



Healthy Indiana Plan Member Handbook



HEALTHY INDIANA PLANSM
Health Coverage = Peace of Mind



Welcome to MDwise!

Dear MDwise Member:

Welcome to the Healthy Indiana Plan! Your Healthy Indiana Plan is MDwise. You will get health care benefits from this plan.

Five Basic Rules

Now that you're a member, you should always follow these basic rules:

1. Carry your MDwise with you at all times. Show your card every time you get health care.
2. Contact your Primary Medical Provider for all medical care.
3. Only use the emergency room for true emergencies.
4. You must get preventive health care and check-ups each year that you have coverage.
5. You must pay your monthly contribution to stay in this health plan.

This handbook explains your benefits. Please call us with any questions.

Please read this handbook carefully.

Some pages have “**TIP**” boxes. These boxes have good advice to get the most out of your new benefits.

Call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196. There are representatives that can help you. If you should get an automated message after-hours, please leave your name and number and someone will return your call no later than the next business day. You can also visit www.MDwise.org for news and information.

Thanks!

Wishing You Good Health,

MDwise Customer Service Department

You Must Call Now to Activate Your Extra Benefits!

When you call, your customer service representative will:

- Welcome you to the MDwise plan and answer your questions.
- Tell you about your benefits.
- Tell you about special incentive programs and health programs.
- Ask you a few questions to find out about your health needs.
- Provide information about extra services besides health care, especially if you have special needs.
- Make sure that we have the correct address and phone number for you.

It will only take a few minutes, but it will help us to serve you better—and you'll learn about your plan **BENEFITS!** PLEASE CALL TODAY!

MDwise Customer Service Department: 1-877-822-7196 or in the Indianapolis area 317-822-7196.

Si quiere que le mandemos esta información en español, favor de llamar a nuestro departamento de Servicio al Cliente de MDwise al 1-877-822-7196 o en Indianápolis 317-822-7196. Gracias.

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PLEASE CALL THE MDWISE CUSTOMER SERVICE DEPARTMENT WITH ANY QUESTIONS ABOUT THIS HANDBOOK OR YOUR NEW BENEFITS 1-877-822-7196 or in the Indianapolis area 317-822-7196.

You can also visit the MDwise Web site: www.MDwise.org.

Welcome to MDwise!

HOW TO USE YOUR POWER ACCOUNT

As a member of the Healthy Indiana Plan, there are special rules to follow. Once you are eligible for the Healthy Indiana Plan, you will get a letter that will let you know what your monthly contribution is. You must pay this each month. If you do not pay this, you will be **disenrolled** from the program. We will send you a statement each month to remind you. If you are disenrolled due to non-payment, you cannot re-enroll for 12 months and there will be a 25% penalty on your POWER Account.

If a HIP member is disenrolled due to their death, MDwise will refund the POWER Account to the member's estate without penalty. This is done within 60 days of receiving notice of the member's death.

There are a number of ways you can make your monthly POWER Account contribution:

1. **Check or Money Order.** Make your check or money order payable to MDwise and mail your payment to:

MDwise
P.O. Box 713194
Cincinnati, Ohio 45271-3194

You can also pay by check or money order **in person** at:

MDwise/ACS
4550 Victory Lane
Indianapolis, IN 46203

Important note: All checks and money orders are held for 10 days to allow them time to clear. Please keep this in mind when mailing your contribution.

If you do not have enough money in your bank account to cover the payment that you make, you will have an additional fee to pay. You will have to pay an \$8.50 fee if your check bounces. This is in addition to making your monthly payment again.

2. **Cash.** Please do not mail cash. Cash, check or money order payments can be made **in person** at Key Bank locations, statewide. Please call Customer Service to find participating Key Bank branches, as all branches will NOT be participating.

When paying by cash, you must have your initial payment letter or monthly invoice for payment to be accepted.

3. **Employer Contribution.** Ask at work if your employer is willing to pay part of your contribution. If so, your employer has to fill out the Employer Contribution Form. You can call Customer Service to give us the name and phone number of your employer. We will then contact your employer for you. Only a part of your contribution can be made by your employer. You will get a bill each month for the rest.
4. **Payroll Deduction.** Ask at work if your employer is willing to take your contribution from your check. If so, your employer has to fill out a Payroll Deduction Form. You can call Customer Service to give us the name and phone number of your employer. We will then contact your employer to get this set up.

For you to keep your Healthy Indiana Plan coverage, you must pay your POWER Account contributions by the due date on the bill you get each month. If your employer agrees to pay a part of your contribution, and then does not make that payment, we will let you know. You will then have 60 days to pay it yourself.

The Healthy Indiana Plan will add the rest of the funds that you will need to get health care services. This money will go into a POWER Account. POWER Account stands for Personal Wellness Responsibility Account. You will have \$1,100 in your POWER Account. You will get a MDwise card in the mail. Use this MDwise card whenever you go to the doctor, the pharmacy or anytime that you get health care services. Except for your preventive care, other medical services will be paid for by your POWER Account. When the cost of your medical services is more than \$1,100, MDwise will cover the costs.

This plan does have some limits. They are:

- \$300,000 per year
- \$1 Million dollars in a lifetime

HOW TO USE YOUR POWER ACCOUNT *continued*

It is important to remember that preventive care is covered. The Healthy Indiana Plan will cover all preventive care. Please see **Pages 7 and 8** for more information about the preventive care that you need to get. If you get the preventive services you need by the end of the year, and you have money left over in your POWER Account, that money will be rolled over to your POWER Account for next year! If you **DO NOT** get the preventive care that you need, any state contribution money left over at the end of the year will not roll over to the next year.

If you have any questions about your new POWER Account and to find out how much is in your account, please call MDwise Customer Service at 1-877-822-7196, or in the Indianapolis area 317-822-7196.

How to Know What Medical Service Cost Your POWER Account.

It is important to know what your medical services cost. That way you will know how much is going to be taken out of your POWER Account each time you get medical care. Please visit the MDwise Web site at **www.MDwise.org** for a list of medical services and their costs. You can also call MDwise Customer Service at 1-877-822-7196 or in the Indianapolis area, 317-822-7196, and we can mail you a list of services and their costs.

