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Member Services

WELCOME TO MANAGED HEALTH SERVICES

Thank you for picking Managed Health Services as our health plan of choice. Because your family depends on you...you can depend on us.

As a Managed Health Services Member (MHS), special services and benefits are available exclusively for you such as:

- Free gifts for seeing your Managed Health Services doctor and keeping appointments
- Deluxe frames for glasses, rides to and from your doctor appointments and benefit renewal visits and much more
- Special health programs to fit your needs and help you stay healthy
- A Managed Health Services ID card listing special phone numbers when you need help
- 24 hours a day, 7 day a week access to a nurse for medical questions
- To your door service through our CONNECTIONS Program
- A caring team of local staff dedicated to serving you, specializing in Medicaid Managed Care

Details on these services and many more are listed within this Kit. Please read on.

Updated program changes are effective January 1, 2007

The new Hoosier Healthwise Health Plan program is about choice. Now YOU can choose your doctor and your health plan. And when you join Managed Health Services, you will get a toolkit to help you understand the many FREE services we offer.

Call member services at 1-877-MHS-4U4U (647-4848)

We can help you change your doctor or health plan and with your behavioral health needs.

We also have a new program called Stepping into Wellness. This special program is only for MHS members. It will help you and your family. The program gives you free gifts for taking care of yourself. More information on this program is available within this book. .

Member Services

MHS IS HERE FOR YOU

This Member Handbook tells you how to get medical care. It tells about your healthcare benefits and tells you to call your doctor when you need medical care.

You can also call NurseWise at 1-877-MHS-4U4U when you have questions or need help and can't reach your doctor.

Please read this handbook. Your Rights and Responsibilities are found in the back of this book. These are extremely important for you to read and understand. MHS staff and doctors all practice in accordance with these guidelines.

Call Managed Health Services (MHS) Member Services if you have any questions about your healthcare services:

MHS can help you 24 hours a day, 7 days a week. Language assistance is available in 150 languages.

Call us at 1-877-MHS-4U4U

MHS offers a 24-hour "live voice" telephone service in English and Spanish. You also have the option of leaving a message through our automated message center and MHS will call you back within 24 hours. You decide if you want to speak with a live person or leave a message.

You may also write to us at:

**Member Services Department
Managed Health Services
1099 North Meridian, Suite 400
Indianapolis, IN 46204**

You can view sections of this handbook online at:

www.managedhealthservices.com

If you need help understanding this handbook or require it in a different format, please call Member Services at 1-877-MHS-4U4U.

*For members who are hearing impaired, please call the Indiana Relay Services at 1-800-743-3333.



Member Services Department 1-877-MHS-4U4U
Hearing Impaired TTY Line 1-800-743-3333
www.managedhealthservices.com

Member Services

IMPORTANT TELEPHONE NUMBERS

If you have any questions, call 1-877-MHS-4U4U. The MHS Member Services staff will help you. MHS is available 24 hours a day, 7 days a week all year long. You will speak with our MHS Member Service staff Monday through Friday 8:00AM to 6:00 PM or our NurseWise team at any other time. If you cannot reach your doctor or have questions, call NurseWise at 1-877-MHS-4U4U

- Emergency911 or local emergency number
- MHS Member Services 1-877-MHS-4U4U
- NurseWise.....1-877-MHS-4U4U, option 7
- Change Your Doctor 1-877-MHS-4U4U
- Change Your Child’s Doctor 1-877-MHS-4U4U
- To Get Dental Care 1-877-MHS-4U4U
- Dental & Vision Questions/Problems 1-877-MHS-4U4U
- Pharmacy Questions/Problems 1-877-MHS-4U4U
- 414-5946Language Assistance 1-877-MHS-4U4U
- Hearing Impaired 1-800-743-3333
- Behavioral Health1-877-MHS-4U4U

MHS Doctor Name _____

Phone _____

Your Child’s MHS Doctor Name _____

Phone _____

Your Pharmacy Name _____

Phone _____

Your Eye Doctor Name _____

Phone _____

Your Dentist Name _____

Phone _____

Behavioral Health Provider Name _____

Phone _____



Member Services

LANGUAGE ASSISTANCE

Language Assistance is available 24 hours a day, 7 days a week.

Hearing Impaired Members:

- 1) Call the Indiana Relay Service at 1-800-743-3333. This number can be used anywhere in Indiana.
- 2) Ask the operator to connect you to the Indianapolis number:

1-877-MHS-4U4U

Monday-Friday, 24 hours a day, 7 days a week

- 3) If you need a sign language interpreter for a medical visit, please call us at 1-877-MHS-4U4U at least 7 days before your visit.

Language Help:

- MHS has language services for members who speak a language other than English. Services are available in over 150 different languages. Call:

1-877-MHS-4U4U

24 hours a day, 7 days a week

Including holidays

- Member Services will get you a person who can speak your language and answer your questions.
- If your doctor does not speak your language, he or she must provide you with access to someone who does speak your language.
- Face to face interpreters are available if needed. Please contact MHS at least 7 days before your visit, so we can make these plans for you.
- All MHS information is available in different formats.

COMMUNICATION FROM MHS

As a Managed Health Services (MHS) member, you will hear from us regularly. You will get this handbook when you join MHS as well as a Member Newsletter every 3 months. You may also get postcards reminding you of exams needed. If there are any changes with your coverage, we will notify you 30 days in advance. Managed Health Services will notify you with any changes about your MHS doctor. It is important to make sure you keep your address updated with your caseworker so we can make sure you get this information.



Member Services

RENEW YOUR BENEFITS

Do you know when your next renewal date is?

Renewal for Hoosier Healthwise is when you meet with your caseworker so you can be sure to keep your health coverage.

If you do not keep your appointment with your caseworker, you could lose your health benefits. It is important for you (and your family) to keep your benefits so please contact your caseworker today for your appointment date and time. Also, MHS has transportation available to take you to your renewal appointments. Please call hours ahead to get a ride: 1-877-MHS-4U4U.

CONNECTIONS—BRINGING MANAGED HEALTH SERVICES TO YOUR DOOR

At MHS, we have a special program to connect you to quality healthcare and social services. It's called CONNECTIONS and only offered to Managed Health Services members. Our CONNECTIONS staff is located in YOUR area.

Our CONNECTIONS outreach representatives will talk to you on the phone, they may send you information in the mail and may visit your home if you would like for them to do so.

They will be glad to talk to you about:

- What to do as a new member and important things to remember, such as renewal for Hoosier Healthwise
- How to choose a doctor (PMP)
- How to change doctors
- What healthcare services you get through MHS
- How to use MHS healthcare services
- How to get medical advice when your doctor is not available
- The difference between emergency care and urgent care
- How to live a healthy life
- How to get immunizations and health screenings
- Other healthcare service problems you may have

CONNECTIONS outreach representatives can help connect you to local, community social services if you need food, housing, clothing, utility services, etc. You will also see us at many local community events and health fairs. We hope to see you at these events. For a listing of attended events, visit our website at managedhealthservices.com.

