to life, limb, or eyesight.
- ✓ Worsening impairment of a bodily function that threatens the body's ability to regain maximum function.
- ✓ Worsening dysfunction or damage of any bodily organ. Or part that threatens the body's ability to recover from the dysfunction or damage.
- ✓ Severe pain that cannot be managed without quick medical care.

We will decide on these requests within one business day. We can ask for up to 14 calendar days for review.

GRIEVANCE AND APPEALS

If you are unhappy with anything about TrueCare or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. We can help you with this process. Call Member Services. These services are free of charge. You can call us at **1-833-230-2050 (TDD/TTY: 711)** Monday to Friday from 7 a.m. to 8 p.m. (CT).

We can provide an interpreter if you need to speak in your own language. They can help you file your grievance, or appeal request. This service is free to all of our members. We can accept your grievance or appeal from someone else with your permission. For example:

- A friend
- A family member
- A provider that is part of TrueCare
- A provider that is not part of TrueCare
- A lawyer

In order to be fair, cases will not be reviewed by the same person that made the first decision. All cases about medical services are reviewed by our medical staff. We keep files of all your cases. You can get copies free of charge.

Your file may include:

- All of your medical records
- Documents related to your case
- Information from before and during the appeals process
- Benefits, rules and criteria used to make the decision

We will not take any action against you if your provider files a grievance or appeal for you. You may file a grievance or an appeal on behalf of a member under the age of 18 without written consent when the person filing the grievance or appeal is part of the member's assistance group.

To contact us you can:

Call Member Services.

Visit **MSTrueCare.com**.

Write a letter telling us what you are unhappy about.

If you send us your grievance or appeal request in writing, please include the following information:

- ✓ Your first and last name
- ✓ Your signature
- ✓ Date
- ✓ Your Member ID number which can be found on the front of your TrueCare member ID card
- ✓ Your address and telephone number
- ✓ Your PCP's name and telephone number
- ✓ A description of the issue
- ✓ Any records related to your request

Mail your letter to:

TrueCare
Attn: Mississippi Grievance & Appeals
P.O. Box 1947
Dayton, OH 45401-1947

Fax: 1-937-531-2398

If you need a copy of TrueCare's Grievance and Appeal Form you may call Member Services or visit our website at **MSTrueCare.com**.

Filing a grievance or appeal will not affect the way TrueCare or our providers treat you.

Grievances

You may file a **grievance** over the phone or in writing at any time. A grievance is an expression of dissatisfaction, regardless of whether you call it a "Grievance", received by TrueCare verbally or in writing about any matter or aspect of TrueCare or its operation, other than a TrueCare Adverse Benefit Determination.

Examples of grievances are, but are not limited to:

- You have a problem with the quality of your care
- Wait times are too long
- Your PCP or the PCP's staff is rude
- You can't reach someone by phone
- You are not able to get information
- A PCP's office is not clean
- Your enrollment with TrueCare ends and you did not ask for this
- You cannot find a provider in your area
- You are having trouble getting your prescription
- TrueCare extended the timeframe for resolving a grievance or appeal

We will send you a letter letting you know that we got your grievance within five calendar days of getting your grievance. We may call your provider or get help from other TrueCare departments to investigate your grievance. You will get a letter with the outcome of your grievance as quickly as your health condition requires, but no later than 30 calendar days from when we got your grievance.

You can ask for up to 14 extra calendar days to resolve your grievance. Also, TrueCare can take up to 14 extra calendar days if we need more information for your grievance. We will call you and send you a letter within two calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest. At any time, you may ask for a copy of your file, medical records or any material free of charge.

Appeals

If you got a Notice of Adverse Benefit Determination (denial letter) and you are unhappy with TrueCare's decision, you or your authorized representative can ask for an **Appeal**. An Appeal is a request to look at an adverse benefit determination made by TrueCare. An adverse benefit determination (a decision not made in your favor) can be:

- Limiting or denying services;
- Reducing services;
- Suspending services;
- Terminating services;
- Denying payment for services;
- Failing to provide services in a timely manner;
- The denial of a request to dispute a financial responsibility, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial responsibilities; or
- If applicable, decisions by skilled nursing facilities and nursing facilities to transfer or discharge residents and adverse determinations made by a State with regard to the preadmission screening and annual resident review requirements.

