



Earn rewards for healthy behaviors

Get insured. Get healthy. Get rewarded. Get more with MHS!

Did you know about all the rewards you can earn with the MHS CentAccount Healthy Rewards program? You can earn rewards for completing a health needs assessment and staying up to date on preventive care. You can use your rewards at CVS, Walmart, Meijer, Rite Aid, Dollar General and Family Dollar to buy things like healthy groceries, baby and personal care items as well as over-the-counter medicines. HIP Plus members can also use their rewards to pay their monthly POWER Account Contribution.

Here are a few ways to earn rewards:

- **\$15** - For new members who create a secure portal account and use it to choose their doctor in the first 30 days of being an MHS member
- **\$20** - For an annual dental visit (ages 1-20)
- **\$20** - For Hoosier Healthwise and Hoosier Care Connect members who enroll with the Indiana Tobacco Quitline at **1-800-QUIT-NOW**
- **Up to \$145** - for HIP members who complete the Indiana Tobacco Quitline program

Learn about all the CentAccount reward opportunities at our website.

If you have never earned a reward, get started today! Call the CentAccount information line at **1-877-259-6959** or visit mhsindiana.com/centaccount.



MHS Health Library

If you have a question about your symptoms, need information about your medication, or want to know more about a health condition, the MHS Health Library can help. There are over 4,000 health fact sheets, available in both English and Spanish. These health fact sheets are not a replacement for medical advice, but can help you learn more about your health and how to stay healthy. Visit the Health Library at mhsindiana.com.



Walk-in and urgent care clinics

These types of clinics provide high-quality care when quick medical attention is needed for non-life-threatening conditions.

If your condition is not life-threatening, consider using a walk-in clinic or urgent care clinic before going to the emergency room. Many clinics are open later in the evening and have extended weekend hours. Urgent care clinics help patients get care without waiting in the emergency room of their local hospital.

Your MHS doctor is your medical home. It is best to always speak with your doctor before you get healthcare services from another provider.

When to use the emergency room

If you are unsure if you should seek medical attention from an emergency room for a non-life threatening event, call your doctor's office first. If you cannot get ahold of your doctor, you can call the MHS free 24-hour nurse advice line at **1-877-647-4848**.

If either your doctor or the nurse advice line tells you to go to the emergency room, your visit will be covered in full. You will not pay an emergency room copay.



What is medically frail?

Medically frail is a federal title given to individuals with certain serious physical, mental or behavioral health conditions. Receiving this federal designation means that you have access to the standard Medicaid benefits. Within HIP, members who meet the medically frail criteria will be provided greater coverage through the HIP State Plan package. HIP State Plan includes greater benefits like transportation to and from doctor visits, dental and vision coverage, and MRO services.

What conditions make someone medically frail?

Federal regulations define medically frail as individuals with one or more of the following:

- Disabling mental disorders (including serious mental illness)
- Chronic substance use disorders
- Serious and complex medical conditions
- A physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living like bathing, dressing, eating etc.
- A disability determination from the Social Security Administration (SSA)

Are you a HIP member, and think you might qualify for medically frail status? You may self-report to MHS that you have a qualifying condition at any time. Then MHS has 30 days to look at claims and talk to you and your providers. If you are deemed medically frail, you will be enrolled in HIP State Plan. Call **1-877-647-4848**, choose HIP member, and then option 4 to self-report.



CHECKING IN WITH DR. YANCY

Does your child take medicine for ADHD? Your child should take ADHD medicine just like the doctor says. Also, keep follow-up visits with your child’s doctor. The doctor will want to check how the medicine is working for your child. If your child was prescribed a new ADHD medication, then he or she needs a follow-up visit within 30 days of the first dose. Talk to your doctor to make sure your child gets a follow-up visit.

Dr. Eric A. Yancy
MHS Chief Medical Officer
and practicing pediatrician

The reason for your sneezin’

Seasonal sneezing could mean allergies. Or it could be just another cold. How can you tell the difference? Here’s a handy chart:

Symptom	Common to colds?	Common to allergies?
Body aches	Yes	No
Cough	Yes	Yes
Fever	Yes	No
Mucus is yellow or green	Yes	No
Runny nose, congestion or sneezing	Yes	Yes

We can help you better manage your health

Our Case Management Team of nurses, social workers and behavioral health specialists will work with you, your doctor and caregiver to:

- Explain your benefits
- Help you find doctors and other healthcare providers
- Help you get services covered by your plan such as medical equipment or home healthcare
- Identify resources in your community

Case Management is not required, but it is a covered health benefit. Interested? You or your caregiver can get additional information or start the referral process by calling **1-877-647-4848** and asking for Case Management.