MDwise Healthy Indiana Plan Benefit Summary

Annual Maximum	\$300,000
Lifetime Maximum	\$1,000,000
POWER Account	\$1,100
Emergency Care	\$3–\$25 member copay; Copay is not required if ER visit is a true emergency or if you are admitted
Preventive Care - annual check-ups; annual screenings recommended by your PMP and according to preventive care guidelines for your age and gender	MDwise pays at 100%
Family Planning	Paid from POWER Account; Then MDwise pays 100%
Prescription Drugs	Paid from POWER Account; Then State pays 100%
Inpatient Hospital Care Outpatient Hospital Care Physician Office Visits Outpatient Diagnostic X-rays and Lab Tests Inpatient and Outpatient Mental/Behavioral Health Medical Supplies, DME and Prosthetics Outpatient Therapy Services Ambulance (Emergency Transportation Only)	Paid from POWER Account; Then MDwise pays 100%
Organ and Tissue Transplant Services	Paid from POWER Account; Then MDwise pays 100%
Pregnancy Services, Dental, Vision	Not Covered
Out of Network Services (Except for Emergency Care and Family Planning)	Not covered

MEMBER REDETERMINATION

Healthy Indiana Plan members must re-enroll every 12 months. This is also called redetermination. The process will determine if you are still eligible. It will also determine what monthly amount that you need to pay for the next year.

90 days before your coverage ends, you will get a letter from the Division of Family Resources with information on how to enroll for next year. Please read this information VERY carefully! If you have questions about it, feel free to call us at 1-877-822-7196 or in Indianapolis, 317-822-7196.

60 days before your coverage ends, you will get another letter from the Division of Family Resources with a re-enrollment form. You must fill out this form completely and mail back to:

FSSA Document Center
P.O. Box 1630
Marion, IN 46952

You can also fax the completed form to: 1-800-403-0864.

It is very important that you fill out the re-enrollment form right away and send it in! The Division of Family Resources must get this completed form 45 days BEFORE your coverage term ends or you will be disenrolled from HIP. You will not be able to re-enroll for 12 months.

If you need help to fill out this form, please call us and we would be happy to help you! Also, if you do not get this form by 60 days prior to your re-enroll date, call 1-877-438-4479 to request a new one be sent to you.

GETTING MEDICAL SERVICES

You chose or were assigned to MDwise. Your MDwise doctor is called your Primary Medical Provider (PMP). PMPs can be one of four types of doctors:

- Family practice doctor
- General medicine doctor
- Internal medicine doctor
- Gynecologist doctor—for women only

Some PMPs work with trained health care assistants. The types of assistants that may help your PMP are:

- Nurse Practitioners
- Physician Assistants
- Medical Residents

These assistants can do many health care services that your doctor does. They can take medical histories, complete physicals, order lab tests, and give you health education.

If you would like to learn more about these assistants, or would like to see one of these assistants at your doctor's office, please call MDwise Customer Service at 1-877-822-7196 or in the Indianapolis area 317-822-7196.

Your MDwise Doctor Will Handle All of Your Health Care.

This includes:

- Giving check-ups and immunizations (shots)
- Giving routine care
- Writing prescriptions
- Referring you to specialists or other providers
- Admitting you to the hospital

You should call your doctor whenever you need care.

Visit Your Doctor First

As a MDwise member, you must get most health care through your assigned doctor.

This way, your doctor can organize all your health care services. This helps you be as healthy as possible.

Always call your doctor when you need medical care.

Your doctor has someone who can help you 24 hours a day.

If you get sick after hours, call your doctor's regular office number. If you hear a message, listen for instructions on what to do.

Sometimes, your doctor may want you to get care from other providers. When this happens, your doctor will give you a written okay. This will let you go to another doctor or to a hospital or lab. **This written okay is called a referral.** Your doctor will give you a referral to visit another MDwise doctor. If we do not have the doctor you need in MDwise, then we will find you a doctor outside of MDwise that can help you.

TIP:

New MDwise members should call to make an appointment with their doctor right away.

Make an appointment with your new doctor in the first 3 months or 90 days. You should make an appointment even if you are not sick. You can ask to have a physical exam and talk to your doctor about any other preventive care that you need to get. This is also a good way to get to know your new doctor so he or she can take better care of you—before an emergency happens!



HOSPITALS

You may need to go to the hospital at some time. Your doctor will set this up for you. You should not go to the hospital without your doctor's okay. This is very important. Otherwise, MDwise may not cover your hospital care.

Choosing a Hospital

Your doctor only treats patients at a certain hospital. You should only use the hospital that your doctor uses. Ask your doctor first!

Examples of when you should use your doctor's hospital:

- When you have planned surgery
- When your doctor wants to admit you for other reasons

However, if you have a true emergency, you do not have to call your doctor. Just go to the nearest hospital for immediate care.

Remember that you must pay a copay when you use the emergency room.

Special Situations

What Do I Do If There Is An Emergency?

You should call your doctor whenever you have questions or need care. This is the best way to help your doctor take care of you. However, if it is an emergency, do not wait to call your doctor first!

Call 911 or go straight to the nearest hospital emergency room.

You can read more about emergency care on **Page 13**.

What Do I Do When I Am Far From Home?

If you are far away from home, you should still call your doctor if you need care. He or she can help you get routine or urgent health care.

If you cannot afford the long distance call to your doctor, we can help. You can call MDwise free of charge. We will help you reach your doctor.

TIP:

Ask your doctor which hospital to use before you need it. Always use that hospital, unless it is a true emergency. Then, just go to the closest hospital right away.



TIP:

Your doctor should be available 24 hours a day! You should always be able to reach your doctor or your doctor's after-hours number. It is okay to call, even late at night, if you have an emergency or urgent health care needs.



Interpretation Services

MDwise doctors can talk to you in Spanish or other languages. This is a free service. It is available to you 24 hours a day, 7 days a week by phone and at doctor visits. You or your doctor can call MDwise Customer Service and these services will be arranged for you.