All appeals must be filed within 60 calendar days from the date on the Notice of Adverse Benefit Determination (denial letter). You can file an appeal over the phone or in writing. We will send you a letter letting you know that we got your appeal within 10 calendar days of getting the appeal. We may call your provider or get help from other TrueCare departments to investigate your appeal. You will get a letter with the outcome of your appeal as quickly as your health condition requires, but no later than 30 calendar days from when we got the appeal request.

You can ask for up to 14 extra calendar days to resolve your appeal. Also, TrueCare can take up to 14 extra calendar days if we need more information for your appeal. We will call you and send you a letter within two calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest.

You can present TrueCare with evidence of the facts or law about your case, in person or in writing. Your appeal will be looked at by an individual with the appropriate clinical knowledge for your condition. In order to be fair, your appeal will be looked at by someone who was not involved in any previous level of review and is not an employee of the individual who made the first decision.

You, or someone legally authorized to do so, can ask us for a full copy of your case file at any time. This includes medical records (subject to Health Insurance Portability and Accountability Act (HIPAA) requirements), a copy of the guidelines (criteria), benefits, other documents and records, and any other information related to your appeal. These can be provided free of charge.

Expedited Appeals

You, or your provider, or your Authorized Representative can ask for an expedited (fast) appeal if you think that waiting 30 calendar days for an appeal decision could put your life, health, or your ability to attain, maintain, or regain maximum function in danger. TrueCare can also expedite (rush) your appeal request based on the information we get.

TrueCare will decide if your request meets the guidelines for an expedited appeal resolution within 24 hours of getting your expedited appeal request. If your appeal request does not meet the guidelines for an expedited (fast) appeal, we will still process your plan appeal within the regular 30 calendar day timeframe. We will call you and send you a letter with this information within two calendar days of getting your expedited appeal request.

If we do expedite (rush) your plan appeal, we will call you and send you a letter with the appeal resolution within 72 hours of getting your expedited appeal request. Expedited (rush) appeals will be resolved as quickly as your health condition requires, but no more than 72 hours from when we get the expedited appeal request. Please note if we expedite your appeal, you have limited time to present evidence.

You can ask for up to 14 extra calendar days to resolve your expedited appeal. Also, TrueCare can take up to 14 extra calendar days if we need more information for your expedited appeal. We will call you and send you a letter within two calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest. At any time you may request for a copy of your file, medical records or any material free of charge.

MississippiCAN and CHIP Members: Continuing Your Benefits During the Appeal Process

If you would like to keep getting your benefits while you are appealing, you must file an appeal and meet all of the following guidelines:

- You asked for your benefits to continue within 10 calendar days from the date on the denial letter, or Notice of Adverse Benefit Determination letter, or on or before the date when changes to your benefit start, which date is later
- The appeal involves services that TrueCare had already authorized
- The service must have been asked for by an approved provider
- The approved authorization has not expired; and
- You asked for an extension of benefits.

TrueCare will provide benefits until one of the following occurs:

- You withdraw the appeal
- Ten calendar days have passed from the date of the notice of appeal resolution and you have not asked for a Medicaid State Fair Hearing or Independent External Review
- The Division of Medicaid makes a State Fair Hearing decision or an Independent External Review decision not in your favor; or
- The time period or service limits of a previously authorized services has expired.

To ask for your benefits to continue while your appeal is being looked at, you may call us or send your request in writing to:

TrueCare
Attn: Mississippi Grievance & Appeals
P.O. Box 1947
Dayton, OH 45401-1947

Fax: 1-937-531-2398

If the final Appeal decision is not in your favor, you may have to pay for the services you were getting while the appeal was being reviewed.

If the final appeal decision is in your favor and the services were not given to you while the appeal was being looked at, TrueCare will authorize the services for you as quickly as your health requires, but no later than 72 hours from the date of the approval.

State Fair Hearing for MississippiCAN Members

If you are unhappy with an appeal decision that was made not in your favor, you or Authorized Representative can ask for a State Fair Hearing. You can ask for a State Fair Hearing within 120 calendar days of TrueCare's notice of appeal resolution unless an acceptable reason for delay exists. An acceptable reason for delay includes, but is not limited to, situations or events where:

- You were seriously ill and were prevented from calling TrueCare;
- You did not get the notice of TrueCare's decision;
- You sent the request for Appeal to another government agency in good faith within the time limit; and
- Unusual or unavoidable circumstances prevented a timely filing.

