



Tools to help you **kick the habit!**

Want to quit smoking or using tobacco, or know someone who does? There are many different ways to give it up for good. MHS will provide you with the tools you need to kick the habit.

INDIANA TOBACCO QUITLINE

For free phone support to help you quit, call **1-800-QUIT-NOW**. You will get free advice from trained staff. You will also get a quit plan, reading material and information about medicine to help you quit.

YOUR DOCTOR

Talk to your doctor about quitting smoking. MHS covers prescription medicine and counseling to help you quit. Medicines are available to help you stop smoking. They will also lessen the urge to smoke. Counseling can help you identify situations that trigger your urge to smoke.

With the right game plan tailored to your needs, you can break the addiction. Make today the day you quit. Join the millions of people who have kicked the habit for good.

MHS CentAccount Healthy Rewards

You can use your CentAccount Healthy Rewards card at Walmart, Meijer, Rite Aid, Dollar General, Family Dollar and Dollar Tree. You can buy things like groceries and baby items, as well as over-the-counter drugs. Find a complete list of approved items on the secure member portal. Get started earning your rewards by completing your Health Needs Screening at mhsindiana.com/HNS. Visit mhsindiana.com/centaccount or call **1-877-259-6959** to learn more about this program!

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 hold of your doctor, you can call the MHS free 24-hour nurse advice line.

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.

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.



Middle ear infections in children

A middle ear infection (otitis media) is an infection of the ear behind the eardrum. This happens when fluid in the ear builds up and becomes infected. This can be caused by colds, allergies or breathing in cigarette smoke. It may cause ear pain, fussiness, trouble hearing, a fever or cold symptoms like a runny nose.

Most ear infections get better on their own in 1-2 days. They do not always need antibiotics. You can help by not smoking around your child and holding a warm or cool washcloth to your child's ear for 20 minutes. If your doctor prescribes ear drops

or antibiotics, be sure to use them exactly as you are told.

Call your doctor or the MHS free 24-hour nurse advice line at **1-877-647-4848** if your child:

- Has a high fever, severe pain or seems very sick
- Is less than 6 months old and you think they have an ear infection
- Has redness, swelling or pain behind the ear
- Is dizzy or has a headache
- Has ear pain that doesn't get better or keeps getting worse
- Has drainage from the ear

JUST A THOUGHT...

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

Tips for living with **ADHD**

Your doctor has told you that your child has attention deficit hyperactivity disorder (ADHD). Now what? We can help you. Here is a list of tips to help you find out what you can do to meet your child's needs.

1 Learn all you can about ADHD. You can find help online at:

- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) - **chadd.org**
- National Attention Deficit Disorder Association - **add.org**
- American Academy of Pediatrics - **aap.org**

You can also talk to your child's doctor, counselor and teachers.

2 Make a plan for a calmer home. A therapist or counselor can help develop a plan for your home. This plan can help with behavior problems and make your home a happier place. Share the plan with the school and your doctor so everyone is giving your child the same message.

3 Learn all you can about ADHD medicine. Keep all medicine out of reach of your children.

As you start new medicine, watch how it makes your child feel. Sometimes it can cause children to be less hungry or have stomach aches. It can cause sleep problems, headaches or dizziness. Most of the time this is mild and goes away as your child gets used to the new medicine. Call your doctor if you have any questions.

4 Go to all doctor appointments. Talk about how things are going with the medicine and at school and at home. Ask questions. Even if everything is going well, the doctor will want to know, so don't miss any appointments.

5 Play! Make sure your child has time to get outside and exercise. Better yet, play together with your child. Blowing off that extra energy can be helpful in managing some ADHD symptoms.

MHS can help you get support for your child's ADHD. We can help find providers near you, make referrals, help you make appointments and help you find transportation. Call us for more information at **1-877-647-4848**.



MHS member **privacy notice**

Effective September 23, 2013

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.

For help to translate or understand this, please call 1-877-647-4848 Hearing impaired 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). MHS is required by law to keep the privacy of your protected health information (PHI). 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.

