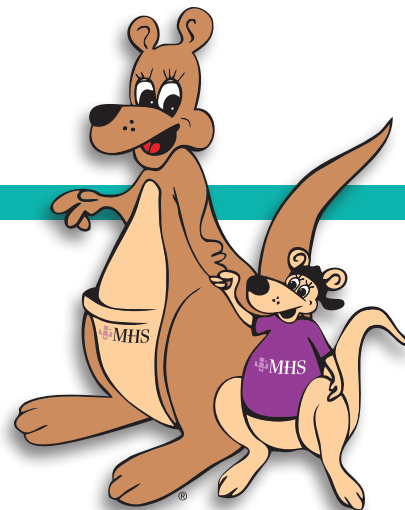


Effective March 1, 2010

Member Quick Reference Guide

MHS is your plan of choice because of the services we provide. Please read this entire document. It tells you important things about your rights as a MHS member. It also tells you things about your benefits and services. We are here to help you. For more detailed information about anything on this guide, please read your MHS member handbook, visit www.ManagedHealthServices.com, or call us at 1-877-MHS-4U4U (647-4848). You can get a copy of our member handbook at our Web site, or call Member Services and ask us to mail you a copy.



GETTING CARE YOU NEED

Your MHS Doctor

Always call your MHS doctor when you or your child needs care. Your MHS doctor may refer you to see a specialist and will help you to get needed hospital or other care. To get information about your MHS doctor or other service providers, including their names; specialties; phone and address; education; languages spoken; and hospitals used, please call Member Services or visit our Web site.

MHS Specialists

MHS has specialists that we recommend you use. MHS will approve medical services by a non-MHS doctor if these services are medically needed as decided by your MHS doctor. You can find MHS doctors and specialists, including their names; specialties; phone and address; education; languages spoken; and hospitals used, by visiting our Web site or by calling Member Services.

RENEWING YOUR BENEFITS

You will get a letter in the mail when it's time for you to re-apply for your healthcare benefits with your caseworker. You may also get a phone call from MHS reminding you to re-apply. Completing your re-application is important to keep you and your family's healthcare benefits.

YOUR MHS BENEFITS

check-ups, physicals, and yearly exams	vision care	dental care **
pregnancy and postpartum care	family planning and treatment for STDs **	medical supplies and equipment
referrals to other doctors and specialists	prescriptions	outpatient services
screenings, shots, and check-ups for children	hospital care and post hospital care	chiropractic care **
home healthcare	lab and x-rays	treatment for alcohol/ drug abuse **
therapies (respiratory, occupational physical, speech)	emergency care	case management (HIV, Diabetes) **
behavioral health **	foot care **	transportation

**services that you can get without seeing your MHS Doctor

Always contact your MHS doctor for services that you need.

MHS Member Services is available at 1-877-MHS-4U4U (647-4848) to help you get needed services.

WHAT IS NOT COVERED

- Treatment for learning disabilities
- Doctor services provided not included
- New or experimental services
- Treatment for problem solving/memory issues
- Cosmetic procedures
- Services from a non-Indiana Medicaid provider

SERVICES AND INFORMATION

Emergencies/ Urgent Care/ After Hours Care/ Out-of-State Care

If your doctor's office is closed and you have a non life-threatening problem, call your MHS doctor, listen to the message, and follow the instructions. You may also call NurseWise® for help at 1-877-MHS-4U4U, option 7. NurseWise is a medical assistance phone line staffed by Nurses 24 hours a day, every day of the year. If you are out of Indiana and need urgent care, you must call your doctor or MHS to get approval. If you are out of the state and need urgent care, you must call your doctor or the MHS Member Services department to get approval. If you have a life-threatening emergency, go to the nearest hospital.

Co-payments and Charges

There are no co-payments for medical visits. If you do not provide your Hoosier Healthwise information when you get medical care, you may have to pay for these services. Other times you may have to pay include: care when you are not in Indiana from a doctor who does not accept Indiana Medicaid; getting medicines when you are not in Indiana; if you are enrolled in the Children's Health Insurance (CHIP) program and need an ambulance ride. For Hoosier Healthwise members who don't pay a monthly premium (Package A and B members), as of January 1, 2010, you may have to pay \$3 for each of your medications. For Hoosier Healthwise members who pay a monthly premium (Package C members), as of January 1, 2010, your co-pays will be \$3 for each generic medication and \$10 for each brand medication. You should never be told to file a claim for medical services. If you are, please call Member Services.

How MHS Decides to Cover New Medical Treatments and Makes Medical Decisions

MHS has a group of doctors and staff that look at new services, treatments, and drugs that become available to make sure you always get good medical coverage. MHS does not make coverage decisions based on moral or religious beliefs. All medical decisions made by MHS are reviewed by a licensed doctor. Medical decisions ARE made based on what is best for YOUR healthcare. MHS does not try to get doctors to make decisions based on what we want, and we do not give doctors or staff gifts or incentives for not giving needed care.

Complaints/Grievances and Appeals

If you are unhappy about MHS' services or a denied service, call Member Services or write us at Managed Health Services, 1099 N. Meridian Street, Suite 400, Indianapolis, IN 46204. You can file a grievance within 60 calendar days of a denial of a requested service. If you are not happy with the result of your grievance, you may file an appeal.

Your Medical Records

MHS uses your medical records to make sure you get good care and to pay doctors. MHS will ask you first before giving out your information unless it is required by law. You may request your medical records. Your medical information must be kept private by MHS and all its partners. More information on our privacy policies and your rights can be found at our Web site.

Rights and Responsibilities

As a MHS member, you have certain rights and responsibilities. Once a year, you will get information about your rights and responsibilities in a newsletter. You can also find this information in your MHS member handbook, by visiting our Web site or by calling Member Services.

Language Assistance

Language assistance is available 24 hours a day, 7 days a week, including holidays and weekends. If your doctor does not speak your language, your doctor or MHS must provide you with access to someone to help you. Let your doctor know if you need a face-to-face interpreter. Hearing impaired members must call the Indiana Relay Service at 1-800-743-3333. Let your doctor know if you need a sign-language interpreter during your doctor visit. You are also entitled to language assistance to make a complaint to MHS and for help in grievance and appeals actions.

Case Management Services

MHS has programs to improve the health of its members through education and personal help from our staff. If you have or are at risk for having health conditions, like diabetes, asthma, high risk pregnancy, or have special healthcare needs, please call Member Services so we can enroll you in a program at no cost to you to help you better manage the condition. MHS may contact you to ask you to be in one of the programs. You may enroll in a program or quit at any time by calling us and telling us you want to join or quit.

Quality Improvement

MHS looks at the quality of the care and services you get. If you want to get more information about our quality improvement program, call Member Services or visit our Web site.

CentAccount®

CentAccount is our member incentive program to encourage our Members to make healthy choices. As a MHS Member, you can earn rewards on a pre-paid CentAccount card for getting to know your doctor, getting regular check-ups and yearly screenings and exams. Your CentAccount card can be used to pay co-pays, buy some over the counter medicine such as aspirin, cough syrup and sinus and allergy medicine. You can use your card at places like Walmart, CVS, supermarkets and many more. Diapers can also be purchased if you go to www.diapers.com. For more information on our CentAccount program, please visit us at our Web site. If you need help with activating your card, please call 1-866-898-9795 or if you need to know your account balance call 1-866-966-2721.