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.
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.

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 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 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.
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.

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
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

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.
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. Published by Manifest © 2017. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. The information in this publication is intended to complement—not take the place of—the recommendations of your healthcare provider. Consult your physician before making major changes in your lifestyle or healthcare regimen. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.

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.

MHSIndiana.com Issue 4 2017
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.
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 deh ahpoch un's koosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-877-647-4848 (TTY/TDD 1-800-743-3333).

Burmese: အင်္ဂလိပ်ပြန်လည်မှာ MHS ဖော်ပြထားသော မြောက်နေသော မိမိ၏ ဘာသာအဖြစ် အကြောင်းအရာများကို ရရှိနိုင်သော ရေးရှင်းဖြစ်သည်။ မိမိတစ်ဦးအားဖြင့် အတွက်တွေ့ရှိရင် မူလစီမာခြင်းဖြင့် 1-877-647-4848 (TTY/TDD 1-800-743-3333) အတွက်တွေ့ရှိလိုက်ပါ။

Arabic: إذا كان لديك أو لدى شخص تساعد أصلًا حول MHS، فإنك تتمتع بحق الحصول على المساعدة والخدمات المتصلة بكافة السياقات بدون تكلفة. للاتصال مع مرجل المساعدة، اتصلوا على 1-877-647-4848 (TTY/TDD 1-800-743-3333).

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MHS에 관해서 질문이 있다면 귀하의 어려움과 정보를 귀하의 언어로 이용 부담없이 말씀할 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 hỗ trợ và nhận thông tin bằng ngôn ngữ mà quý vị mong muốn miễn phí. Để liên lạc với một thông dịch viên, xin gọi 1-877-647-4848 (TTY/TDD 1-800-743-3333).