You must first complete the TrueCare appeal process before asking for a State Fair Hearing with the Mississippi Division of Medicaid. You can ask for a State Fair Hearing by sending your request in writing to:

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

Phone: (601) 359-6050

Toll-free: (800) 421-2408, TTY 711

Fax: (601) 359-6294

You can also call TrueCare Member Services and ask for help with a State Fair Hearing request. The Mississippi Division of Medicaid will let you know in writing when they have received your State Fair Hearing request. They will let you know of their State Fair Hearing decision in writing as well.

When your appeal is about services you were getting, but they ended or were decreased, you can continue getting services during the State Fair Hearing. If you continue getting services, there will be no change in your services until a final State Fair Hearing decision is made. Please be sure to tell us if you want your services to continue.

If you keep getting services and the services are still denied after a State Fair Hearing, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services. TrueCare will meet the terms of the State Fair Hearing decision made by the Mississippi Division of Medicaid. The Mississippi Division of Medicaid's decision in these matters will be final. If the State Fair Hearing decision is to reverse an Adverse Benefit Determination made by TrueCare, TrueCare will pay for all costs related to the hearing.

Independent External Review for CHIP Members

If you are unhappy with an appeal decision that was made not in your favor, you or Authorized Representative can ask for an independent external review. You can ask for an independent external review within 120 calendar days of TrueCare's notice of appeal resolution unless an acceptable reason for delay exists. An acceptable reason for delay includes, but is not limited to, situations or events where:

- You were seriously ill and were prevented from calling TrueCare;
- You did not get the notice of TrueCare's decision;
- You sent the request for Appeal to another government agency in good faith within the time limit; and
- Unusual or unavoidable circumstances prevented a timely filing.

You must first complete TrueCare's appeal process before asking for an independent external review. To ask for an independent external review, you may submit your request to the TrueCare Grievance and Appeals department. The Grievance and Appeals team will submit the independent external review to the third-party for review. The third-party will contact you when the review is completed.

Please submit your request to the following:

TrueCare
Attn: Independent External Review
P.O. Box 8738
Dayton, OH 45401-8738

Fax Number: Fax: 1-937-531-2398

The third-party reviewer does not have any ties to TrueCare. The third-party reviewer will let you know in writing when they have received your independent external review request. They will also let you know of the independent external review decision in writing. TrueCare will meet the terms of the independent external review decision made by the third-party reviewer. The decision made by the third-party reviewer in these matters will be final.

When your appeal is about services you were getting, but they ended or were decreased, you can continue getting services during the independent external review. If you continue getting services, there will be no change in your services until a final independent external review decision is made. Please be sure to tell us if you want your services to continue.

If the independent external review decision is to reverse an Adverse Benefit Determination made by TrueCare, TrueCare will pay for all costs related to the hearing.

GRIEVANCE AND APPEALS FORM

Your Name:
Member Address:
Member ID number:
Best phone number to reach you:
Please write about your grievance or appeal. Give us as many details as possible. List the provider's information if your issue is about a provider. You may add more pages as needed.

(Signature)	**(Date)**

TrueCare will send you a letter about your grievance or appeal. If your appeal is non-urgent, we will get a letter to you no later than 30 calendar days from the date we get this notice. You will get it in 72 hours for an urgent appeal and 30 calendar days for a grievance.

OFFICE USE ONLY		
Date Received:		
Received By:		
Grievance:	Appeal:	Hearing:

Note: You can fill this form out online at **MSTrueCare.com**

QUALITY IMPROVEMENT

We keep a close watch on the quality of care and services we offer. This is done by using data and reports to monitor how well our providers are taking care of members. We look at data to decide what types of programs we need to improve your care and health results. Our goals include:

- National Committee for Quality Assurance (NCQA) accreditation. NCQA's goal is to improve the quality of health care in the United States.
- Complying with NCQA Accreditation Standards for health care and services.

