



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
- If and when you might have a copay
- How we decide if new technology is a covered benefit
- What to do if you need care outside our network

Find Out More about Your Pharmacy Benefits

Did you know that you can review pharmacy benefit information on our [website](#) and the secure member portal? You can find a complete list of preferred medications, find a pharmacy, view copay amounts and see other important information.

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 available at [mhsindiana.com](#).



How We Make Decisions About Our Members' Care

Utilization management is how we make decisions about paying for care and services. Choices are made based on:

- What is covered
- If the service is medically needed
- If the service is right for you at this time

We use information from many doctors to make these decisions. MHS does not reward or encourage doctors or our staff for reducing, suspending or saying no to care.

To learn more, call MHS Utilization Management. Call 1-877-647-4848 from 8 a.m. to 5 p.m. Monday through Friday.

Your Appeal Rights

You can ask MHS to reconsider any decision about your care, services, benefits or your relationship with MHS. This includes decisions in which MHS:

- Denies the care requested
- Decreases the amount of care
- Ends care that had already been approved
- Denies payment for care

This process is called an appeal. It is explained in the denial letter sent to you and your doctor. It is also explained in the Member Handbook posted on the MHS website. After receiving the letter, you have 33 days to appeal the decision and ask MHS to investigate and review your information. If you believe your health will be at risk you can ask for an expedited appeal and MHS will answer within 48 hours.

At any time you can ask for a review by an independent external organization, a healthcare professional who does not work for MHS. You don't have to wait; you can ask for an appeal and a review at the same time.

We are here to help. Contact MHS Member Services at 1-877-647-4848 or online at mhsindiana.com for help writing your appeal. Language assistance is also available.

MHS Cares About Quality

Our Quality Improvement (QI) program is designed to improve quality of care, member safety and quality of service. Our program ensures we grow and improve our programs. We pay attention to what our members say on patient satisfaction surveys. We listen and respond to member complaints. We are focused on the health of our members!

If you would like to know more about the quality program's processes and goals for member care and services, the annual QI Program Description is on our website, mhsindiana.com. We've also included the report cards where you can see our progress, outcomes and scores. If you'd like a printed copy of the materials call MHS Member Services, 1-877-647-4848, and ask for one to be mailed.

Visit mhsindiana.com to help understand the benefits and services that are covered. And, what benefits are restricted or excluded. You can also find information about copayments and any charges you might have to pay. Plus, how to submit a complaint and how to appeal a decision you don't agree with.

How Long is Too Long To Wait?

MHS wants you to get care when you need it. We are working hard to build a network of providers that works for you, and our network keeps growing. But, sometimes you will still need to wait to see a provider. We use the state's standards for appointment wait times.

Please call MHS Member Services if you have a question or concern about the appointment wait time at your doctor's office.

Here is how long it should take to schedule an appointment with your doctor:

- Routine visits for adults (checkups, shots): within three months
- Routine visits for children (checkups, shots): within one month
- Urgent visits (very sick): within 24 hours
- Non-urgent visits (a small problem): within 72 hours
- Wait time in the waiting room: 1 hour or less



The Importance of Follow-Up after a Behavioral Health Admission

Being admitted to the hospital for depression, substance abuse, or any other behavioral health condition can be scary and confusing. As part of a member's treatment while in the hospital, the staff there should immediately begin planning for discharge. These plans could include an appointment with a therapist, a psychiatrist, or a nurse practitioner who specializes in behavioral health conditions.

It is important that members receive regular and timely therapy after they have been hospitalized for a behavioral health disorder. Having a visit scheduled within 7 days after discharge is best. This is to be sure that our members have a smooth transition back home, to work or school. Having an appointment with a therapist or psychiatrist within 7 days also helps make sure that progress made during the hospital stay is not lost.

If you are in need of additional resources or help with scheduling a follow up appointment, we have behavioral health case managers happy to help! Please call us at 1-877-647-4848, extension 57116.



CHECKING IN WITH DR. YANCY

Your children's health care needs change as they grow. It's important they see the right doctor for their age. As your kids become teenagers, consider taking them to a doctor who knows about adult health. Their pediatrician can help you decide when it's time to make that change. Call MHS if you need help finding a new doctor.

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

Access Your Health, on Your Schedule

Register for a portal account today at mhsindiana.com. The MHS secure member portal has many helpful tools. You can do the following:

- See your health information online, 24/7
- Complete your Health Needs Screening (HNS)
- View all dependents under one account
- Print a member ID Card
- Get reminders for yearly medical services
- Change your doctor
- Send secure emails to MHS Member Services

If you need help registering, please call the portal helpline at 1-866-912-0327. You can call Monday through Friday, 8 a.m. to 5 p.m. You can find more helpful tools at mhsindiana.com:

- Find a doctor, hospital, or other service provider
- MHS' Health Library with over 4,000 health topics, available in English and Spanish
- Member materials, such as a copy of your handbook

Always Carry Your Member ID Card

Your member ID number is what links you to your healthcare benefits. It is printed on the front of your member ID card. Always keep your card on you. Show it every time you get care at a doctor's office or go to the pharmacy. Learn more at mhsindiana.com/id.



We Protect Your Personal Information

MHS has privacy and security processes to protect your oral, written and electronic health information. It is your right and our responsibility. You can read the complete Privacy Notice in your Member Handbook or on our [website](#). If you would like a printed copy please contact Member Services. You can ask for a copy to be mailed to you.