Need to pay your POWER account contribution?

MHS wants to make your payments easy. We accept the following forms of payment: cash, check, CentAccount Rewards, MoneyGram, debit and credit card.

- Pay online at **mhsindiana.com**
- Pay by phone at **1-877-647-4848**
- Pay by mail by sending payment to Managed Health Services; Mailstop 16253487; PO Box 660160; Dallas, TX 75266
- Pay at MoneyGram locations (Receive Code: 15200)

Have you earned CentAccount rewards? Use your rewards to make a payment!



Learn about **your** benefits

The best way to understand all of your benefits is to read your MHS Member Handbook. There you will find details about:

- Benefits included in or excluded from your coverage
- Important phone numbers
- How to schedule transportation to your doctor visits
- How to find information on a doctor or hospital in your area
 - Name, address, telephone numbers
 - Professional qualifications
 - Specialty
 - Board certification status
- How to get an appointment with a primary care doctor or specialist
- What to do when you need care after office hours or when you are out of town
- Prescription and over-the-counter drugs
- How to request language assistance, bilingual staff or interpreter services
- What to do if you get a bill in the mail
- How to sign up for disease or case management programs
- When and where to get emergency care
- How to appeal a decision you don't agree with
- How to file a complaint
- Your rights and responsibilities

All of these answers and more are in your Member Handbook on our website **mhsindiana.com**. Call Member Services, **1-877-647-4848**, if you have questions or need a printed copy.

Your Member Privacy Notice is included in this newsletter. You can also get a copy at **mhsindiana.com**.



Safe use of painkillers

Pain is our body's way of telling us something is wrong. Pain helps us know there is a problem so that we can address it.

When you have pain, you just want it to stop. Painkillers may help. But painkillers have side effects. It is important not to take too many. It is also important not to take them for too long.

The most common painkillers are available over the counter.

Examples include:

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin, Advil)
- Naproxen (Aleve)

These pills are good for mild to moderate pain. The most common side effects are to the stomach. Problems include upset stomach, ulcers and bleeding.

Other painkillers must be prescribed by a doctor. They include:

- Morphine
- Oxycodone (OxyContin, Percocet)
- Codeine
- Hydrocodone (Vicodin)

Your doctor may give you these pills after surgery or an injury. Side effects can include drowsiness, constipation and depressed breathing. Taking them for more than a few days can lead to addiction or overdose.

Do you have trouble managing your pain? Talk to your doctor. He or she can help you find the safest way to manage your pain.

Are you pregnant? Tell us!

All you need to do is complete a Notification of Pregnancy survey. You will get a special thank you gift for completing the survey. You could also be eligible for up to \$80 in CentAccount Healthy Rewards. To get started:

- Sign into your Member Portal account and then fill out the Notification of Pregnancy form. It's on the "My Health" tab, then "Let Us Know".
- Or, call an OB Nurse at **1-877-647-4848, ext. 20309** to complete it over the phone.

MHS has several great programs for pregnant moms and babies. Visit **mhsindiana.com** to learn more, or call MHS OB Case Management at **1-877-647-4848**.



Hoosier Care Connect member copays

Hoosier Care Connect members have a copayment for some services. You may be asked to pay a \$3 copay for a prescription, a \$3 copay if you use the emergency room for a non-emergency reason, and a \$1/each way copay for transportation. There are certain exceptions. Find out more at **mhsindiana.com**.



Are you dealing with a difficult illness?

Our disease management programs may be able to help you. MHS has a dedicated team of nurses, social workers and behavioral health specialists. They can help you manage your ongoing care with your doctor for your specific medical condition. We have disease management programs for many chronic conditions including: asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF).

We want to help you understand your options and help you get the right care. Free disease management coaching is available for MHS members. HIP members can earn up to \$85 in CentAccount rewards for successful completion of disease management coaching. Ready to enroll? Call **1-800-973-1412**.