We use HEDIS® to help measure the quality of care we provide. HEDIS® is used by health plans in the United States to determine if you are getting important health care services and how well we do at providing the services. HEDIS® measures are based on national scientific guidelines that are known to help you take care of your health condition and improve health. This includes:

- Regular check-ups for adults and children.
- Preventive screenings, for example a breast cancer screening.
- Follow-up on long-term health conditions, for example: asthma, depression, diabetes, high blood pressure.
- Mental health and addiction.
- Vaccines.
- Lead testing (children).
- Attention Deficit Hyperactivity Disorder (ADHD) prescription drug safety.

WORDS TO KNOW

Healthcare Effectiveness Data and Information Set (HEDIS®)

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

We also use the CAHPS® survey. This member survey provides us with your comments on the quality of care you receive. The CAHPS® survey is directed by the United States Department of Health and Human Services, Agency for Healthcare Research and Quality. CAHPS® asks about:

- Customer service.
- How quickly you were able to get the care you needed.
- Rating your personal doctor and specialists, including how well they communicate with you.
- Rating other health care services you received.
- Overall rating of TrueCare as your health plan.

Our goal for HEDIS® measures and the CAHPS® survey is to get the highest possible scores. We work with all our providers to make sure the diverse needs of our members are met. We make changes based on member needs. Changes are based on the comments we get from members, providers, and other business. Each year we update information about the program. You can find it on our website **MSTrueCare.com**.

FRAUD, WASTE, ABUSE AND OVERPAYMENT

Our Program Integrity department handles cases of managed care fraud, waste, abuse or overpayment.

- **Fraud** means the purposeful misuse of or for gain of benefits.
- **Waste** means overusing benefits when they are not needed.
- **Abuse** is action that causes unneeded costs to TrueCare. Abuse can be caused by a provider or a member. Provider abuse could be actions that do not meet good fiscal, business, or medical sense.
- **Overpayment** means that TrueCare may be paying for care that is not needed.

Fraud, waste, abuse, and overpayment can be done by providers, pharmacies, or members. Examples of fraud, waste, abuse and overpayment are:

Providers who:

- Order drugs, equipment, or services that are not medically necessary.
- Do not give medically necessary services due to lower reimbursement rates.
- Bill for tests or care that they do not provide.
- Use wrong medical coding on purpose to get more money.
- Plan more visits than are needed.
- Bill for more expensive care than provided.
- Unbundle services to get a higher repayment.

Pharmacies that:

- Do not fill prescriptions as written by your provider.
- Send claims for a brand-name drug that costs more. But give you a generic or a less expensive drug.
- Give less than the prescribed amount. And do not let you know to get the rest of your medication.

Members who:

- Sell prescribed drugs or try to get controlled drugs from more than one doctor. Or if they try to get them from more than one drugstore.
- Change or forge prescriptions.
- Use pain medications they do not need.
- Share their ID card with someone else.
- Do not tell us that they have other health insurance.
- Get equipment and supplies they do not need.
- Get care or drugs using some other person's ID card.
- Give wrong symptoms to get treatment, drugs, and other care.
- Have too many ER visits for problems that are not an emergency.
- Lie about eligibility for Medicaid.

If you are proven to have misused your covered benefits, you might:

- Have to pay back money that was paid for a benefit misuse.
- Be charged with a crime and go to jail.
- Lose your Medicaid benefits.

If You Suspect Fraud, Waste, Abuse or Overpayment:

Call **1-833-230-2050 (TDD/TTY: 711)**. Select the menu choice to report fraud.

Fill out the Fraud, Waste, Abuse or Overpayment Reporting Form on **page 75**.

You can go to our website, **MSTrueCare.com**, and fill out the form.

Write and send a letter to:
TrueCare
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940

You do not have to give us your name when you write or call. If you are okay to give your name, you may send an email* or fax. Please give us as many facts as you can. Add names and phone numbers. If you do not give your name, we will not be able to call you for more details. This will be kept private as allowed by law.

Email: fraud@mstruecare.com

Fax: 1-800-418-0248

**If your email is not secure, people may read your email without you knowing or saying it is okay. Please do not use email to tell us anything private. Do not email your ID number, social security number, or health data. Instead, please use the form or phone number above. This can help protect your privacy.*

Thanks for helping us keep fraud, waste, abuse and overpayment out of health care.

FRAUD, WASTE, ABUSE, AND OVERPAYMENT REPORTING FORM

Please use this form to tell us about any concerns you may have. What you tell us will be confidential. Tell us as much as you can.

I think that this person may be doing acts of fraud, waste, abuse or overpayment. They can be reached at the address and phone number listed below.