STAYING HEALTHY

Get Check-ups Regularly

It is important to get check-ups from your doctor every year. This is true even if you feel healthy. There are many reasons to get preventive care check-ups. The information you will learn will help you take charge of your health!

Check-ups will help you:

- Get immunizations (shots) that can help keep you from getting sick.
- Catch early warning signs before a disease or illness gets worse.
- Check “vital statistics” so your doctor can compare them when you do get sick.
- Get advice on eating better, quitting smoking, or other healthy living tips.

TIP:

Regular check-ups help you and your doctor get to know each other. This will help your doctor understand your needs when you are sick! Regular visits will help you feel that you can trust your doctor about your health.



Preventive Care for Adults

Adults need several kinds of preventive care, like:

- Routine exams and tests, as your doctor recommends. This may include mammograms or prostate exams.
- Annual pelvic exams, Pap tests and breast exams for adult females.
- Flu shots.

PREVENTIVE CARE GUIDE

Preventive Care

The following chart lets you know what care or screenings you may need for someone your age and gender. For example, if you are a 25 year old female, please find that row for the preventive care that you may need. Your doctor will know what preventive services you need. For those members that started HIP in 2008 and are in their second year of coverage and for new members in 2009, the following chart shows you the preventive services that you need to get in order to roll-over your POWER Account balance at the end of the year.

IF YOU ARE:	YOU NEED:
Male age 19-34	Annual Physical Exam Blood Glucose Screen* Tetanus-Diphtheria Screen
Female age 19-34	Annual Physical Exam Pap Smear Blood Glucose Screen* Tetanus-Diphtheria Screen
Male age 35-49	Annual Physical Exam Cholesterol Testing* Blood Glucose Screen* Tetanus-Diphtheria Screen
Female age 35-49	Annual Physical Exam Pap Smear Cholesterol Testing* (if you are over 45) Mammogram Blood Glucose Screen* Tetanus-Diphtheria Screen
Male age 50-64	Annual Physical Exam Cholesterol Testing Blood Glucose Screen* Tetanus-Diphtheria Screen Flu Shot*
Female age 50-64	Annual Physical Exam Pap Smear Cholesterol Testing* Mammogram Blood Glucose Screen* Tetanus-Diphtheria Screen Flu Shot*

**Annual or as required by your disease/history specific condition*

Please remember that all preventive care that you get is covered by MDwise. This will not be taken out of your POWER Account. If you get preventive services every year, and you have money left over in your POWER Account, that money will be rolled over to your POWER Account for next year! If you **DO NOT** get the preventive care that you need, any state contribution money left over at the end of the year will not roll-over to the next year.

MAKING DOCTOR APPOINTMENTS

Call for an Appointment

You should always call before visiting the doctor's office. When you call, the doctor's staff will schedule a time for you to see the doctor as soon as possible.

Before You Call

When you need health care, you should call your doctor right away. When you call, you can also ask to talk to a nurse if you have medical questions.

Before you call, be sure that you:

- Have your MDwise Card handy
- Are ready to explain what is wrong
- Have a phone number where the doctor can call you later (this can be a family member or friend's number, if needed)
- Have a pen and paper ready to write down any instructions

Schedule Your Appointment

This list shows the longest you should have to wait to get an appointment:

- Within 2 months for a first appointment.
- Within 1 day, for urgent care (like a fever).
- Within 3 days, for non-urgent care (like ongoing knee pain).
- Within 3 months for an annual physical exam.

It is very important to keep your doctor's appointments. This helps your doctor take better care of you!

Getting Ready for Your Doctor's Appointment

Before you see the doctor, be sure to write down your questions. Never be afraid to ask questions. The doctor wants you to understand all your treatment decisions.

TIP:

Please call MDwise at 1-877-822-7196 or in the Indianapolis area 317-822-7196 if you have problems with waiting times or making an appointment.

TIP:

Always call at least 24 hours before your appointment if you have to cancel it. The doctor's office will set up a new appointment for you. Calling will also let the doctor's office know they can give your appointment time to someone else.



If this is your first appointment with a doctor, plan to arrive early. The doctor's office may have paperwork for you to fill out before you see the doctor.

In the Waiting Room

You will have the shortest wait in the waiting room if you make an appointment first. Your wait time should be under one hour. Sometimes it may take longer if your doctor has unplanned emergencies.

COVERED MEDICAL SERVICES

MDwise wants to help you stay healthy. That is why we cover preventive care as well as sick care. **If there are changes to your benefits, we will let you know by mail.** If you have any questions about your benefits, please talk to your doctor or call MDwise at 1-877-822-7196 or in the Indianapolis area 317-822-7196.

Preventive Care

Getting regular preventive care is the key to better health. You get preventive care when you go to the doctor for check-ups and other well care. MDwise covers preventive care because it keeps you healthy and checks for problems before they become serious. Examples include:

- Check-ups and shots.
- Physical exams.
- Mammograms and Pap smears.

Necessary Care

Care must be “medically necessary.” This means it is:

- Needed to diagnose or treat you.
- Proper based on current medical standards.
- Not more than what is needed.

Prior Authorization

Some services need approval from MDwise before you get them. This is called prior authorization. If your doctor does not get prior authorization when it is needed, MDwise will not pay for the services.

Prior authorization decisions are based only on the appropriateness of care and services. These decisions are also based on whether or not you have coverage. Doctors and staff that make prior authorization decisions do not get incentives or rewards for making these decisions. They do not get payment for deciding to deny a service or for making decisions that may make it harder to get care and services.

Services Your Doctor Must Approve and Refer You To

Members can get the full list of services on this page. Your doctor must approve all these services.