To reach CONNECTIONS, call **-1-877-MHS-4U4U**



Member Services Department 1-877-MHS-4U4U
Hearing Impaired TTY Line 1-800-743-3333
www.managedhealthservices.com

Medical Services

KNOWING YOUR DOCTOR

You chose or were assigned to a MHS doctor. This doctor is called the Primary Medical Provider (PMP). Your PMP can be one of five types of doctors:

- Family Practice Doctor
- General Practice Doctor
- Internal Medicine Doctor
- OB/GYN
- Pediatrician

Your MHS doctor is responsible for your entire healthcare. This includes;

- Knowing your medical history
- Taking time to listen to your concerns and explain things to you in a way you can understand
- Working with you closely to keep you and your family healthy
- Helping you see specialists when needed
- Arranging and managing your care

Your doctor will coordinate all your healthcare needs such as:

- Giving check-ups and immunizations
- Writing prescriptions
- Referring you to a specialist
- Sending you to a hospital
- Pregnancy care

Your doctor or his/her representative is available 24 hours a day, 7 days a week. Language assistance is available if you do not speak English, are hearing impaired or have any disability that would require assistance. Call 1-877-MHS-4U4U for telephone access to your doctor in over 150 languages.

VISITING YOUR DOCTOR

Always call your MHS doctor when you or your child need healthcare. Call your doctor:

- To schedule a visit
- To schedule regular check ups and screening,
- When you are sick
- When you can't make your appointment
- To get care after normal business hours
 1. **If you have a new doctor, please visit this doctor within the first 90 days to begin a good relationship.**
 2. Also remember to take all shot records and your Hoosier Health card to each appointment.
 3. Remember, you need to see the MHS doctor that you selected or were assigned to.

Medical Services

WHEN SHOULD YOU EXPECT TO BE SEEN?

MHS physicians are encouraged to see you as soon as possible. We ask our physicians to schedule your appointments within the following timeframes based on your medical condition.

Exams/Physicals for adults are scheduled within 6 weeks

Well Child/Healthwatch visits for children are scheduled within 4 weeks.

Routine care visits are scheduled within 2 weeks.

Urgent Care visits are scheduled within 24 hours. These include when you have fevers for 48 hours or more, ongoing vomiting or diarrhea for 48 hours or more.

Non-urgent (such as sore throat, congestion) visits are scheduled within 72 hours.

New pregnancy visit should be scheduled within 30 days.

Office appointment wait time should be 30 minutes or less.

For other appointment timeframes, please call the MHS Member Services Department at 1-877-MHS-4U4U.

MEDICAL DECISIONS

MHS doctors and staff make decisions about the treatment of our members based on the best care and service. MHS does not reward any provider or member of their staff for issuing denying claim payment nor does MHS offer rewards to encourage improper withholding of care.

COORDINATION OF BENEFITS

If you have other health insurance, you must show that insurance card and your Hoosier Health card each time you get care. You will not have to pay any money for Hoosier Healthwise covered services. You do not have any co-payments for your medical visits with Managed Health Services. Please remember you do have a co-payment for pharmacy and transportation services. If you do not give your Hoosier Healthwise information to your doctor or hospital, you may have to pay for your care. You are responsible to tell your doctor that you have Hoosier Healthwise at the time of your visit.

If you receive a bill for covered services, please contact the MHS Member Services Department at 1-877-MHS-4U4U. If you cancel or lose your other health insurance, please remember to call your Caseworker at your local Division of Family Resource office right away. This phone number can be found in your local phone book.

Your MHS doctor may request to see you before sending you to another doctor.



Medical Services

SEEING A SPECIALIST

A specialist is a doctor who works in one healthcare specialty, for example: heart, skin or bones. Your MHS PMP will refer you to see a specialist if you need one. Normally, MHS doctors will refer to other MHS doctors who are specialists. However, if your medical condition would be better treated by someone other than an MHS doctor, then a referral may be provided. MHS **will not pay** for specialist visits **unless** your PMP approves the visit.

A notice will be sent to you if there is a denial, change in recommended treatment plan and/or limitations on visits or benefits. We will not delay your care or jeopardize your health awaiting these decisions. All decisions are made as quickly as your health condition requires.

REMEMBER: You must contact your PMP first, before seeing a specialist.

PROVIDER QUALIFICATIONS

You have the right to information about your Primary Medical Provider (PMP), any specialist, or other provider of service you may be referred to see. This information includes the provider's name, license information, schooling, titles, and incentives. You may call your MHS Member Services Representative at 1-877-MHS-4U4U and ask for general information about any MHS provider. You can also visit our web page at www.managedhealthservices.com. If there are any changes with your PMP (retires, moves, etc.), you will be informed in writing.

DOCTOR INCENTIVES

MHS provides incentives for doctors based on the quality of health care provided to our members. We do not give incentives to our doctors for withholding care. For more information about our physician incentive plans, please call MHS to request detailed information. You can call us at 1-877-MHS-4U4U.

URGENT CARE -AFTER HOURS

Urgent care is a medical service you need sooner than a routine doctor's appointment. **URGENT CARE IS NOT THE SAME AS EMERGENCY CARE.** Some examples of urgent care include:

- Minor Cuts
- Sprains
- Most drug reactions
- Pain

You must receive urgent care from an MHS provider. You **MUST** call your PMP to get approval to use urgent care services.

There may be times when you cannot tell if a problem is really an emergency. CALL YOUR PMP FOR HELP 24 HOURS A DAY. Your PMP must provide access to care 24 hours a day, 7 days a week.



Member Services Department 1-877-MHS-4U4U
Hearing Impaired TTY Line 1-800-743-3333
www.managedhealthservices.com

Medical Services

You may also call **NurseWise at 1-877-MHS-4U4U, option 7**, for assistance. NurseWise nurses can answer questions about your health concerns and your health plan. NurseWise is available 24 hours a day, every day of the year.

If you are not sure what to do when your problem is not a true emergency call your PMP first. Even if the office is closed, he or she might:

- Want to see you right away in the office
- Send you to another doctor
- Send you to a walk-in clinic
- Help you with home treatment over the phone until he/she can see you

EMERGENCY CARE

A true emergency is when a person feels their life is in danger or they could suffer a life-long health problem if they do not get immediate help. Patients with colds, minor aches or pains, or earaches may have to wait in the Emergency Room several hours before seeing a doctor because these complaints are not emergencies. **The emergency room is not the place to receive routine care.**

YOU SHOULD CONTACT YOUR MHS PMP FOR ROUTINE CARE OR NON-EMERGENCY CARE.

Examples of routine care or non-emergency care include:

- Routine physicals
- Immunizations
- Well Care Visits (Child/Adolescent)
- Common colds
- Diaper rash
- Stuffy nose from a cold or an allergy
- Skin bumps
- Sprains
- Strains
- Ear aches
- Removal of stitches
- Any problem that can wait for you to see your doctor

Examples of real emergencies include:

- Chest pain
 - Loss of consciousness or fainting
 - Bleeding that cannot be stopped
 - Drug overdose
 - Broken bones
 - Sudden loss of vision, speech, or movement of a body part
 - Seizures
 - Injuries from gunshot wounds, knives, or accidents
- Recent neck or back injuries.