Name: **Phone Number:**

Address:

This person is a/an: (please check the appropriate box)

☐ Employee ☐ Member ☐ Provider ☐ Other*

Tell us your concern? Please attach extra pages, if needed.

*Please explain the relationship between the person you are reporting and TrueCare or yourself.

You do not need to tell us your name. If you want, fill out this part of the form. We may reach you if we need to know more.

Your Name: **Your Phone Number:**

Your Address:

Please attach or send any files we should see or tell us where to find them.

If you do not want to give your name, send this form (and other files) by mail to

TrueCare
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940

You may also send this form by fax or e-mail. Sending your report will show the fax number or your e-mail address.

Fax: 1-800-418-0248
E-mail: fraud@mstruecare.com (Copy the form and any files you want to share into the e-mail. You can also attach them as documents.)

If you have any questions, **call 1-833-230-2050 (TDD/TTY: 711)**.
Choose the menu choice to report fraud.

WORD MEANINGS

Abuse – An action that causes unneeded costs.

Administrative Law Judge – Person who runs a State Fair Hearing.

Advance Directives – A written record about your wishes for medical care. They make sure health wishes are followed if the person can't tell a doctor.

Adverse Benefit Determination – This is when TrueCare:

- Denies or limits authorization of a service you want.
- Reduces, suspends or ends care of a previously authorized services.
- Denies full or partial payment for a service.
- Fails to provide services in a timely manner, as defined by DOM.
- Denies a member's request to dispute a financial liability, including cost sharing, copays, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

Appeal – A request for review to be performed by the TrueCare of an Adverse Benefit Determination. In the case of a Member, the TrueCare Adverse Benefit Determination may include determinations on the health care services a Member believes they are entitled to receive, such as delay in providing, arranging for, or approving the health care services (such that a delay would adversely affect the health of the Member).

Appointment – A visit you set up to see a provider.

Authorization – A decision to approve non-medical community support or other medically necessary care. Also called a referral.

Authorized Representative – A person or entity you allow to make health decisions for you. We must have this on record in writing.

Behavioral/Mental Health/Substance Use Disorder Services – Preventing, diagnosing and treating mental health and substance use disorder issues.

Benefits – Health care that is covered by TrueCare. Benefits are also extra member programs, services, and care.

Business Days – Monday through Friday, 8 a.m. to 7 p.m. Central Time (CT), except for holidays.

Calendar Days – Each day on a calendar, along with weekends and holidays.

Care Coordination – All parts of your health care, services, and supports are working together.

Care Manager – Health care professional assigned to you to help you get services and coordinated care from your providers.

Care Management – A team of registered nurses, social workers, and other outreach workers who work with you, your PCP and/or other specialists, and any family or other caregivers you would like to help coordinate your care.

Chronic Condition – Any physical or behavioral disorder that lasts at least 12 months.

Claim – Bill for services.

Community Mental Health Centers – Offices for mental health care.

Community Support Systems Providers (CSSP) – Care for Behavioral Health and/or intellectual/developmental disabilities in a home or community setting.

Copayment/Copay – Part of the cost for care you must pay. Or, a fixed amount a member pays for a covered health care service. TrueCare members do not have copays.

Covered Services – Medically necessary care that TrueCare pays for.

DOM – Mississippi Division of Medicaid.

Diagnostic – Medical procedure or supply to find the nature of an injury or sickness.

Disenrollment – The removal of a member from TrueCare.

Durable Medical Equipment (DME) – Supplies that can be used more than once for health services. Or equipment which can endure repeated use, is usually used to serve a medical purpose, generally is not useful to a person without an illness or injury, and is appropriate for use in the home.

Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) Services – EPSDT provides comprehensive and preventive health care services for EPSDT eligible members.

Emancipated Minor – A person under the age of 18 who is legally free from parent control.

Emergency Room (ER) Care – Care that a person gets in a hospital's ER. It is covered inpatient or outpatient hospital services for an emergency medical condition.

Emergency Medical Condition – An illness, injury, symptom or condition that needs care right away. If you do not get this care:

- Your health would be in danger; or
- You would have problems with your bodily functions; or
- You would have damage to any part or organ of your body.

Emergency Medical Transportation – Urgent transport of a person who has a medical emergency to a health care facility. This type of transport is typically by ambulance.