To get the following services, you must call or go to your doctor first. The doctor will refer you for any treatments you need:

Doctor Care:

Physical exams
Primary care
Preventive care
Specialty care

Hospital Care:

Inpatient services
Outpatient services
Diagnostic services
Lab tests and X-rays

Medical Supplies:

Prescriptions
Durable medical equipment
Hearing aids for 19 and 20 year olds

Other:

Immunizations (shots), health care screenings and diagnosis
Home health care therapy, including:

- Physical therapy
- Respiratory therapy
- Speech therapy
- Occupational therapy

Renal dialysis
Smoking cessation
Disease Management
Lead screening for 19 and 20 year olds
Hospice services
Skilled Nursing facility (60-day maximum)

If you have questions about your benefit package please call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196.

SERVICES FROM OTHER DOCTORS

Sometimes, you may need to see a provider other than your regular doctor.

[Seeing a Specialist](#)

A specialist is a doctor who treats one part of the body, like the heart, skin, or bones. Your regular doctor will write you a referral if you need to see a specialist. That specialist will be in the MDwise network.

If MDwise does not have the doctor that you need in our network, or that is not within 60 miles of your home, we may authorize out-of-network doctors to take care of you. These providers must be Indiana Health Coverage Program or Medicaid providers.

[You Must Get a Referral from Your Doctor Before Going to a Specialist.](#)

MDwise will not cover specialist care unless you have a referral from your doctor. Your doctor will tell you how to get specialist care.

[Self-Referral Services](#)

The following services are “self-referral” services:

- Emergency services
- Family planning

MDwise covers these services. Your doctor can help you get these services, but you do not have to go through your doctor to get them. You can go to any provider, who is an Indiana Health Coverage Program or Medicaid provider, to get these services. Self-referral providers must get an okay from MDwise before giving you some services.

Remember, your doctor can best take care of you if you talk to the doctor before getting any kind of health care.

[Services Not Covered](#)

The following services are not covered under the Healthy Indiana Plan:

- Services that are not medically necessary
- Maternity and related services (*see page 12*)
- Dental Services
- Conventional or surgical orthodontics or any treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly
- Vision services
- Elective abortions and abortifacients
- Non-emergency transportation services (i.e., transportation services that are unrelated to an emergency medical condition)
- Chiropractic manipulations such as back and spinal adjustments
- Drugs excluded from HIP
- Long term or custodial care
- Experimental and investigative services
- Day care and foster care
- Personal comfort or convenience items
- Cosmetic services, procedures, equipment or supplies, and complications directly relating to cosmetic services, treatment or surgery, with the exception of reconstructive services performed to correct a physical functional impairment of any area caused by disease, trauma, congenital anomalies or a previous medically necessary procedures
- Hearing aids (unless you are 19 or 20) and associated services
- Safety glasses, athletic glasses and sunglasses
- LASIK and any surgical eye procedures to correct refractive errors

- Vitamins, supplements and over-the-counter medications, with the exception of insulin
- Wellness benefits other than tobacco cessation
- Diagnostic testing or treatment in relation to infertility
- In vitro fertilization
- Gamete or zygote intrafallopian transfers
- Artificial insemination
- Reversal of voluntary sterilization
- Transsexual surgery
- Treatment of sexual dysfunction
- Body piercing
- Over-the-counter contraceptives
- Alternative or complementary medicine including, but not limited to, acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, reiki therapy, massage therapy and herbal, vitamin or dietary products or therapies
- Treatment of hyperhidrosis
- Court ordered testing or care, unless medically necessary
- Travel related expenses including mileage, lodging and meal costs
- Missed or canceled appointments for which there is a charge
- Services and supplies provided by, prescribed by, or ordered by immediate family members, such as spouses, caretaker relatives, siblings, in-laws or self
- Services and supplies for which an enrollee would have no legal obligation to pay in the absence of coverage under the plan
- The evaluation or treatment of learning disabilities
- Routine foot care, with the exception of diabetes foot care
- Surgical treatment of the feet to correct flat feet, hyperkeratosis, metatarsalgia, subluxation of the foot, and tarsalgia
- Any injury, condition, disease or ailment arising out of the course of employment if benefits are available under any Worker's Compensation Act or other similar law
- Examinations for the purpose of research screening

PREGNANCY CARE

The Healthy Indiana Plan does not cover pregnancy care. If you become pregnant while you are on the plan, please call MDwise Customer Service right away. All pregnancy services are covered under the Hoosier Healthwise Package B plan for pregnant women. You may be eligible for this plan. We can help you to sign up.

You must complete a "Report of Change" form and fax or mail to:

FSSA Document Center
 P.O. Box 1630
 Marion, IN 46952
 Fax: 1-800-403-0864

You must also send proof of your pregnancy.

You will then be disenrolled from the Healthy Indiana Plan. At the end of your pregnancy, you can re-enroll in the Healthy Indiana Plan.

You can choose to stay in the Healthy Indiana Plan, but if you do this, your pregnancy services will not be covered.

Regular check-ups are important for a healthy baby so don't forget to call right away, so that you can get the care that you need! You can call MDwise Customer Service at 1-877-822-7196 or in the Indianapolis area 317-822-7196.

EMERGENCY CARE

No one likes to spend hours in an emergency room. You can help by getting preventive care. This way, you can get health care before the problem gets too bad. See **Page 8** for a list of preventive care services that are right for you.

MDwise will cover emergency care 24 hours a day. If you have a true emergency, go to the closest hospital right away. MDwise will cover your emergency care even if:

- You are far away from home.
- You cannot get to your doctor’s regular hospital.

Post-stabilization services in the emergency room are also covered. The emergency room doctor will stabilize the condition that you went to the ER for. If the doctor decides that you need more testing or services, he/she can contact MDwise to get approval for more tests or services. This happens only after you are stable and are no longer in immediate danger.

Emergency Room Copay

Healthy Indiana Plan members must pay a copay when you go to the Emergency room. The copay is based on your level of coverage. Your copay can be from \$3 to \$25. Your copay is listed on your MDwise card. You **cannot** use your POWER account to pay for this copay.

If you are admitted to the hospital after your emergency room visit, you do not have to pay this copay.

Three Kinds of Care

There are different kinds of health care: preventive care, urgent care, and emergency care. This chart shows you what to do when you need each kind of care. If you have questions, always ask your doctor for advice.