Medical Services

REMEMBER! True emergencies do not require authorization from your doctor or MHS. If you have a true emergency (sudden, life-threatening) go directly to the closest emergency room.

If you have a health condition that occurs often (a chronic condition), talk to your PMP about what a medical emergency would be for you.

The Emergency Room is for real emergencies only!

For approval on medication written by an emergency room doctor, you may need to call your MHS doctor. Please turn to Pharmacy Services section of this handbook for information on your medication benefits.

GOING TO THE HOSPITAL

Your doctor will put you into a hospital when you need hospital care. Ask your doctor which hospital you should use for hospital care.

OUT-OF-AREA CARE

If you are away from home and need urgent or routine care, you must call your doctor or the MHS Member Services Department. If you have a life-threatening emergency, go to the nearest hospital. You must make sure that the provider will take Hoosier Healthwise insurance or you will be responsible for the charges.

1. You may be billed for services if you don't identify yourself as a Hoosier Healthwise member.
2. Please call MHS right away, at 1-877-MHS-4U4U, if you get a bill.
3. Please read page 24 of the handbook for information on out of state coverage for your medicine.

OUT-OF- PLAN CARE

MHS realizes that there may be times when you need care from a physician who is not in the MHS plan. These services can be arranged if medically needed. Please contact your assigned MHS doctor to discuss such needs. MHS will not deny necessary medical services to an out of network physician if these services are medically needed as determined by your physician. Remember, the provider must be an Indiana Medicaid provider in order for the services to be paid.

Medical Services

NURSEWISE-HERE FOR YOU 24/7

Everyone has questions about their health...Call NurseWise at 1-877-MHS-4U4U, option 7

NurseWise is a medical advice phone line staffed by Registered Nurses. These nurses have at least five years experience inpatient care. NurseWise is open 24 hours a day, every day of the year. NurseWise can answer your questions on many medical topics including:

- Questions about pregnancy
- How to deal with asthma problems
- Caring for newborns
- What to do if your baby is sick
- How much medicine to give your child
- Major illnesses

OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK INCLUDING HOLIDAYS. Get Medical Advice When You Need It! If you have a severe injury and feel you could suffer the loss of a limb or other damage to your body if you don't see a doctor at once, go to the hospital quickly.

STEPPING INTO WELLNESS-EARN FREE GIFTS!

Stepping into Wellness is a special program that helps you get involved in your healthcare and build a strong relationship with your doctor early. To take advantage of this program, all you have to do is see your Managed Health Services doctor within 90 days of joining our plan. You will complete the Stepping into Wellness coupon found in the same envelope as this book and return it to Managed Health Services. Once you have seen your doctor, we will mail you a free gift. You can get a free gift for each Managed Health Services family member who sees their doctor within 90 days of joining. Just another way to show we care about you and your family's health care needs.

COVERED MEDICAL SERVICES

To receive these services, you must go to your assigned MHS doctor. Your MHS doctor may refer you for any treatment you may need.

Doctor Care:

Yearly Physical exam
Prenatal and postpartum care
Immunizations
Specialty care
Prescriptions
Hospital admissions
Early periodic screening,
Care diagnosis and treatment (well child care)

Hospital Care:

Inpatient services
Outpatient services
Emergency care
Laboratory
X-ray
Diagnostic studies
Skilled nursing



Medical Services

Other:

Home health care
Physical therapy
Speech therapy
Respiratory therapy
Occupational therapy
Hearing aids

Medical Supplies:

Durable medical
equipment
Braces and
orthopedic shoes
Prosthetic devices

MHS has a group of physicians and staff that regularly look at new services, treatments, and drugs to make sure you are getting quality coverage.

MHS does not make coverage decisions based upon moral or religious beliefs.

BEHAVIORAL HEALTH

In order to better serve our members behavioral health needs, MHS contracts with Cenpatico Behavioral Health LLC (CBH). CBH can help you with:

- Depression
- Anxiety
- Eating disorders
- Drug and alcohol problems
- Bi-polar disorder
- Other mental health problems

CBH also has Case Managers to help members with special healthcare needs get services. Case Managers work closely with you and your behavioral health doctor to make a plan of care. They check on you regularly to make sure things are going well. If you need special help, they can find the right care for you. Call us today, we have many services and providers available within our network. Your CBH case manager may also help find local community services that you need.

To access behavioral health services, please contact MHS Member Services at 1-877-MHS-4U4U

Covered Behavioral Health Services

- Diagnostic Services
- Second Opinions
- Emergency and Crisis Intervention Services
- Inpatient and outpatient Services (visits with councilors/therapists)
- Intensive Outpatient Programs (IOP)
- Psychological Testing
- Case Management by Behavioral Health Nurses
- Prescription Drug Program
- Home based Family Therapy
- Addiction counseling and treatment

Medical Services

NON-COVERED SERVICES

The following services are **NOT** paid for by MHS:

- Services for learning disabilities
- Doctor services provided outside the scope of his/her license
- Most new or experimental products, services or technology
- Cognitive rehabilitation services
- Cosmetic procedures
- Services provided by a non-Indiana Medicaid doctor or hospital

Services for learning disabilities and cognitive rehabilitation services could be covered under other programs. Contact Hoosier Healthwise at 1-800-889-9949 for more information.

SELF-REFERRAL SERVICES

You can receive some medical services without first seeing your Primary Medical Provider (PMP) to get a referral. These services include the following:

- Behavioral Health and Psychiatric Services
- Alcohol/Drug Abuse Treatment
- Podiatry (Routine Foot Care is not a covered) Service
- Chiropractic Care (Limited benefits)
- Routine (Eye) Care
- Dental Care
- Family Planning Services
- Sexually Transmitted Diseases (STD) Treatment Clinics
- HIV Case Management
- Diabetes Case Management
- Women's Health Special Services (GYN services/annual exams)

Your doctor can help get these services for you. MHS can also help you get the care you need. Please call us at 1-877-MHS-4U4U when you need help.

We encourage you to talk about all of your healthcare needs with your PMP so that he/she can arrange your services to provide the best overall care for you.

For more information on family planning and women's health services is provided within this book.

If you have any questions about the health services listed above, please contact your Member Services Representative at 1-877-MHS-4U4U.

Medical Services

PEDIATRIC PREVENTIVE HEALTH STANDARDS

Get the best for your child by following these Preventive Health Standards. These guidelines are minimal requirements for healthy children with no known medical problems. It is not a rigid schedule because MHS members in "high-risk" categories or with specific medical problems may require more frequent physicals and evaluations.