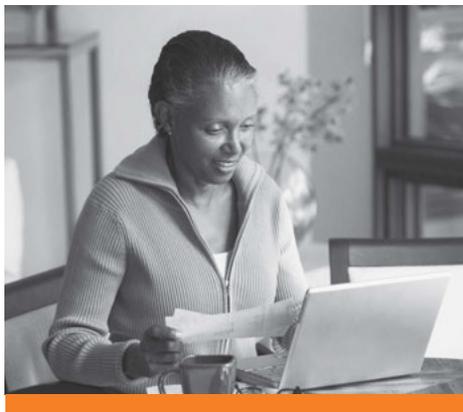


Your Rights

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 you 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
1099 N. Meridian Street,
Suite 400
Indianapolis, IN 46204

Toll Free **1-877-647-4848**
(TTY 1-800-743-3333)
mhsindiana.com/contact-us

MANAGED HEALTH SERVICES
1099 North Meridian Street
Suite 400
Indianapolis, IN 46204-1041
1-877-647-4848
mhsindiana.com

PSRST STD
U.S. POSTAGE
PAID
Stevens Point, WI
Permit #422

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.

Published by Manifest © 2016. 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.



0416.MA.M.NL



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 Health Rewards. 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. Please visit **mhsindiana.com/for-moms** to learn more, or call MHS OB Case Management at **1-877-647-4848**.

LEARN ABOUT YOUR BENEFITS

The best way to understand all the details of your benefits is to read your MHS Member handbook. Your handbook has details about these topics:

- Important phone numbers
- How to schedule transportation to your doctor visits
- How to choose or change your MHS doctor
- How to get language assistance
- Your covered benefits and services
- Pregnancy care programs
- Women's healthcare
- Healthcare services for special needs
- How to join disease or case management programs
- When and where you can get a second opinion
- How to get out-of-network care
- When and where to get emergency care
- How to send MHS a question, concern, or complaint
- How to start an appeal
- Our privacy notice
- Your rights and responsibilities as an MHS member

All MHS members are sent a copy of their MHS handbook either by email or through the mail. You can always get the most up-to-date copy online at mhsindiana.com/handbook.

Your Member Privacy Notice is included as an insert along with this newsletter. You can also get a copy at mhsindiana.com/hipaa-statement.



Are you dealing with a difficult illness?

Our case and 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 you and your doctor for your specific medical condition.

We have disease management programs for many chronic conditions, such as:

- Bipolar
- Attention-deficit hyperactivity disorder (ADHD)
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic kidney disease (CKD)
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Depression
- Asthma
- Hypertension

We want to help you understand your options and help you get the right care. Case and disease management programs are available for all MHS members. To enroll or learn more, or to opt out if you are enrolled, please call MHS Member Services at **1-877-647-4848**.

Hoosier Care Connect members

Hoosier Care Connect members may now have a copay 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-emergent reason, and a \$1/each way copay for transportation. There are certain exceptions. Find out more at mhsindiana.com.

Need to pay your POWER Account contribution?

Pay online today. Click the "Online Payments" image on mhsindiana.com, or call MHS Member Services at **1-877-647-4848**, Monday to Friday from 8 a.m. to 8 p.m.

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 preferred drugs. 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 PDLs on our website. Visit mhsindiana.com/for-members and click on “Your Benefits” and then “Pharmacy Benefits.”

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 more than 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.



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 the 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)

Happy anniversary HIP!

MHS was proud to celebrate the one-year anniversary of the Healthy Indiana Plan (HIP 2.0) recently. HIP has helped many of our members get affordable, quality healthcare. For many people, it is the first time they have had health insurance.

The HIP program focuses on preventive care and personal responsibility. We want all members to get the checkups and routine screenings they need to stay healthy. That is why preventive care is covered by your plan. HIP Plus members have a low, predictable monthly payment. This means no copays when you see the doctor. HIP Plus members also have dental and vision coverage. Over 70% of our members choose to have HIP Plus. If you are a HIP Basic member, be sure to POWER Up to HIP Plus at redetermination. This will help you get the most out of HIP.

On the provider side, we work hard to make sure our network works for our members. The number of MHS HIP providers has grown by 33% since 2014. This means even more doctors you can choose from for your care.

If you are a HIP member, visit mhsindiana.com/HIP to learn more about your benefits. We look forward to continuing to help Hoosiers access affordable, quality care.