Preferred Drug Lists

The pharmacy Preferred Drug List (PDL) is a great resource. It has important information about how to use your pharmacy benefits and a list of covered drugs, both prescription and over the counter. For a drug to be covered it must be prescribed for you. If you will have a copayment it will be listed. It explains the refill process, dose and dispensing limits. Your PDL now includes a list of medications used to treat certain conditions and an explanation of how you can get a 90 day supply delivered by mail. It also explains limits on certain drugs, when prior authorization from your doctor might be needed, and requirements for generic medications and step therapy. You can find your current PDL on our website. It is updated quarterly. Visit **mhsindiana.com** and click on For Members, then choose your plan, then click on Benefits and Services, then Pharmacy to see your PDL. If you have any questions about your pharmacy services, call MHS Member Services at **1-877-647-4848**.

We hope you enjoyed our latest issue of *Healthy Moves*! You can find this and past issues on our website at **mhsindiana.com**. Or, you can call Member Services and ask for a copy to be mailed to you.

If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services from 8 a.m. to 8 p.m. Monday through Friday at 1-877-647-4848 (TTY/TDD 1-800-743-3333). Learn more at **mhsindiana.com**.

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Notice of Privacy Practices

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

PLEASE REVIEW IT CAREFULLY.

Effective March 1, 2017

For help to translate or understand this, please call **1-877-647-4848**.

Hearing impaired members call TTY **1-800-743-3333**.

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

1-877-647-4848 (TTY 1-800-743-3333).

Interpreter services are provided to you free of charge.

Covered Entities Duties:

Managed Health Services (MHS) is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is our responsibility to protect the privacy and security of your protected health information (PHI), whether oral, written or electronic. MHS employs state-of-the-art business practices to ensure physical and electronic safeguards are in place, including state-of-the-art computer security processes and trained staff.

We must give you this Notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current Notice. We must let you know if there is a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use rights.

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

- the uses and disclosures
- your rights
- our legal duties
- other privacy practices stated in the notice

Updated Notices will be on our website **mhsindiana.com**, and in our Member Handbook. We will also mail you or email you a copy on request.

Uses and Disclosures of Your PHI:

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

Treatment. We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help us with prior authorization decisions related to your benefits.

Payment. We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity. This is subject to the federal Privacy Rules. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims

Healthcare Operations. We may use and disclose your PHI to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing case management and care coordination
- conducting medical review of claims and other quality assessment
- improvement activities

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

- quality assessment and improvement activities
- reviewing the competence or qualifications of healthcare professionals
- case management and care coordination
- detecting or preventing healthcare fraud and abuse

Appointment Reminders/Treatment Alternatives. We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on how to stop smoking or lose weight.

As Required by Law. If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other conflicting laws or regulations. If this happens, we will comply with the more restrictive laws or regulations.

Public Health Activities. We may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.

Victims of Abuse and Neglect. We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect or domestic violence.

Judicial and Administrative Proceedings. We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:

- court order
- administrative tribunal
- subpoena
- summons issued by a judicial officer
- warrant
- discovery request
- similar legal request.

Law Enforcement. We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- subpoena
- summons issued by a judicial officer
- grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.

Organ, Eye and Tissue Donation. We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:

- cadaveric organs
- eyes
- tissues

Threats to Health and Safety. We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.

Specialized Government Functions. If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:

- to authorized federal officials for national security
- to intelligence activities
- to the Department of State for medical suitability determinations
- for protective services of the President or other authorized persons

Workers' Compensation. We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations. We may disclose your PHI in an emergency situation, or if you are unable to respond or not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the disclosure is in your best interests. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Research. In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Agreement to Uses and Disclosure of Your PHI

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends or any other person you identify. You can agree or object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure. We will limit the use or disclosure of your PHI in these cases. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative or other person responsible for your care of your location and general condition. You can give your verbal agreement or objection to us at the time of the use or disclosure of your PHI. You can also give it to us in advance.

Uses and Disclosures of Your PHI That Require Your Written Authorization

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

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

Marketing. We will request your written approval to use or disclose your PHI for marketing purposes with limited exceptions. Examples of exceptions include when we have face-to-face marketing communications with you, or when we give promotional gifts of nominal value.

Psychotherapy Notes. We will request your written approval to use or disclose any of your psychotherapy notes that we may have on file with limited exceptions such as certain treatment, payment or healthcare operation functions.

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

Your Rights

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

Right to Request Restrictions. You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications. You have the right to ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where your PHI should be delivered.

Right to Access and Receive Copy of your PHI. You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practicably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.

Right to Change your PHI. You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, we will deny your request if we did not create the information you want changed and the creator of the PHI is able to perform the change. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you asked be changed. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.

Right to Receive an Accounting of Disclosures. You have the right to get a list of times within the last six year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will give you more information about our fees at the time of your request.