Parent counseling:

- Diet:** Breast-feeding, bottle-feeding, advice on baby bottle tooth decay, iron enriched formula, and food. Maintain caloric balance: fruit, grain, vegetable over 2 years.
- Safety and violence:** Syrup of Ipecac, poison control phone number, child restraint, bicycle helmets, smoke detectors, window/stair guards; storage of drugs, matches, cleaning supplies; child/spouse abuse.
- Substance abuse:** Passive smoking (10 + years counsel child on smoking, alcohol and substance abuse). **Please call MHS Member Services at 1-877-MHS-4U4U for questions regarding this grid.**

Age	1 mth	2 mth	4 mth	6 mth	9 mth	12 mth	15 mth	18 mth	24 mth	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	11 yr	12-18 yr
Physical & Developmental Assessment	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	1 - 2

MEASUREMENT:

Head circumference, height, weight	OV	OV	OV	OV	OV	OV											
Weight & Height							OV	OV	OV	OV	OV	OV	OV	OV	OV	OV	1 - 2

LABS:

Thyroid, PKU	Birth																
Sickle Cell/Thalassemia (at risk)	Birth																
Lead screen (at risk)					1			1									
CBC/HH				1													

SCREENING:

Blood Pressure														1			1 - 2
Hearing	Birth							1							1		1
Vision										1					1		2

Please Note: Children who have not been vaccinated previously and who lack a reliable history of a complete series should be vaccinated as soon as possible. This should be discussed with the physician.

OV Office Visit

* Hib vaccine is given either as a 1-dose, 3-dose, or 4-dose schedule depending on patient's age and type of vaccine used.

** Hepatitis B: Infants born to Hbs-Ag-positive mothers should receive: 1.) Immune Globulin and Hep B vaccine within 12 hrs of birth, and 2.) Hep B vaccine at 1 month and 6 months.

+ Based on "GUIDE TO CLINICAL PREVENTIVE SERVICES" SECOND EDITION – 1996 and "ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES" – 1998.



Medical Services

RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

Recommended Immunization Schedule for Children and Adolescents Who Start Late or Who Are More Than 1 Month Behind UNITED STATES • 2005

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

CATCH-UP SCHEDULE FOR CHILDREN AGED 4 MONTHS THROUGH 6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Diphtheria, Tetanus, Pertussis	6 wks	4 weeks	4 weeks	6 months	6 months ¹
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	4 weeks ²	
Hepatitis B ³	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Measles, Mumps, Rubella	12 mo	4 weeks ⁴			
Varicella	12 mo				
Haemophilus influenzae type b ⁵	6 wks	4 weeks	4 weeks ⁶	8 weeks (as final dose)	
		8 weeks (as final dose) if first dose given at age <12 months if first dose given at age 12-18 months No further doses needed if first dose given at age ≥15 months	4 weeks ⁶ if current age <12 months 8 weeks (as final dose) ⁶ if current age ≥12 months and second dose given at age <15 months No further doses needed if previous dose given at age ≥15 mo	This dose only necessary for children aged 12 months-5 years who received 3 doses before age 12 months	
Pneumococcal Conjugate ⁷	6 wks	4 weeks	4 weeks	8 weeks (as final dose)	
		8 weeks (as final dose) if first dose given at age <12 months and current age <24 months if first dose given at age ≥12 months or current age 24-59 months No further doses needed for healthy children if first dose given at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose given at age ≥24 months	This dose only necessary for children aged 12 months-5 years who received 3 doses before age 12 months	

Medical Services

CATCH-UP SCHEDULE FOR CHILDREN AGED 7 YEARS THROUGH 18 YEARS

Vaccine	Minimum Interval Between Doses		
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Tetanus, Diphtheria	4 weeks	6 months	6 months ^a if first dose given at age <12 months and current age <11 years 5 years ^b if first dose given at age ≥12 months and third dose given at age <7 years and current age ≥11 years 10 years ^c if third dose given at age ≥7 years
Inactivated Poliovirus ^d	4 weeks	4 weeks	IPV ^{d,1}
Hepatitis B	4 weeks	8 weeks (and 16 weeks after first dose)	
Measles, Mumps, Rubella	4 weeks		
Varicella ²	4 weeks		

Footnotes

Children and Adolescents Catch-up Schedules

UNITED STATES • 2005

- DTaP.** The fifth dose is not necessary if the fourth dose was administered after the fourth birthday.
- IPV.** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years. If both OPV and IPV were administered as part of a series, a total of 4 doses should be given, regardless of the child's current age.
- HepB.** All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
- MMR.** The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Hib.** Vaccine is not generally recommended for children aged ≥5 years.
- Hib.** If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- PCV.** Vaccine is not generally recommended for children aged ≥5 years.
- Td.** For children aged 7–10 years, the interval between the third and booster dose is determined by the age when the first dose was administered. For adolescents aged 11–18 years, the interval is determined by the age when the third dose was given.
- IPV.** Vaccine is not generally recommended for persons aged ≥18 years.
- Varicella.** Administer the 2-dose series to all susceptible adolescents aged ≥13 years.

Report adverse reactions to vaccines through the Federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit www.vaers.org or call the 24-hour national toll-free information line 800-822-7967. Report suspected cases of vaccine-preventable diseases to your state or local health department.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call 800-CDC-INFO / 800-232-4636 (English or Spanish)

Footnotes

Recommended Childhood and Adolescent Immunization Schedule

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- Hepatitis B (HepB) vaccine.** All infants should receive the first dose of HepB vaccine soon after birth and before hospital discharge; the first dose may also be administered by age 2 months if the mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB may be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be administered at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.
Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) at separate sites within 12 hours of birth. The second dose is recommended at age 1–2 months. The final dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.
Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.
- Haemophilus influenzae type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB[®] or ComVax[®] [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters after any Hib vaccine. The final dose in the series should be administered at age ≥12 months.
- Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by age 11–12 years.
- Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses administered at least 4 weeks apart.
- Pneumococcal vaccine.** The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2–23 months and for certain children aged 24–59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See MMWR 2000;49(RR-9):1-35.
- Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see MMWR 2004;53(RR-6):1-10). In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See MMWR 2004;53(RR-6):1-10. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if aged 6–35 months or 0.5 mL if aged ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).
- Hepatitis A vaccine.** Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See MMWR 1999;48(RR-12):1-37.



Medical Services

ADULT PREVENTIVE HEALTH STANDARDS

These guidelines are minimal requirements for healthy adults with no known medical problems. It must be realized that MHS members in “high risk” categories or with specific medical problems may require more frequent physicals and evaluations. It is the responsibility of the treating physician to provide preventive health services.

Risk Evaluation & Counseling on : alcohol/drug use, tobacco, nutrition, exercise, STD/HIV, breast self-exam, and testicular self examination, unintended pregnancy, and family history.

Safety & Violence: seat belts, firearms, and child/spouse abuse.

Behavioral Assessment: suicide thoughts/threats, depression, anxiety, stress reduction/coping skills.

Age	18-24 yr.	25-29 yr.	30-34 yr.	35-39 yr.	40-44 yr.	45-49 yr.	50-54 yr.	55-59 yr.	60-64 yr.	65-69 yr.	70-74 yr.	75+ Exams
Physical Assessment	1-3	1-3	1-3	1-3	1-3	1-3	1-2	1-2	1-2	yearly	yearly	yearly
Blood Pressure (min)	1-3	1-3	1-3	1-3	1-3	1-3	yearly	yearly	yearly	yearly	yearly	yearly
Weight & Height (min)	1-3	1-3	1-3	1-3	1-3	1-3	yearly	yearly	yearly	yearly	yearly	yearly
Female: Breast Exam	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Pap	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3	1-3
Mammogram baseline by 40 years				Baseline	1-2	1-2	yearly	yearly	yearly	yearly		
Male: ***PSA							yearly	yearly	yearly	yearly	yearly	
Testicle Exam	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Male & Female: Digital rectal					yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Occult Blood					yearly	yearly	yearly	yearly	yearly	yearly	yearly	yearly
Sigmoidoscopy							5 yr	5 yr	5 yr	5 yr	5 yr	5 yr
Hearing										yearly	yearly	yearly
**Vision										yearly	yearly	yearly
Cholesterol	1			5 yr	5 yr	5 yr	5 yr	5 yr	5 yr			

* BASED ON “GUIDE TO CLINICAL PREVENTIVE SERVICES” SECOND EDITION – 1996

** If IDDM or NIDDM referral for retinal screen, members between ages 10-29 should have screen 3-5 years post diagnosis & yearly thereafter. Members 30 years and older screen at diagnosis & yearly after that.