KIND OF CARE	WHAT TO DO
<p>Preventive Care - This is when you get regular care to keep you healthy. Examples are:</p> <ul style="list-style-type: none"> • Check-ups • Annual exams • Immunizations (shots) • Prescriptions and refills 	<p>Preventive Care</p> <ul style="list-style-type: none"> • You should always call your regular doctor to make an appointment for preventive care.
<p>Urgent Care/Sick Visit - This is used when you need immediate care, but you are not in danger of lasting harm or loss of life. Examples are:</p> <ul style="list-style-type: none"> • Earache • Sore throat • Fever • Minor cut that may need stitches 	<p>Urgent Care/Sick Visit</p> <ul style="list-style-type: none"> • Call your doctor. The doctor will make you an appointment or give you other instructions. • You should not go to the Emergency Room for urgent care. • Even if it is late at night, your doctor always has someone who can talk to you and help.
<p>Emergency Care - This is used when you have a serious medical condition and are in danger of lasting harm or loss of life if you do not go to the Emergency Room immediately. Examples are:</p> <ul style="list-style-type: none"> • Poisoning • Severe head injury • Excessive bleeding • Convulsions • Serious burns • Loss of consciousness • Sudden severe chest pains • Trouble breathing 	<p>Emergency Care</p> <ul style="list-style-type: none"> • Go to the nearest hospital or call 911. You do not have to call your doctor first in an emergency. • When you get to the hospital, or as soon as you are able: <ul style="list-style-type: none"> • Show them your MDwise card • Tell them you are a MDwise member • Ask them to call your doctor within 24 hours

Out-of-Area Care

If you are far away from home, you can still get health care. Before getting care, you must call your doctor. You can also call MDwise for help at 1-877-822-7196 or in the Indianapolis area 317-822-7196. If you have a true emergency, do not call first. Go straight to the nearest hospital.

After Hours Care

Even after-hours, you can call the doctor's regular office number. If you hear a message, listen for instructions on what to do. Most MDwise doctors will have someone "on call" that will call you back to answer your questions.

Your MDwise Card lists numbers you can call when you need help.

When to Go to the Emergency Room

- You should not use the ER for anything but true emergencies!
- If you are not sure if it is an emergency, call your doctor for advice.
- Your doctor has someone who can help 24 hours a day. If you hear a recorded message when you call, listen carefully for instructions.

TIP:

Always keep your MDwise Card in your wallet or purse. That way, if you need help, you will have our phone numbers close at hand.

BEHAVIORAL AND MENTAL HEALTH SERVICES

Many people think mental or emotional problems are rare. In fact, they are common. A mental illness or emotional problem can affect thoughts and behavior. It can make it hard to cope with normal life routines.

Covered Services

If you think you may have a mental or emotional problem, it is important to remember there is help. MDwise covers behavioral health services for our members. These services include:

- Mental health
- Behavior problems
- Alcohol and drug abuse

MDwise members can choose a behavioral/mental health provider and set up appointments without a referral from a doctor. However, you should always talk to your doctor. He or she can help you find the right behavioral health provider.

You must choose a behavioral health provider within the MDwise network. There is a list of behavioral/mental health providers that you can choose from. To find a behavioral/mental health provider you can call MDwise Customer Service or go to www.MDwise.org.



If you have any questions about behavioral and mental health services, call MDwise at 1-877-822-7196, or call 317-822-7196 if you are in the Indianapolis area. When you call you will be asked to pick a number from a list of options. Listen carefully and pick **option #2** for “behavioral or mental health services”. If you have a behavioral or mental health emergency, there is an option that you can pick and someone will help you right away.

We can answer your questions!

PHARMACY SERVICES

Medicines for MDwise members are covered. You can go to any pharmacy that accepts Indiana Medicaid. If you have pharmacy questions or problems, please call 1-800-457-4584 and choose option #2.

[How the Prescription Benefit Works](#)

When you need medicine, your doctor will write a prescription. You can take that prescription to the pharmacy.

There are no copays for your prescription medicine. Your medicines are paid for through your POWER Account.

Over the counter medicines or vitamins are not covered under HIP unless they are on the preferred drug list (PDL). See below for more information about the PDL.

[Prescription Medicine](#)

The Healthy Indiana Plan covers necessary medicines. Your doctor must prescribe these medicines. It must be a medicine approved by the Food and Drug Administration (FDA).

The Healthy Indiana Plan gives your health care provider a tool called a preferred drug list. This helps him or her prescribe drugs for you. A preferred drug list is a list of some of the brand and generic medicines covered by the Healthy Indiana Plan. MDwise Healthy Indiana Plan members can call 1-800-457-4584 and choose option #2 to ask about medicines that are covered. If you have Internet access, you can go to www.indianamedicaid.com or to www.indianapbm.com. This drug list will also show you any of the over-the-counter medicine and vitamins that are covered.

There is also the Indiana Medicaid Pharmacy Services Member Handbook. It is available online at www.indianamedicaid.com under Pharmacy Services or you may call 1-800-457-4584, option #2, to have a copy mailed to you.

If you need help, you can call MDwise Customer Service for help at 1-877-822-7196 (toll-free) or 822-7196 in the Indianapolis area. You can also visit www.MDwise.org to find a list of pharmacies. Please click on “find a provider” and choose the IHCP pharmacy directory.

TRANSPORTATION

Healthy Indiana Plan members can get ambulance transportation for true emergencies. You should only call an ambulance when it is a true emergency. If you think your problem could cause lasting harm or loss of life, call 911.

TIP:

Since non-emergency transportation is not covered under the Healthy Indiana Plan, here are some other ideas for getting a ride to your doctor appointment:

- Ask a family member or friend to take you.
- Find a bus route or other public transportation to take you.

Remember, you must pay for these types of transportation. MDwise does not cover them.



SPECIAL HELP

MDwise has several ways to help us talk with special needs members. Instructions are shown below.