Right to File a Complaint. If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with MHS. You can do this by phone, or in writing. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services. Their contact information is available on their website at www.hhs.gov/ocr. Or, we can provide you with their address to file a written complaint.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

Right to Receive a Copy of this Notice. You may ask for a copy of this Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI, or how to exercise your rights, you can contact us by phone or in writing. Please contact us at:

Managed Health Services

Attn: Privacy Official

550 N. Meridian Street, Suite 101

Indianapolis, IN 46204

Toll Free **1-877-647-4848**

(TTY **1-800-743-3333**)

mhsindiana.com/contact-us

If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services Monday through Friday from 8 a.m. to 8 p.m. at **1-877-647-4848** (TTY/TDD **1-800-743-3333**). Learn more at **mhsindiana.com**.



Statement of Non-Discrimination

Managed Health Services (MHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MHS:

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

If you need these services, contact MHS at 1-877-647-4848 (TTY/TDD 1-800-743-3333).

If you believe that MHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Grievance and Appeals Coordinator, 550 N Meridian Street, Suite 101, Indianapolis, IN 46204, 1-877-647-4848 (TTY/TDD 1-800-743-3333), Fax 1-866-714-7993. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MHS is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Declaración de no discriminación

Managed Health Services (MHS) cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo. MHS no excluye personas o las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

MHS:

- Proporciona ayuda y servicios gratuitos a las personas con discapacidad para que se comuniquen eficazmente con nosotros, tales como:
- Intérpretes calificados de lenguaje por señas
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idiomas a las personas cuyo lenguaje primario no es el inglés, tales como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con MHS a 1-877-647-4848 (TTY/TDD 1-800-743-3333).

Si considera que MHS no le ha proporcionado estos servicios, o en cierto modo le ha discriminado debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante: Grievance and Appeals Coordinator, 550 N Meridian Street, Suite 101, Indianapolis, IN 46204, 1-877-647-4848 (TTY/TDD 1-800-743-3333), Fax 1-866-714-7993. Usted puede presentar una queja en persona, por correo, fax, o correo electrónico. Si necesita ayuda para presentar una queja, MHS está disponible para brindarle ayuda. También puede presentar una queja de violación a sus derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de Estados Unidos (U.S. Department of Health and Human Services), en forma electrónica a través del portal de quejas de la Oficina de derechos civiles, disponible en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o vía telefónica llamando al: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Los formularios de queja están disponibles en hhs.gov/ocr/office/file/index.html.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de MHS, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Chinese:	如果您，或是您正在協助的對象，有關於 MHS 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-647-4848 (TTY/TDD 1-800-743-3333)。
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu MHS hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-647-4848 (TTY/TDD 1-800-743-3333) an.
Pennsylvania Dutch:	Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich MHS, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Burmese:	သင် သို့မဟုတ် သင်မှကူညီနေသူတစ်ဦးက MHS အကြောင်း မေးရာများရှိပါက အခမဲ့အကူအညီ ရယူနိုင်ခွင့်နှင့် သင်၏ဘာသာစကားဖြင့် အချက်အလက်များကို အခမဲ့ရယူနိုင်ခွင့် ရှိပါသည်။ စကားပြန်တစ်ဦးနှင့် စကားပြောဆိုရန် 1-877-647-4848 (TTY/TDD 1-800-743-3333) ကို ဖုန်းဆက်ပါ။
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول MHS، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MHS 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-647-4848 (TTY/TDD 1-800-743-3333)로 전화하십시오.
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MHS, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-647-4848 (TTY/TDD 1-800-743-3333).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'MHS, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Japanese:	MHS について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-647-4848 (TTY/TDD 1-800-743-3333) までお電話ください。
Dutch:	Als u of iemand die u helpt vragen heeft over MHS, hebt u recht op gratis hulp en informatie in uw taal. Bel 1-877-647-4848 (TTY/TDD (teksttelefoon) 1-800 743-3333) om met een tolk te spreken.
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa MHS, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования MHS вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Punjabi:	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਸਿ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ MHS ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਆਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-877-647-4848 (TTY/TDD 1-800-743-3333) 'ਤੇ ਕਾਲ ਕਰੋ।
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके , MHS के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी पराप्त करने का अधिकार है। किसी दुआषिये से बात करने के लिए 1-877-647-4848 (TTY/TDD 1-800-743-3333) पर कॉल करें।