*** PSA under the age of 50 is recommended based on medical necessity and risk factors.

Medical Services

HEALTH PROGRAMS

MHS has several programs designed to improve the health of our members through increased knowledge and direct assistance by MHS staff. These programs are for members who have:

- Diabetes
- Pregnancy
- Asthma
- Other special healthcare needs

If you feel you have or are at risk for having one of the above conditions, please call us immediately, at 1-877-MHS-4U4U so we can enroll you, at no cost in one of these programs.

As an MHS member, you have the right to know about any new health programs that may be offered in the future. You will get a member newsletter each season. The newsletters will give you up-to-date information about our health Programs.

You have the option for a second opinion from a qualified healthcare professional at no cost to you. Please contact MHS Member Services at 1-877-MHS-4U4U if you want a second medical opinion.

Medical Services

DIABETES PROGRAM

If you have diabetes, we have a Diabetes Management Program that along with your doctor, can help you manage your diabetes. Diabetes is a chronic disease that requires continuous care to prevent complications. It cannot be cured, but it can be controlled. The goal of all treatment is to lower blood sugar to our near normal levels.

Learning information about you condition will help you know the things that can cause complications and help your doctor keep you healthy.

Things that can contribute to diabetes are:

- High Blood Pressure
- Family History of Diabetes
- Being Overweight
- Smoking
- Poor Nutritional Diet

You are encouraged to follow the treatment plan given by your doctor, have your eyes checked at least one time per year, look at your feet daily and have your laboratory tests ordered by your doctor. The laboratory tests that your doctor will order at least one time per year are:

- Blood Sugar
- HgA1C
- Cholesterol
- Urine

You can help your doctor help you by telling him/her of any changes you notice in your body (blurry vision, frequent urination, or tingling in your feet or hands). Help us to help you stay healthy. Follow your doctor's treatment plan and ask questions if you don't understand.

MHS is concerned about you and your health. If you think you have diabetes, call your doctor for an appointment to be examined. If you have diabetes, you can learn more about the condition by calling our nurses at: 1-877-MHS-4U4U.

Medical Services

ASTHMA PROGRAM

If you or your child has asthma, we have an Asthma Management Program that can help you manage asthma better.

Asthma is a disease that makes it hard to breathe. People with asthma:

- Are often short of breath.
- Make a whistling sound when they breathe.
- Have tightness in their chest.
- Cough a lot, especially at night.

While asthma cannot be cured, it can be controlled. If your child has asthma, our program will help you:

- Identify things that cause an asthma attack.
- Know when an asthma attack is occurring soon enough to prevent serious complications.
- Get the right medicine and devices to prevent an attack.
- See your child's doctor for treatment.

Please call 1-877-MHS-4U4U if your child has asthma. Be sure to call if your child:

- Has been in the hospital for asthma during the past year.
- Has been in the Emergency Room two or more times in the past six months for asthma.
- Has been in the doctor's office three or more times in the past six months for asthma.
- Takes oral steroids for asthma.

Call the MHS doctor if your child has a small supply of medicine left.

We want to help. Call 1-877-MHS-4U4U if your child has asthma.

SPECIAL HEALTHCARE NEEDS

If you or your children have special healthcare needs, please call us at 1-877-MHS-4U4U so we can help you more by linking you with an MHS Nurse. Special needs include people with complex medical conditions and chronic medical conditions. Our Nurses can help manage and arrange your care with your healthcare providers, allowing you direct access to your specialists as needed. We want to make sure you are taking advantage of all the healthcare services available through the Hoosier Healthwise Program, so please call us today.

Medical Services

HOW TO STAY WELL

Learning how to stay well is the key to better health. Examples of how to stay well are:

- Schedule checkups for adults and children in advance
- Prenatal care for pregnant women
- Physical exams
- Mammograms
- Immunizations
- Lead screenings

MHS also has health tips and “Stay Well” programs. You will get more about this in the member newsletters that will come to you in the mail or visit our website at managedhealthservices.com.

WHAT IS EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)?

EPSDT is a series of screenings that your child needs to receive from birth up to 21 years of age. Sometimes EPSDT is called “HealthWatch”.

EPSDT screenings include:

- Health and developmental history
- Unclothed physical exam
- Nutritional assessment
- Developmental assessment
- Vision, hearing and dental observation
- Lab tests, including lead level assessment
- Health education

EPSDT is a series of screenings given by their doctor.

Your child should be screened early, so if there are health problems they can be found and treated.

**If you have questions about EPSDT, call MHS at:
1-877-MHS-4U4U**

Medical Services

ABOUT CHILDHOOD LEAD POISONING

What is lead poisoning?

Lead poisoning is one of the most common environmental child health problems. It is caused by too much lead in the body. Lead is especially harmful to children younger than age 6, but anyone who eats, drinks or breathes something that has too much lead can get lead poisoning. Large amounts of lead in a child's blood can cause brain damage, mental retardation, behavior problems, anemia, liver and kidney damage, hearing loss, hyperactivity, developmental delays, other physical and mental problems and in severe cases, death.

Where does lead come from?

- In the home
- In paint
- In house dust
- In some drinking water
- In dirt around the house and in the yard

Children can get lead poisoning by chewing on lead painted windowsills or eating lead paint chips or breathing lead dust.

Why do we worry about high lead levels in children?

- Even small amounts of lead can harm a child's brain, kidneys and stomach.
- Lead poisoning can slow a child's development and cause learning and behavior problems in school.
- A child may have lead poisoning and not feel sick. Or the child may have stomachaches, headaches, a poor appetite or trouble sleeping, be cranky, restless or tired.

How can you find out if your child has too much lead?

A blood test is the only way to find out if a child has too much lead.

Every child should receive a screening blood lead test at 12 months and 24 months of age. Children between age of 36 months and 72 months of age must receive a screening blood lead test if they have not been tested for lead poisoning before.

If your child is 12-24 months, or your child has never had a lead poison screen test, call your child's doctor to schedule a lead screen test.

MHS also has health tips and "Stay Well" programs.

You will get more information in the member newsletter that will come to you in the mail.

Medical Services

FAMILY PLANNING SERVICES

Family planning services provides information about contraceptive options available to you. **Family planning is a self-referral. Approval by your doctor is not needed.** MHS pays for family planning services for its members this includes members who are under 18 years of age.

Family planning services are kept private.