Hearing and Speech Impaired Members

1. Call the Relay Indiana Service at 1-800-743-3333. You can also dial “711”. This number can be used anywhere in Indiana.
2. Ask them to connect you to MDwise: 1-877-822-7196 or in the Indianapolis area 317-822-7196.

Language Assistance

1. MDwise has customer services representatives that can talk to members in other languages. Please call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196.
2. The customer service representatives can also get an interpreter on the line if needed. The customer service representative and the interpreter will both help answer your questions.

Member Advocates

MDwise also has staff that can help you with difficult issues that you may have such as help in talking to your doctor, keeping appointments or finding other services, like a parent support group or help with food, housing or utility problems. These Member Advocates can help if you need suggestions or information about other services available in your community. We call this program HELPlink.

Advance Directives

Advance Directives are documents you can complete to protect your rights for medical care. It can help your family and doctor understand your wishes about your health care. You can:

- Decide, right now, what medical treatments you want or don't want.
- Give someone the power to act for you in a lot of situations, including your health care.
- Appoint someone to say yes or no to your medical treatments when you are no longer able.
- Inform your doctor, in advance, if you would or would not like to use life support systems, if ever necessary.
- Inform your doctor if you would like to be an organ donor.

These are the types of Advance Directives in Indiana:

1. Talking directly to your doctor and family
2. Organ and Tissue donation
3. Health Care Representative
4. Living Will Declaration or Life-Prolonging Procedures Declaration
5. Psychiatric advance directives
6. Do not Resuscitate Declaration and order (out of hospital)
7. Power of Attorney

Advance Directives will not take away your right to make your own decisions. Advance Directives will work only when you are unable to speak for yourself.

MDwise cannot refuse care or discriminate against members based on whether they choose to have, or not to have, an advance directive. MDwise is required to follow State and Federal laws. Your MDwise doctor should document whether or not you have executed an advance directive in your medical record.

If you have concerns that a MDwise organization or provider is not meeting Advance Directive requirements, please call MDwise Customer Service.

SPECIAL MDWISE PROGRAMS FOR YOUR GOOD HEALTH!

MDwise has a number of extra programs for you and your family. They will help you get healthy and stay healthy. Special MDwise programs include:



NURSEon-call

Speak with a nurse 24 hours a day

Sometimes you have questions about your health. Just call our 24-hour phone line and speak with a nurse, not a recorded message. Call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196. Select option 3.



INcontrol

Learn to manage your asthma, diabetes or other chronic illness



WELLNESSChats

Fun, educational community events where you can learn about good health



HELPlink

Work with a member advocate who knows about health, school and community services



SMOKE-free

Get help kicking the tobacco habit



WEIGHTwise

Reach and maintain a healthy weight

If you have questions about any MDwise programs, call us at: 1-877-822-7196 or in the Indianapolis area 317-822-7196, or visit the MDwise Web site www.MDwise.org.

MDWISE CAN HELP

We want to answer all your questions about your new MDwise plan. If you have any complaints, we are here to help fix the problem. We want you to get the best health care and service possible.

There is a MDwise representative that can help you 8:00 a.m. to 6:00 p.m. (EST), Monday through Friday. After hours, you can leave a message and someone will call you back right away the next business day.

If you need your member handbook and other MDwise information in other ways let us know. Examples are if you need the information in larger print, Braille or on an audiocassette.

Please call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196, if you have good or bad comments! You can also visit the MDwise Web site at www.MDwise.org. Click on the Healthy Indiana Plan.

The next few pages have tips on how to handle changes or questions you might have about MDwise or your doctor. Keep this booklet handy in case you need help with one of these situations.

TIP:

MDwise members have certain RIGHTS and RESPONSIBILITIES!
A list of these is on **Page 25** of this handbook.

We want to provide high quality service to you. So, here is our promise to you:

- If you have a problem, we will be here to listen.
- We will do our best to fix the problem for you.

MAINTAINING YOUR MDWISE PLAN

New Address or Phone Number

If you move or change your phone number, you **MUST** call MDwise at 1-877-822-7196 or in the Indianapolis area 317-822-7196. You will need to fill out a “Report of Change” form. We can help you fill out this form.

Other Insurance Plans

If you have other health insurance, you must let us know. You are not eligible for the Healthy Indiana Plan if you have other health insurance. You must also tell us, and the Healthy Indiana Plan (1-877-438-4479), if:

- You have changes in your insurance
- You get hurt in a car wreck
- You get hurt at work
- You get hurt and someone else may have to pay

Changing Your Doctor

If you are not happy with your health care or your doctor, please call MDwise. We will work with you to fix any problems you have.

You are able to change your doctor once each year. You can only change for the following reasons:

- You have moved.
- Your doctor has moved or no longer belongs to MDwise.
- Your doctor does not return your calls.
- You have trouble getting the care you want or your doctor says you need.
- Your doctor was assigned by MDwise before you had the chance to choose a doctor for yourself.
- Other reasons—call for more information.

To change your doctor or to ask for a list of doctors in your area, please call MDwise Customer Service at 1-877-822-7196 or in the Indianapolis area 317-822-7196 or visit www.MDwise.org to get a list of MDwise doctors.

Remember, it is better for your health to stay with one doctor, rather than to change doctors often.

Changing Your Plan

We hope that you are happy with the services that you receive from MDwise. If you are not happy please call MDwise Customer Service and we will try to help.

You can change your plan:

- At the end of the year when you re-certify for the Healthy Indiana Plan
- If you become eligible for the ESP plan
- If there are quality of care problems that we cannot fix for you

Changing Your Contribution Amount

If you have a change in family size or income, call 1-877-438-4479 (1-877-GET-HIP-9). Let them know about the change. You can also call MDwise Customer Service and we will help you complete a change form.