Quit Using Tobacco And Earn Rewards!

The Indiana Tobacco Quitline is a free phone-based counseling service that helps smokers quit. You will get coaching, resources and support from a trained quit coach. You can call **1-800-QUIT-NOW** (1-800-784-8669) or ask your doctor to refer you. Plus, you will earn \$20 in CentAccount rewards for signing up!

As an MHS member, you also qualify for aids to help you quit, like Nicotine gum, lozenges and patches. Talk with your doctor about getting a prescription.

If you smoke and are pregnant, it's not too late to quit. Quitting now can make a big difference in your baby's life. The Quitline has a special program just to help pregnant women. **Call 1-800-QUIT-NOW.**



1.800.QUIT.NOW
Indiana's Tobacco Quitline
QuitNowIndiana.com

We Can Help You Better Manage Your Health

MHS has several Case Management programs that can add to the quality of your care and help to improve your health. Our Case Management team of nurses, social workers and behavioral health specialists will work with you, your doctor and caregiver. MHS Case Managers are here 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
- Find 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.



Get Smart: Know When Antibiotics Work

You have just filled a prescription for an antibiotic ...

READ THIS IMPORTANT INFORMATION

- ✓ Take it exactly as your medical expert tells you
- ✓ Do not skip doses
- ✓ Do not share it with others
- ✓ Finish the prescription even if you feel better
- ✓ Do not save it for later

Why is this checklist so important?

Using an antibiotic the wrong way can make infections stronger and harder to treat. You can prevent this problem by getting smart about antibiotics. Take antibiotics the right way. For more information call 1-800-CDC-INFO or visit cdc.gov/getsmart/community.

New Technology

Did you know MHS has a clinical policy committee? It is made up of doctors and healthcare practitioners who evaluate new technologies. This is done as a review for possible inclusion in your benefit plan. We know it is important to stay up to date and we want our members to have access to safe and effective care.

Member Rights and Responsibilities

As an MHS member, you have the right to:

- Receive information about MHS as well as MHS services, practitioners, providers and your rights and responsibilities. We will send you a member handbook when you become eligible and a member newsletter four times a year. In addition, detailed information on MHS is located on our website at MHSindiana.com. Or you may also call MHS Member Services at 1-877-647-4848.
- Be treated with respect and with due consideration for your dignity and privacy
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- A candid discussion of appropriate or medically-necessary treatment options, regardless of cost or benefit coverage
- Participate with practitioners in decisions regarding your healthcare, including the right to refuse treatment
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation as specified in federal regulations on the use of restraints and seclusion
- Request and receive a copy of your medical records and request they be amended or corrected as allowed in federal healthcare privacy regulations
- Voice complaints, grievances or appeals about the organization or the care it provides
- Make recommendations about our Member Rights and Responsibilities Policy
- An ongoing source of primary care appropriate to your needs and a person formally designated as primarily responsible for coordinating your healthcare services
- Personalized help from MHS staff so you can ensure you are getting the care needed, especially in cases where you or your child have “special healthcare needs,” such as dealing with a long-term disease or severe medical condition. We make sure you get easy access to all the care needed and will help coordinate the care with the multiple doctors and get case managers involved to make things easier for you. If you have been determined to have a special healthcare need by an assessment under 42 CFR 438.208(c)(2) that requires a course of treatment or regular care monitoring, we will work with you to provide direct access to a specialist as appropriate for your condition and needs.
- Have timely access to covered services
- Have services available 24 hours a day, seven days a week when such availability is medically necessary
- Get a second opinion from a qualified healthcare professional at no charge. If the second opinion is from an out-of-network provider, the cost will not be more than if the provider was in-network.
- Direct access to women’s health specialists for routine and preventive care, including family planning, annual women's tests and OB service without approval by MHS or your MHS doctor. This includes birth control, HPV tests, chlamydia tests and annual Pap smears.
- Receive written notice of a decision to deny a service authorization request or to authorize a service in an amount, duration or scope less than requested. You will receive this information as quickly as needed so your medical needs are met and treatment is not delayed. We will not jeopardize your medical condition waiting for approval of services. Authorizations are reviewed based on your medical needs and made in compliance with state timeframes.

As an MHS member, you have the responsibility to:

- Provide information (to the extent possible) needed by MHS, its practitioners and other healthcare providers so they can properly care for you
- Follow plans and instructions for care in which you have agreed to with your MHS doctors
- Understand your health problems and participate in developing mutually-agreed-upon treatment goals to the degree possible
- Follow plans and instructions for care you have agreed to with your practitioners



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, PO Box 441567, Indianapolis, IN 46244, 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.

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 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.

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, kaw! 1-877-647-4848 (TTY/TDD 1-800-743-3333).
Burmese:	သင် သို့မဟုတ် သင်မှကူညီနေသူတစ်ဦးတို့တွင် MHS အကြောင်း မေးစရာများရှိပါက အခမဲ့အကူအညီ ရယူပိုင်ခွင့်နှင့် သင်၏ဘာသာစကားဖြင့် အချက်အလက်များကို အခမဲ့ရယူပိုင်ခွင့် 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. للتحديث 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 ਤੁਹਾ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਬਾਰੀਏ 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 परामत करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-647-4848 (TTY/TDD 1-800-743-3333) पर कॉल करें।