Talk to your Primary Medical Provider (PMP) about family planning. Your PMP will help you choose an MHS family planning provider. If you do not feel comfortable talking to your PMP and do not know where to get these services, contact your MHS Member Services Representative at 1-877-MHS-4U4U for help. We do have providers available within the MHS plan.

You may also go to any family planning clinic for family planning services that will accept your Hoosier Health card. However, we encourage you to get your family planning services from your PMP or another MHS provider. These providers will work with your PMP to meet your needs. Always take your Hoosier Health card with you to the appointment.

WOMEN'S HEALTH SPECIAL SERVICES

For services especially for women, like your annual pap and breast exams, you do not need approval by your MHS doctor or a referral. This means you can obtain this care on your own by a doctor who accepts Hoosier Healthwise. However, in many cases, your MHS doctor may be able to provide this care. If you need help finding a doctor for these services, you can ask your MHS doctor or call MHS at 1-877-MHS-4U4U We would be glad to help you.

NEED A NEW DOCTOR?

To change your doctor, call the MHS Member Services at:

1-877-MHS-4U4U
Monday - Friday
8:00 a.m. - 6:00 p.m.

You will need to see your current doctor until the change takes place. You are responsible for giving your new doctor information so your medical records can be ordered. You should also;

1. Make sure your new doctor gets all shot records. (Otherwise, your child may get the same shot he/she has already had).
2. See your new MHS doctor within the first 90 days.

There may be times when your MHS doctor is no longer available due to retirement or other reasons. MHS will notify you of this and help you pick another MHS doctor. We may also select a doctor for you if you do not pick one.

Medical Services

CHANGING YOUR ADDRESS OR PHONE NUMBER

If you move to another county or more than 30 miles from your Primary Medical Provider's (PMP's) office, you may not be able to keep the same PMP. Please call your caseworker and the MHS Member Services Department at 1-877-MHS-4U4U to report any change of address or phone number. The Member Services Representative will also be able to help you choose a new PMP if necessary. The Provider Listing is in the back of this handbook. An updated provider list is available upon request.

GETTING CARE DURING YOUR PREGNANCY

We at MHS want you to have a healthy pregnancy and healthy baby. The START SMART for Your Baby[®] program is voluntary and will provide you with support, educational materials and answers to your questions about being pregnant. Our experienced OB nurses are available to help you along your journey. By being a part of our program you **can earn free gifts for you and your baby!** To learn more about *START SMART for Your Baby*, please call: 1-877-MHS-4U4U Now!

DENTAL AND VISION SERVICES

To get dental or vision care, you must go to a provider who is an Indiana Medicaid Provider. To find a dental or vision care provider near you, call our Member Services Department at:

1-877-MHS-4U4U
Monday - Friday,
8:00 a.m. - 6:00 p.m.

When you call, please have your Hoosier Health Card and/or your Social Security number with you. Tell the person who answers the phone you are calling to find a vision care provider, dentist or dental clinic near your home, and the person will help you.

Enhanced Vision Benefit

Managed Health Services Members can now upgrade their glasses to include designer deluxe frames. We will give you a \$75.00 credit toward this upgrade. You may also use this credit toward enhanced lenses, tinting, or contact lenses. To take advantage of this credit, we ask you to:

- See a vision provider in the network
- A list of our network vision providers is located on our website at WWW.ManagedHealthServices.com or you can call us at 1-877-MHS-4U4U. We will help you find a provider close to you.

Remember, in order to take advantage of this credit, you must see a network provider. If the provider is not in network, this benefit does not apply.

Pharmacy Services

PHARMACY SERVICES

Covered Pharmacy Services:

With MHS, your medication is free of cost as long if it is an approved medication and you go to an MHS pharmacy. MHS also covers some over-the-counter medicines.

MHS Pharmacies include: CVS, Walgreen's, Wal-Mart, Kroger's, Meijer, K-Mart and other participating local pharmacies., Please visit our website at www.managedhealthservices to get a list of local pharmacies or you can call Member Services at 1-877-MHS-4U4U.

HOW TO USE AN MHS PHARMACY

1. Take your prescription and your Hoosier Health Card to one of MHS' pharmacies.
2. Show the pharmacist the Hoosier Health Card. Tell the pharmacist you are a Managed Health Services member.
3. **MHS has a list of recommended drugs. Drugs not on this list may not be covered or you may need an authorization called in by the doctor who wrote the prescription. A computer will alert the pharmacist if an authorization is needed. If a problem is found, the pharmacist will discuss it with you or call your doctor.**
4. If you see a doctor who is not part of the MHS Plan, you should call us before you go to the pharmacy. We want to make sure you won't have any problems getting your medicine.
5. You should not be charged for covered medicines when you use an MHS pharmacy. If you are charged for the medicine, you should call MHS Member Services before paying for it. When you are out of state, you may have to pay and then call MHS to be reimbursed.
6. If you do pay for prescribed medicine, you must send your receipt to MHS within 60 days from the date of service. You may be eligible for reimbursement.
7. **Depending on the medication, you may get a 72-hour emergency supply if your medicine is waiting for approval by MHS. Do not walk away from the store without your medicine. Do not pay for your medicine. If you have problems getting your emergency supply, call MHS as soon as possible at 1-800-414-5946.**
8. **Check with your Pharmacist to see if you are eligible for a 3-day supply before leaving without your medicine.**
9. **Also, do not wait until you are out of medication to request a refill. Call your doctor ahead of time.**

If you have Pharmacy questions or problems, call:

MHS Member Services: 1-877-MHS-4U4U
For the hearing impaired call: 1-800-743-3333



Transportation

EMERGENCY AMBULANCE RIDE?

If your child needs an emergency ambulance ride to the hospital, for a true emergency, MHS will pay for most of the cost. You will be charged a \$10.00 co-payment for any ambulance ride.

**And if a parent is needed, Ask your driver for the number.
1-877-MHS-4U4U**

HOW TO SCHEDULE A FREE RIDE

To get a free ride to see your doctor you MUST call one business day before your visit from 8:00 A.M. to 4:00 P.M. For example, if your visit is on Thursday, you must call on or before Wednesday. If your visit is on Monday, you must call on or before Friday. A weekend day or holiday is not counted as a business day.

Schedule your visit with your doctor or dentist before you call to get a ride. We may call your doctor to verify your visit and appointment time.

Have your Hoosier Health Card or your child's Hoosier Health Card ready when you call to get a ride. You will also need:

- Your address and phone number
- The date ride is needed
- Time of the visit
- Name of the dentist, doctor or clinic
- The doctor's, dentist's or clinic's address and phone number
- Number of people who need a ride
- Tell them if you need a wheelchair accessible van
- You must provide your own infant/child car seat

To GET a FREE ride, call:

**1-800-414-5946
Monday – Friday
8:00 a.m. – 4:00 p.m.**

(If you have a life-threatening emergency, call 911 or your local emergency number.)

Make sure you are ready when your ride comes.

If you need to cancel or re-schedule your ride, please call 1-800-414-5946.

The ride will be provided for the patient only and a parent if needed.