What To Do if You Pay More Than 5% of Your Annual Income

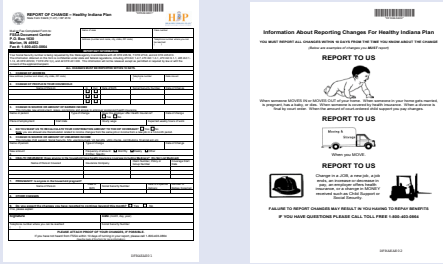
Are you on the HIP program as a caretaker adult? This means that you are on HIP and you have children that live with you that are on Hoosier Healthwise or Care Select. If you are and you have paid for healthcare services over 5% of your income, let us know.

This money must have been paid for:

- Monthly contributions
- ER copays

If what you have paid for these things is more than 5% of your income in a 12-month coverage period, you may not have to pay future contributions to HIP or ER copays.

“Report of Change” Form



If you think this is true for you:

- You must collect and send in copies of all of your receipts
- We must confirm your income

Requests and documentation can be sent to:

MDwise Customer Service
P.O. Box 44236
Indianapolis, IN 46244-0236

We will review all of your documents. We will confirm whether you have paid over 5% of your income during a 12 month coverage period. We will then let you know the outcome of our review. Call MDwise Customer Service for more information at 1-877-822-7196 or in Indianapolis 317-822-7196.

[What To Do if You Get a Bill for Health Care](#)

MDwise only pays your provider for the covered services you get. A provider cannot require you, your relatives, or others to pay additional charges for these covered services.

Health care providers generally cannot bill Healthy Indiana Plan members unless it is for a non-covered service.

If you do get a bill for health care services, take care of it right away by following the steps below. Otherwise, it may be sent to a collection agency.

- Contact your health care provider to make sure they know you are on the MDwise Plan.
- Contact MDwise and tell them you received a bill.

Providers know the limits placed on their services. The provider must tell you if MDwise does not cover a service before the service is provided. A provider may charge you for services that are not covered by MDwise if:

- The provider told you before providing the services that the services are not covered.
- You agreed to pay for the service in writing.

Remember to take your MDwise Card with you to all health care appointments and show it to the office staff.

[Help MDwise Stop Fraud and Abuse](#)

- Do not give your MDwise Card number to anyone. It is OK to give it to: your doctor, clinic, hospital, pharmacy or MDwise Customer Service.
- Do not let anyone borrow or use your MDwise Card
- Do not ask your doctor or any health care provider for medical care that you do not need
- Work with your primary doctor to get all of the care that you need
- Do not share your Healthy Indiana Plan or other medical information with anyone except your doctor, clinic, hospital, or other health provider

Call MDwise Customer Service at 1-877-822-7196 or in the Indianapolis area 317-822-7196, if you have questions or concerns about fraud and abuse.

YOUR OPINIONS

[Member Surveys and Outreach](#)

Your opinions matter to us! We do a member survey to make sure you are happy. This helps us improve our service. It also helps us give better health care for you. This survey is done once each year.

MDwise members may occasionally receive phone calls from MDwise. One type of call might be to ask questions about your health needs. Your answers help MDwise know which programs might be right for you. Another type of call might be to ask about your satisfaction with your doctor. A MDwise caller will tell you right away who they are and why they are calling. Your answers to our questions help us serve you better.

MDwise also does automated calls. These calls may include reminders about monthly contributions or they might be a reminder to get needed preventive care.

If you have any questions at any time about these calls or the survey, please call: MDwise Customer Service at 1-877-822-7196 or in the Indianapolis area 317-822-7196.

MDWISE COMMITMENT TO QUALITY CARE

MDwise is always looking for new ways to improve your health and to serve you better. The Quality Program wants MDwise members to get high quality health care services. Health services that are safe and meet your needs are important to us.

We monitor your care and services throughout the year. Our Quality program looks at:

- Services given by doctors/providers
- Members being able to get the services they need
- Members getting the right number of services
- Results of our member satisfaction surveys

What we find from these reviews helps us to work closely with providers. Results also help us know what information to send to our members.



HOW TO GET HELP WITH A PROBLEM

Getting Help with a Problem

The quality of service you get from MDwise is important to us. If you have a concern, call the MDwise Customer Service Department at: 1-877-822-7196 or in the Indianapolis area 317-822-7196.

A MDwise customer service representative will file a grievance. The customer service representative will try to solve your concerns right away. If we cannot solve the issue by the next business day, we will follow up with a letter.

Filing an Appeal

If you do not agree with a decision you get, you have the right to ask for further review of the problem. This is called an “appeal.” You can file an appeal about any health care decisions. Someone, like your doctor, can do this on your behalf if you want them to.

You must file an appeal within 30 days of the date that the decision was made. When you file an appeal, you may be able to continue getting a service that has been denied. This can only happen if you are getting those services already. You must send your appeal in before the denial takes effect. If MDwise decides that the services will not be authorized, you will have to pay for those services. Ask us about continued services if this is important to you.

How to File an Appeal:

Step 1. Submit Your Appeal

You must write a letter. You can call the MDwise Customer Service Department for help writing your letter. When you write a letter, you should include the following:

- Your name, address, telephone number, and MDwise card number.
- Date and description of the service that was denied
- Additional information that can help in our review
- You must sign the letter

Keep a copy of these papers for yourself.

Then, send us the original at:

MDwise Customer
Service Department
Attn: Appeals
PO Box 44236
Indianapolis, IN 46244-0236

Step 2. Wait for a Written Answer from MDwise
MDwise will review your appeal.

You will get a letter telling how we handled your problem. We will reply within 25 business days. If we need more time to review the problem we will write to you and let you know.

Step 3. MDwise Second Level Appeal Process

If you still do not agree with our answer, you can ask for an appeal by calling MDwise. You must also write us a letter to appeal. You have 30 business days to file an appeal. The MDwise Appeals Panel will review your problem. You can speak to the panel if you want. You can also have someone else speak for you. You will get a reply within 35 business days.

Step 4. Review by Independent Review

Organization

If you are still not happy, you can sometimes ask for a review by an Independent Review Organization (IRO). The IRO will make a decision within 15 business days and MDwise will then notify you of the results.