Emergency Services – Covered inpatient and outpatient services that are given by a qualified provider and needed to evaluate or stabilize an Emergency Medical Condition. These include dialysis services.

Enrollment – Action taken by the Division DOM to add a Member's name to TrueCare's monthly Member Listing report after they get and approve an Enrollment application from an eligible Member who chooses TrueCare or upon Passive Auto Enrollment of if a Member is automatically enrolled.

Excluded Services – Health care TrueCare doesn't pay for or cover.

Explanation of Benefits (EOB) – Statement showing health care services that were billed to TrueCare. It also shows how they were paid. An EOB is not a bill.

Family Planning Provider – Someone who gives family planning services to you.

Fraud – The purposeful misuse of or for gain of unauthorized benefits by a person or group.

Grievances – An expression of dissatisfaction, regardless of whether identified by the Member as a "Grievance," received by any employee of TrueCare orally or in writing about any matter or aspect of TrueCare or our operation. It does not include an Adverse Benefit Determination.

Grievances may include but are not limited to the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect your rights regardless of whether remedial action is requested. Grievances include your right to dispute an extension of time proposed by TrueCare, the PIHP or the PAHP to make an authorized decision.

Guardian – A person appointed by a court to be legally responsible for another person.

Habilitation Services and Devices – Health care that helps you keep, learn, or fix skills for daily living. This can be:

- Therapy for a child who is not walking or talking at the expected age.
- Services for physical and occupational therapy.
- Speech-language pathology.
- Other services for people with disabilities in inpatient and/or outpatient settings.

Health Care Services – All Medicaid services provided by TrueCare under contract with the DOM in any setting, including but not limited to medical care, behavioral health care, and supports.

Health Insurance – A contract that needs your health insurer to pay your covered health care costs in exchange for a premium.

Home Health Care – Services that are given to a medically homebound member by a health care professional. These are done in the member's home.

Hospice Services – Comfort and support services in the last stages of a terminal illness.

Hospitalization – Care in a hospital where you are admitted as a patient. Often needs an overnight stay.

Hospital Outpatient Care – Care in a hospital that often doesn't need an overnight stay.

Inpatient Care – Services that you get when you are checked into a hospital.

Medicaid – The medical assistance program authorized by Title XIX of the Social Security Act.

Medically Necessary – Medically Necessary Services are the care, supplies, and equipment that a licensed doctor or provider gives to a member and is noted in their medical records. The services are important for a Member's health and development. They are also:

- The most appropriate services that help achieve age-appropriate growth and development. Services will allow a Member to attain, maintain, or regain capacity.
- Made in accordance with standards of good medical practice consistent with the Member's condition and not primarily for the comfort or conveniences of the Member, family, or Provider.
- The most appropriate services, supplies, equipment, or levels of care that can be safely and efficiently provided to the Member. They are also furnished in a setting appropriate to the Members' need and condition.
- If a member is getting inpatient care, Medically Necessary Services further mean that the Member's medical symptoms or conditions require that the services cannot be safely provided to the Member as an outpatient.
- May also be services for Members that are necessary to correct or improve disorders and physical and behavioral/mental illnesses and conditions, whether such services are covered or exceed the benefit limits in the Medicaid State Plan and Title 23 of Mississippi Administrative Code.
- Are not experimental or investigational or for research or education.

Member – For MississippiCAN, an individual who meets all eligibility requirements for Mississippi Medicaid and enrolls with TrueCare under the MississippiCAN program and gets health benefits coverage through that program.

For CHIP, an individual who meets all of the eligibility requirements for CHIP enrolls in TrueCare under CHIP and gets health benefits coverage through CHIP. The term "Member" will be used to refer to individuals in either group throughout this handbook.

Network – A group of doctors, hospitals, and other providers that work together. TrueCare has a network of providers you can go for care.

Nonmedical Community Supports and Services (NCSS) – Services that stop or slow entry into an institutional setting. They may also help you get ready to leave an institutional setting. They help you live safely and well in your home or in the community. The need for these supports and services is found through the Independent Assessment (IA). This could be:

- Help with bathing or dressing
- Getting meals or groceries delivered
- Help getting rides

Non-Participating Provider/Out of Network Provider – A health care Provider who has not been approved, does not hold current approved status, and/or does not have a signed agreement with TrueCare.