Transportation

Please remember:

1. If you need transportation due to an urgent care need, it could take up to two hours for your ride to arrive. Call immediately to set up your ride.
2. You may need to call to advise the transportation service you are done with your appointment and need to be picked up. Ask your driver for the number.
3. The transportation provider will pick you up at the same place they dropped you off.
4. It may take 15 to 60 minutes after your call for the transportation provider to pick you up. So please be ready.
5. Long distance trips must be scheduled 2 business days before the appointment date.
6. If you are in a wheelchair, you must schedule your ride 48 hours before the appointment date. MHS is unable to provide assistance in getting you to the door. So if you need help please make these arrangements ahead of time.
7. When you call for a pick-up, please make sure you are ready.
8. Transportation will not be provided for non-medical appointments or non-covered visits.
9. Children under age 16 must ride with an adult. Children ages 16 to 17 can ride without an adult if the guardian signs a waiver.
10. Our transportation provider cannot pick-up multiple family members at different locations.
11. The Provider you are seeing must be an Indiana Medicaid Provider or the ride may not be covered.

Rights & Responsibilities

MEMBER RIGHTS AND RESPONSIBILITIES

You have the right to:

- Courteous and considerate treatment from Managed Health Services staff, providers, physicians and their office staff.
- Be treated with respect and dignity, including recognition of your need for privacy.
- Choose a Managed Health Services Primary Medical Provider (PMP) and be told which hospitals you are to use and have access to.
- To change your PMP without cause or reason provided.
- Know how to receive referrals for specialty care and other services.
- Right to review our practice guidelines which are the criteria used to approve or deny medical requests such as authorizations for specialist care.
- Information about your rights and responsibilities, as well as Managed Health Services providers and services. We will send you a Member Handbook when you join MHS and a Member Newsletter 4 times year. In addition, detailed information on Managed Health Services is located on our website at www.managedhealthservices.com. Or may also call our Member Services Department at 1-877-MHS-4U4U.
- Confidentiality regarding your medical records and all other personal information and to be given the opportunity to approve or refuse the release of personal information except when the release is required by law.
- Be involved in decisions regarding your health care and be given information about alternative treatment options, as well as the option to refuse treatment.
- Right to personalized help from managed health services staff so you can ensure that you are getting the care needed, especially in cases where you or your child have “special health care needs” such as dealing with a long-term disease or severe medical condition. We ensure that you get easy access to all the care that is needed and will help coordinate the care with the multiple doctors and case managers involved to make things easier for you.
- Receive information on available treatment options and alternatives regardless of cost or benefit coverage in a manner with is understandable.
- Be free from any actions used to punish, isolate, convince or persuade you for any reason.
- Right to get a second opinion from a qualified healthcare professional
- Right to access family planning and OB services for annual women’s exams freely without approval by Managed Health Services or your MHS doctor. This includes birth control and annual pap smears.
- Right to be informed of any denied authorizations and the assurance that you will receive this information quickly as quickly as needed so that your medical need is met and treatment 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.

Rights & Responsibilities

- Right to received written notice of a denied authorization, partial denial or limitation of a service. This includes decisions to limit the number of visits, date range or decisions that other treatment options would be better.
- Right to request and receive a copy of your medical records and to request that these records be changed or amended. This request will not affect how the plan, providers or the State treats you.
- Be given a full range of advice and counseling from your health care providers as appropriate for your condition.
- Know how to file a complaint, how to use the grievance procedure, and how to be protected from any negative actions resulting from use of the complaint or grievance procedure.
- File an appeal with the Family and Social Services Administration (FSSA) Office of Hearing and Appeals if you are not satisfied with the final decision after using the grievance procedure.
- Be given complete information so that you can give informed, voluntary consent to participate in any medical research even though experimental/investigational procedures are not covered services.
- Complete benefit information including how to get services during regular hours of operation, how to get emergency care after hours, how to get out-of-area care, and what exclusions and limits are present on covered services.
- Be told about the change in any benefit, termination of services, and availability of any provider. You will receive notification from the State if your doctor is no longer available through the Hoosier Healthwise Program. You should be given at least 30 days to choose another doctor before being assigned a doctor.
- Have Managed Health Services or contracted providers arrange for interpreter services at no charge to you if you are hearing impaired or have limited English speaking abilities.

As an MHS member, you have the responsibility to:

- Provide information needed by health care providers in order for them to properly care for you.
- Keep all scheduled appointments; be on time for those appointments, and to cancel 24 hours in advance if you cannot keep an appointment.
- Give to your Managed Health Services Physician in a constructive and respectful manner, your opinions, concerns, or complaints regarding your health care.
- Follow plans and instructions for care in which you have agreed to with your Managed Health Services Physician, and to get all care from your PMP, except for referrals made by your PMP and self-referral services.

The information above is available in other formats and languages. Please contact MHS at 1-877-MHS-4U4U if you need this in another manner.

Rights & Responsibilities

HOW TO GET HELP WITH A PROBLEM

Availability and Access to Care:

MHS and your PMP believe it is very important for you to receive the healthcare you need in a timely manner. If you feel that these services are not being given to you, please call your MHS Member Services Representative at:

1-877-MHS-4U4U
Monday – Friday
8:00 a.m. - 6:00 p.m.

Member Services will try to solve your problem right away. If your problem cannot be solved the same day you call, Member Services will arrange a time to call you back.

We understand that there may be times when you need to voice dissatisfaction. When this happens, call MHS Member Services at 1-877-MHS-4U4U. You may also mail your concern to: Managed Health Services, 1099 North Meridian St., Suite 400, Indianapolis, IN 46204. If you are not satisfied with the way that your concern was handled, you may file a grievance by contacting MHS Member Services.

A grievance is a request to change a previous decision made by MHS. and must be requested within 60 business days following the date of your concern.

An appeal is a request for MHS to reconsider the outcome of your grievance.

MHS Member Services will send you a letter in three (3) business days if you file a grievance to let you know your rights and the next steps to be taken on your behalf. All grievances will be resolved within 20 business days. You will be notified of the decision within 25 business days from the date you filed the grievance

If you are not happy with the decision of your grievance, you may file an appeal with us. All appeals are resolved within 30 business days. You will be notified of the decision within 35 business days from the date you filed the appeal.

HOW TO FILE AN EXPEDITED GRIEVANCE

A grievance is called urgent when it could slow down your care and could harm you. To file an expedited grievance:

Call MHS Member Services at
1-877-MHS-4U4U

If you are not satisfied with the decision of your expedited grievance, you may file an appeal with us.

You will continue to receive care while your appeal is being reviewed. Your medical information will also remain private and will not be given to any person outside MHS, its providers, or the State.

After you have completed the appeals process and still are not satisfied,
you can ask for a Fair Hearing through the State.
You should contact MHS Member Services to request a Fair Hearing.

Rights & Responsibilities

HOW TO DISENROLL FROM MHS

Your enrollment with an MHS doctor is your choice. Because you chose an MHS doctor, you became an MHS member. If you are not happy with your doctor and/or MHS, you can dis-enroll by calling the Hoosier Healthwise Helpline at 1-800-889-9949. A Member Representative will explain your choices and help you find a new PMP and health plan. The dis-enrollment process normally takes 30-45 days from the date of request.

