



MHS is Moving!

On August 1, 2017, we'll be moving into our new office. Our new address will be:

**550 N. Meridian St., Suite 101
Indianapolis, IN 46204**

That's just a few blocks from our current location.

Need to make a **payment?**

HIP Plus members can still make in-person payments at our new office.

Or, remember that MHS gives you lots of easy ways to pay your bill:

- Online at mhsindiana.com
- Cash/In-person payments with MoneyGram
- U.S. Mail
- Pay over the phone
- Automatic bank deduction

You take care of your family's health. And MHS is still here to help you. Stay connected with the FREE MyMHS mobile app. Or visit us online at mhsindiana.com. You can also talk with an MHS Member Services team member between 8 a.m. - 8 p.m. Monday through Friday.

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.



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

Need to pay your POWER Account contribution?

Pay online today. Go to mhsindiana.com, then click on For Members, then Healthy Indiana Plan. Then click the blue button that says Make Your Payment. Or you can call MHS Member Services at **1-877-647-4848**, Monday – Friday from 8 a.m. to 8 p.m. Have you earned CentAccount rewards? You can use those reward dollars to make a payment!

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.



MHS CentAccount Healthy Rewards

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

Do you know about the CentAccount Healthy Rewards program? You can earn rewards for healthy activities. For example, you can earn \$20 in rewards for an annual well care visit with your primary medical provider (PMP). Then, you can use your CentAccount Healthy Rewards card at CVS, Walmart, Meijer, Rite Aid, Dollar General, and Family Dollar. You can buy things like healthy groceries and baby items as well as over-the-counter medicines. Find a complete list of approved items on the secure member portal. And HIP Plus members can use their CentAccount to pay their monthly POWER Account Contribution. Visit mhsindiana.com/centaccount or call **1-877-259-6959** to learn more about this program!

Tips for living with ADHD: **For children**

Did you know that Indiana is one of the five states with the highest percentage of children aged 4-17 diagnosed with ADHD? Maybe your doctor has told you that your child has Attention Deficit Hyperactivity Disorder (ADHD). Now what? We can help you get started. Here is a list of tips that will 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:

- ADHD Parenting Tips - helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-parenting-tips.htm
- Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) - chadd.org
- National Attention Deficit Disorder Association - add.org
- American Academy of Pediatrics Booklet on ADHD - [medicalhomeinfo.aap.org/about/Documents/Booklet_ADHD_042011\(c\).pdf](http://medicalhomeinfo.aap.org/about/Documents/Booklet_ADHD_042011(c).pdf)
- 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.

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**.

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.



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
- 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 get language assistance
- 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 and 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.

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, 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. Disease management programs are available for 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**.





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.

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. 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**.



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 help 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. Plus, you can earn \$20 in CentAccount Healthy Rewards for signing up!

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.



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.

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

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 and click on For Members, then choose your plan, then click on Benefits and Services, then Pharmacy.

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.



Keep Your Child's Teeth Healthy

Did you know tooth decay can start when your child is a baby? To keep your child's smile healthy, try these tips:

- Clean your baby's teeth with wet gauze every day, two times a day.
- If your child uses a pacifier, do NOT dip it in sugar, honey or other foods.
- Don't put pacifiers or spoons in your mouth. Germs can be passed from you to your child.
- Don't put your baby to bed with a bottle or cup that contains milk, formula, fruit juices, or any liquids with sugar.
- As they get older, try to avoid giving children sugary or sticky foods. Try healthy snacks like vegetables instead.

Dental Benefits Covered by Your Plan

Healthy Indiana Plan (HIP) Members:

Dental benefits are provided for the following members:

- **HIP State Plan Plus** – benefits same as the benefits offered in Hoosier Healthwise (see below)
- **HIP State Plan Basic** – benefits same as the benefits offered in Hoosier Healthwise (see below)
- **HIP Plus** – dental benefits include:
 - evaluations and cleanings (one per 12 months, adults age 21-64; one per 6 months, adults age 19-20)
 - bitewing x-rays (4 x-rays per person per benefit year)
 - comprehensive x-rays (1 complete set every 3 years)
 - minor restorative services, such as fillings (4 per person per benefit year)
 - major restorative services, such as crowns (1 per person per benefit year)
- **HIP Basic** – dental benefits are not a covered service, except for members who are 19 or 20 years of age, as well as pregnant members. Be sure to POWER Up to HIP Plus when it's time to re-enroll for benefits to get dental and vision coverage.

Hoosier Healthwise, CHIP and Hoosier Care Connect Members:

The following listed dental services are covered, as long as you visit an Indiana Medicaid network dentist:

- One cleaning every six months for members 1-20 years old
- One cleaning every year for members 21 and older
- X-rays and fillings
- Getting teeth pulled (based on medical necessity)
- Fluoride treatment every six months for members 1-20 years old
- Orthodontia for children (based on medical necessity)
- Dentures, partials and repairs (with limits)
- Dental surgery (with limits)
- Emergency dental services

Some dental services must be approved in advance, including dentures and dental surgery. Your dentist can help you get approval. Visit mhsindiana.com and use our Find a Provider tool to find a dentist near you.

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.

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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**.