Notice of Action (NOA) – A mailed document when we make a decision about your care. It has:

- The action that is planned
- The reason for the planned action
- The regulation or statute that supports the action

The document also tells you your rights to urgent or non-urgent appeals. It says how to ask for a State Fair Hearing. It says how to ask for services during an appeal or State Fair Hearing.

Obstetricians/Gynecologists (OB/GYNs) – Care for the female reproductive system. This also includes pregnancy, labor, and care shortly after you give birth.

Optometrists – Care for your eyes and vision.

Outpatient Care – A procedure that does not need an overnight stay in the hospital.

Over-the-Counter (OTC) Drug – A drug you can often buy without a prescription. Many OTC drugs are covered by TrueCare if you have a prescription for them.

Participating Provider/Network Provider/ In-Network Provider – Any provider, group of providers, or entity that is approved by TrueCare and has and agreement with TrueCare to provide covered services.

Pharmacists – Help you with prescription drugs and other medications.

Pharmacy – Where to go to get medications or prescriptions.

Physician Services – Health care services a doctor gives or arranges.

Plan – Health insurance, like TrueCare, that helps provide and pay for your medical care.

Premium – An amount you pay for your health insurance. TrueCare members do not pay a premium.

Preferred Drug List (PDL) – A medication list recommended to the Division of Medicaid by the Pharmacy & Therapeutics Committee. The list is also approved by the Executive Director of the Division of Medicaid. It is for use in the Fee-for-Service delivery system and for MississippiCAN and CHIP. A medication becomes a preferred drug based first on safety and efficacy, then on cost-effectiveness. Unless otherwise noted, the listing of a certain brand or generic name includes all dosage forms of that drug.

Prescription Drugs – Medications that a doctor prescribes to treat a specific health condition. You cannot buy these kinds of drugs over the counter, and they can only be obtained with a prescription from a licensed health care provider.

Prescription Drug Coverage – When the health plan helps pay for prescription and OTC medications.

Preventive Care – Care that you get from a doctor to help keep you healthy.

Primary Care Provider or Primary Care Physician (PCP) – Any physician or health care practitioner or group operating within the scope of their licensure who is responsible for supervising, prescribing, and providing primary care and primary case management services in MississippiCAN and/ or CHIP whose practice is limited to the general practice of medicine or who is an Internist; Preventative Medicine specialist; Pediatrician; Obstetrician; Gynecologist; Family Practitioner; General Practitioner; specialist who performs primary care functions upon request; Physician Assistant; Certified Nurse Practitioners whose specialty is pediatrics, adult, family, certified nurse midwife, obstetrics/gynecology; or another provider approved by the Division.

Prior Authorization/Preauthorization – When TrueCare approves a service that your provider requests for you before you get the service. The approved service or course of treatment is for a specific timeframe and scope.

Provider – A doctor or other health care professional that has agreed to care for TrueCare members.

Provider Directory – A book of providers you can go to as a TrueCare member.

Psychologists – Trained experts in mental health care. They do not prescribe medication.

Rehabilitation Services and Devices – Health care services or supplies. They help you keep, get back, or improve skills for daily life. The skills may have been harmed because you were sick, hurt, or disabled. They may be:

- Physical and occupational therapy
- Speech-language pathology
- Psychiatric rehabilitation services
- Inpatient and/or outpatient settings

Schedule – To set up a time for a future visit.

Screening – A test done as a preventive measure to spot health issues or diseases.

Service Areas – Where TrueCare gives managed care for members.

Skilled Nursing Care – Care from licensed nurses in your home or a nursing home.

Specialist – A doctor who focuses on a certain kind of health care. Examples are a surgeon or a heart doctor.

Substance Use – Harmful use of substances, like alcohol and illegal drugs.

Telehealth – A way to get care from a provider using a phone or computer. Telehealth lets a doctor see and talk to you with technology. The doctor can then make decisions about the care you need.

Urgent Care – Urgent care services are used because your PCP is not available. An urgent condition is not life threatening but may need prompt attention. Urgent care services are for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe it needs emergency room care. Urgent care centers can typically treat conditions including but not limited to sprains, strains, and minor broken bones.

Utilization Management – The review of care you get to make sure it is needed.

Waste – The overutilization, underutilization, or misuse of resources or services.

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