RESTRICTED CARD SERVICES

To protect the health of our Members, MHS has a Restricted Card Service Program. This service is available for members who need additional help in managing their healthcare needs. MHS works with its providers and members to help educate members on how to better care for themselves. The Restricted Card Service Program is used to help teach members how to better use their healthcare services.

MEMBER SATISFACTION SURVEYS

Your satisfaction with MHS and your PMP is very important to us. You may receive a survey in the mail or by telephone asking questions about how happy or unhappy you are with the services you are getting. PLEASE TAKE THE TIME TO RESPOND TO AND RETURN THE SURVEY. It will help us make MHS and the Hoosier Healthwise Program better for you.

Rights & Responsibilities

ADVANCE DIRECTIVES

Advance Directives are forms you can fill out to protect your rights for medical care. It can help your family and doctor know your wishes about your healthcare.

You can:

- Let your doctor know if you would or would not like to use life-support machines before something serious happens
- Let your doctor know if you would like to be an organ donor
- Decide right now, what medical care you want or don't want
- Give someone the power to act for you when you can't decide, including your healthcare
- Appoint someone to say "yes" or "no" to your medical treatments when you are no longer able to make those decisions.

There are three ways to make Advance Directives:

- 1) Talk to your doctor and family.
- 2) Choose someone to speak or decide for you.
- 3) Write your own decisions about medical care.

You may have a request that a certain doctor or hospital cannot follow because of a moral or religious belief. If that happens, the doctor or hospital should tell you so that you can decide if you want a different doctor for your healthcare. If you have an Advance Directive and your doctor does not follow your wishes, you can file a complaint with the Indiana State Survey and Certification Agency.

Advance Directives will NOT take away your right to choose later. Advance Directives will work only when you can't speak for yourself.

Privacy Notice

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.

PRIVACY NOTICE

Effective April 14, 2003

For help to translate or understand this, please call 1-877-MHS_4U4U.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono.
1-877-MHS-4U4U.

Interpreter services are provided free of charge to you. At Managed Health Services, your privacy is important to us. We will do all we can to protect your health records. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights. It tells you who can see your health records. This notice does not apply to information that does not identify you.

When we talk about your health records in this notice, it includes any information about your past, present or future physical or mental health while you are a member of Managed Health Services. This includes providing healthcare to you. It also includes payment for your healthcare while you are our member.

Please note: You will also receive a Privacy Notice from the State of Indiana outlining their rules for your health records. Other health plans and healthcare providers may have other rules when using or sharing your health records. We ask that you get a copy of their Privacy Notice and read it carefully.



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HOW WE USE OR SHARE YOUR HEALTH RECORDS

Here are ways we may use or share your health records:

- To help pay your medical bills given to us by healthcare providers.
- To help your healthcare providers give you the proper care. For example, if you are in the hospital, we may give them your records sent to us by your doctor.
- To help manage your healthcare. For example, we might talk to your doctor to suggest a disease or wellness program that could help improve your health.
- To help resolve any appeals or grievances filed by you or a healthcare provider with Managed Health Services or the State of Indiana.
- To assist others who help us do business. We will not share your records with these outside groups unless they agree to protect your records.
- For public health or disaster relief efforts.
- To remind you if you have a doctor's visit coming up.
- To give you information about other healthcare treatments and programs, such as information on how to stop smoking or lose weight.

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that control us, such as the Indiana Department of Insurance and the Indiana Office of Medicaid Policy and Planning.
- For public health actions. For example, the Food and Drug Administration may need to check or track medicines and medical device problems.
- To public health groups if we believe there is a serious public health or safety threat.
- To a health agency for certain activities, such as audits, inspections, licensure and disciplinary actions.
- To a court or administrative agency.
- To law enforcement. For example, we may give your records to a law enforcement officer to identify or locate a suspect, fugitive, material witness or missing person.
- To a government person because of child abuse, neglect or violence in your home.
- To a coroner or medical examiner to identify a dead person or help find a cause of death or to a funeral director to help them carry out their duties.
- For procurement, banking or transplantation of organs.
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the President and others.
- Regarding job-related injuries due to your state's workers compensation laws.

If one of the above reasons does not apply, we must get your written approval to use or share your health records with others. If you change your mind, you may stop your written approval at anytime.

If sharing your health information is not allowed by or limited by a state law, we will obey the law that better protects your health information.



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WHAT ARE YOUR RIGHTS?

The following are your rights about your health records. If you would like to use any of the following rights, please contact us. We can be reached at **1-877-MHS-4U4U**.

- **You have the right to ask us to give your records only to certain people or groups and to say for what reasons.** You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to honor your wishes, the law does not make us do so.
- **You have the right to ask to get confidential communications of your health records.** For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.
- **You have the right to view and obtain a copy of the records we keep about you in your designated record set.** This consists of anything we use to make decisions about you. It includes enrollment, payment, claims processing and medical management records.

You do not have the right to get certain types of health records. We may decide not to give you the following:

- Information contained in psychotherapy notes.
- Information collected in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding.
- Information subject to certain federal laws about biological products and clinical laboratories.

In certain situations, we may not let you obtain a copy of your health records. You will be informed in writing. You may have the right to have our action reviewed.

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. We need you to ask for the change in writing. You need to give a reason for your changes. We will get back to you in writing no later than 60 days after we receive your letter. If we need additional time, we may take up to another 30 days. We will inform you of any delays and the date when we will get back to you.

If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us. We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures.



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You have the right to receive a list of certain times we have given your health records to others during the past six years. By law, we do not have to give you a list of the following:

- Any health records released prior to April 14, 2003.
- Health records given or used for treatment, payment and healthcare operations purposes.
- Health records given to you or others with your written approval.
- Information that is incidental to a use or disclosure otherwise permitted.
- Health records given to persons involved in your care or for other notification purposes.
- Health records used for national security or intelligence purposes.
- Health records given to correctional institutions, law enforcement officials or health oversight agencies.
- Health records given or used as part of a limited data set for research, public health or healthcare operations purposes.

Your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. Your first copy will be free. We will give you one free copy every 12 months. If you ask for another copy within 12 months, we may charge you a fee. We will tell you the fee in advance and give you a chance to take back your request.

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USING YOUR RIGHTS

- **You have a right to get a copy of this notice at any time.** You can also view a copy of the notice on our web site: www.managedhealthservices.com. We reserve the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you and post it on our web site.
- If you have any questions about this notice or how we use or share your health records, please call. We can be reached at **1-877-MHS_4U4U**. That office is open **Monday through Friday from 8:00 a.m. to 6:00 p.m.**

If you believe your privacy rights have been violated, you may file a complaint in writing to:

Privacy Official
Managed Health Services Indiana, Inc.
1099 North Meridian Street, Suite 400
Indianapolis, IN 46204-1041
1-877-MHS-4U4U

You may also contact the Secretary of the United States Department of Health and Human Services:

Medical Privacy, Complaint Division
Office for Civil Rights
United States Department of Health and Human Services
233 N. Michigan Ave. - Suite 240
Chicago, IL 60601
www.hhs.gov/ocr
Hotline Number: 1-800-368-1019
312-886-2359; 312-353-5693 (TDD)

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