Step 5. Appeal to FSSA

To appeal the IRO decision, you must contact the State. The Indiana FSSA Office of Hearings and Appeals handles this. You can write to them at: Office of Hearings and Appeals, 402 West Washington, Room W392, Indianapolis, IN 46204. The FSSA decision is the final administrative ruling. If you are still not happy, you can file a lawsuit. A court will then review your case.

Other Notes: In an emergency, appeals will be handled quickly. This is called an “expedited” appeal. If your case can be expedited, we will review your case and notify you of a decision within 72 hours. Call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196 to see if this can be done.

YOUR RIGHTS AND RESPONSIBILITIES

MDwise provides access to medical care for all its members. We do not discriminate based on your religion, race, national origin, color, ancestry, handicap, sex, sexual preference, or age.

Medical care is based on scientific principles. We provide care through a partnership that includes your doctor, MDwise, other health care staff, and you – our member.

MDwise is committed to partnering with you and your doctor. We will:

- Treat you and your family with dignity and respect.
- Maintain your personal privacy. Keep your medical records confidential as required by law.
- Give you a clear explanation of your medical condition. You have a right to be part of all your treatment decisions. If you understand the options, you can better decide if you want a certain treatment. Options will be discussed with you no matter what they cost or whether they are covered as a benefit.
- Provide you with information about MDwise, its services, and doctors.

In addition, YOU have the right to:

- Change your doctor once each year by calling the MDwise Customer Service Department.
- Timely access to covered services.
- Appeal any decisions we make about your health care. You can also complain about personal treatment you get.
- Get copies of your medical records or limit access to these records, according to state and federal law.
- Amend your medical records that we keep.
- Get information about your doctor.
- Request information about the MDwise organization and operations.
- Refuse care from any doctor.
- Ask for a second opinion.
- Make complaints about MDwise, its services, doctors, and policies.
- Get timely answers to your complaints or appeals.
- Take part in member satisfaction surveys.
- Prepare an advance directive.
- Get help from the Indiana Family and Social Services Administration (FSSA) about covered services, benefits, or complaints.
- Get complete benefit information. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions, and limits on covered services.
- Request information about our physician incentive plan.
- Be told about changes to your benefits and doctors.
- Be told how to choose a different health plan.
- Health care that makes you comfortable based on your culture.
- Be free from any form of restraint or seclusion used

as a means of coercion, discipline, convenience or retaliation, in accordance with Federal regulations.

This means that your doctor cannot restrain or seclude you because it is the easiest thing to do. The doctor cannot make you do something that you do not want to do. The doctor cannot try to get back at you for something that you may have done.

- When you exercise these rights, you will not be treated differently.
- Provide input on MDwise member rights and responsibilities.
- Participate in all treatment decisions that affect your care.
- If MDwise closes or becomes insolvent, you are not responsible for our debts. Also, you would not be responsible for services that were given to you because the State does not pay MDwise, or that MDwise does not pay under a contract. Finally in the case of insolvency, you do not have to pay any more for covered services than what you would pay if MDwise provided you the services directly.

YOU are responsible for:

- Contacting your doctor for all your medical care.
- Treating the doctor and their staff with dignity and respect.
- Understanding your health problems to the best of your ability and working with your doctor to develop treatment goals that you can both agree on.
- Telling your doctor everything you know about your condition and any recent changes in your health.
- Telling your doctor if you do not understand your care plan or what is expected of you.
- Following the plans and instructions for care that you have agreed upon with your doctor.
- Keeping scheduled appointments.
- Notifying your doctor 24 hours in advance if you need to cancel an appointment.
- Telling us about other health insurance that you have.

IMPORTANT TIP:

If you do not follow your doctor's advice, this may keep you from getting well. It is your job to talk with your doctor if you have any questions about your medical care. Don't ever be afraid to ask your doctor questions! It is your right!

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.

Dear MDwise Member,

This notice tells about your privacy rights. You have rights about the medical information we keep about you. MDwise cares about your privacy. We protect your privacy rights. Please call us at 1-877-822-7196 or in the Indianapolis area 317-822-7196, if you have questions about this notice. You can ask to see a copy of the medical information we keep about you. When you call, ask for the Privacy Officer.

Wishing you good health,
MDwise

[Summary of Privacy Practices](#)

We may use and disclose your medical information, without your permission, for treatment, payment, and health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster relief situations.

We will not otherwise use or disclose your medical information without your written authorization. You have the right to examine and receive a copy of your medical information, to receive an accounting of certain disclosures we may make of your medical information, and to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Organizations Covered by this Notice

This notice applies to the privacy practices of MDwise, Inc.

[Our Legal Duty](#)

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect January 1, 2008, and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send you a new notice within sixty (60) days of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and Disclosures of Medical Information

We will use and disclose medical information about you for treatment, payment, and health care operations.

For example:

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your medical information, without your permission, to determine eligibility, process claims, or make payment for covered services you receive under your benefit plan. Also, we may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include, for example, health care quality assessment and improvement activities and general administrative activities.

We may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts.

Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health-Related Products and Services and Appointment Reminders: We may contact you to remind you of appointments. We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services, that we provide or include in our benefits plan, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our network, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research, and other public benefit functions:

- For public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- To avert a serious and imminent threat to health or safety;
- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies;
- For research;
- In response to court and administrative orders and other lawful process;
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons;
- To coroners, medical examiners, funeral directors, and organ procurement organizations;
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- As authorized by state worker's compensation laws.

Individual Rights

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions. You must make a written request to obtain access to your medical information. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact us using the information at the end of this notice for information about our fees.

Disclosure Accounting: You have the right to a list of instances after January 1, 2008, in which we disclose your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request and never for a disclosure that occurred before January 1, 2008. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this notice for information about our fees.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. You may

obtain a form from that contact to make your request. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We will accommodate your request if it is reasonable, specifies the alternative means or location for confidential communication, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of that health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Right to Obtain a Paper Copy: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights' Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: MDwise
Attention: Privacy Officer
Telephone: 1-877-822-7196 or in the Indianapolis area 317-822-7196
E-mail: legal@mdwise.org
Address: P.O. Box 44236, Indianapolis, IN 46244-0236