

Member Handbook

HEALTH PROTECTION PLAN



1-866-769-3085

TDD/TTY: 1-855-742-0123

NHHealthyFamilies.com

Other Formats Available

The information in this booklet is about your NH Healthy Families benefits. If you need information in a different language, please call Member Services 1-866-769-3085 so we can help you.

Spanish: La información incluida en este folleto es acerca de sus beneficios del Plan de Salud NH Healthy Families Si necesita obtener la información en un idioma diferente, llame al Departamento de Servicios para Miembros al 1-866-769-3085 para que podamos ayudarle.

Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, NH Healthy Families has a free service to help. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand. Our interpreter services are provided at no cost to you and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. NH Healthy Families members who are blind or visually impaired can call Member Services for an oral interpretation. To arrange for interpretation services, call Member Services 1-866-769-3085 (TDD/TTY 1-1-855-742-0123).

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Welcome

Welcome to New Hampshire (NH) Healthy Families

NH Healthy Families is your new health plan. You are member of our plan you are because are eligible for the New Hampshire Health Protection Program (NHHPP).

The NH Department of Health and Human Services (DHHS) decides who is eligible for the NHHPP. Then it is NH Healthy Families that provides the health care coverage you need. NH Healthy Families is a Managed Care Organization (MCO). That means we help you manage your healthcare needs in addition to paying providers for the health services they provide to you.

This Member Handbook tells you about your healthcare benefits. It is designed to make it easy for you to make the most of your benefits and services.

You may also visit our website at www.NHHealthyFamilies.com for more information and services.

Member Handbook

Your Member Handbook is a guide to your health plan and your benefits. It is our contract with you. It explains your rights, benefits, and responsibilities. Please read carefully.

Inside you will find information about:

- Covered services.
- Services not covered.
- How to get the care you need.
- How to fill your prescriptions.
- What to do if you are unhappy about your health plan or coverage.
- Materials NH Healthy Families will send you.
- The extras offered through your health plan.

To ask for an additional copy of the Member Handbook, call Member Services 1-866-769-3085. We will send it to you at no charge. You can also view the Member Handbook on our website at www.NHHealthyFamilies.com.

Want to know more about your health plan? Just ask Member Services at 1-866-769-3085. NH Healthy Families can send you information about how our plan operates and how it is structured. We can also tell you about provider incentive plans

Your Provider Directory

NH Healthy Families has a network of healthcare providers. These providers serve your medical, behavioral health, and pharmacy needs. Our online directory has a list of providers to choose from. This list includes Primary Care Providers (PCP)s, specialists, Family Planning Providers, pharmacies, Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), Behavioral Health, and Substance Use Disorder providers, and hospitals. You can also find provider locations, office hours, phone numbers, and the languages spoken by the providers.

Want a hard copy of the provider directory? Contact us, we will send you one free of charge. For the most up-to-date list of provider, go to www.NHHealthyFamilies.com.

We can also help you pick a PCP. NH Healthy Families recommends that you visit your PCP within ninety (90) days of joining our health plan. Call Member Services at 1-866-769-3085 and we will help you make the appointment.

NH Healthy Families Website

Our website helps you get the answers. You can find resources that make it easy for you to get quality care. Visit www.NHHealthyFamilies.com to find:

- The Member Handbook
- The Provider Directory
- News and events
- Member self-service features
- Program and services information

Member Advisory Committee

You can help make your health plan the best. We have a Member Advisory Committee that gives members like you an opportunity to share your thoughts and ideas with us. A group of members meets regularly during the year.

At the meetings, you have a chance to:

- Talk about your experience with NH Healthy Families.
- Tell us about concerns you have.
- Tell us how you think we are doing.
- Give us feedback on our services, programs and materials.
- Ask us questions.

Call Member Services 1-866-769-3085 if you would like to attend.

Quality Improvement

NH Healthy Families' Quality Improvement program is committed to ensuring quality healthcare for you. We want to help you improve and maintain your health. To help promote safe, reliable, and quality healthcare, we:

- Conduct a detailed check on providers when they join our provider network.
- Monitor your access to all types of healthcare services.
- Offer education and programs about your general health care and other diseases.
- Remind you to get annual tests, such as a well visits, and cancer screenings.
- Investigate your concerns about healthcare services you received.
- Ask you what you think with a member survey, once a year.

If you have a concern about your care or any service we provided, please contact us at 1-866-769-3085. Please watch for our member survey. If you get one, please fill it out and send it back in the mail.

Our program is consistent with National Committee on Quality Assurance (NCQA) and Institute of Medicine (IOM) priorities.

Contact Us

NH Healthy Families
2 Executive Park Drive
Bedford NH 03110

www.NHHealthyFamilies.com

Normal business hours of operation: 8:00 a.m. to 5:00 p.m. EST. Full service available daily after hours.

Department	Phone Number
Member Services	1-866-769-3085
TDD/TYY Line	1-855-742-0123
Member Services Fax	1-877-502-7255
NH Relay Services	711
Behavioral Health Services	1-888-282-7767

Other Important Phone Numbers

Program/Service	Phone Number
Non-Emergency Transportation (Access2Care)	1-866-769-3085
Vision Services	1-866-769-3085
Emergency Services	Call 911

Your Member Identification (ID) Card

Your member ID card is proof that you are a member of NH Healthy Families. Keep this card on you with you at all times. Show this card every time you go for a service under our health plan. Your ID card will show your name, Medicaid ID #, PCP name, address, and phone number.

You will get your card within ten (10) calendar days of enrollment. If you do not get your card please call Member Services at 1-866-769-3085. We will send you another card.

This is what your ID card will look like.

Front:


Name

Date of Birth

Medicaid ID Number

Plan Type

PCP Name, Address, and Phone

	
NAME: Jane Doe	
MEDICAID ID#: XXXXXXXXXX	BIN: 008019
Plan Type: Health Protection Program	DOB:
PCP Name:	PCP Phone:
PCP Address:	
<small>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. www.NHHealthyFamilies.com</small>	
IMPORTANT CONTACT INFORMATION	
Members: Member Services: 1-866-769-3085 TDD/TTY: 1-855-742-0123 24/7 NurseWise: 1-866-769-3085 Vision: 1-866-769-3085 Pharmacy: 1-866-769-3085 File a Grievance: 1-866-769-3085	Providers: Provider Services: 1-866-769-3085 IVR Eligibility Inquiry - Prior Auth: 1-866-769-3085 Vision: 1-877-865-1527 Pharmacy: 1-866-862-8615
Medical Claims: New Hampshire Healthy Families Attn: Claims PO Box 4060 Farmington, MO 63640-3831	<div style="border: 1px solid black; padding: 5px;"> New Hampshire Healthy Families Address: 2 Executive Park Drive, Suite 223 Bedford, NH 03110 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> EDI/EFT/ERA please visit Provider Resources at www.NHhealthyfamilies.com </div>

Back:

Member and Provider Phone Numbers

Medical Paper Claims Address

Website Address

How Your Plan Works

Service Areas Covered

NH Healthy Families is a health plan available through NH Department of Health and Human Services (DHHS). Our service area includes all counties in New Hampshire.

Member Services

Our Member Services department will tell you how your health plan works and how to get the care you need. Our call center can help you to:

- Find a PCP.
- Schedule an appointment with your PCP.
- Obtain a new ID card.
- Obtain information about covered and non-covered benefits.
- Obtain a list of health plan providers.
- Report a potential fraud issue.
- Request new member materials.
- Obtain information about case management.

Call 1-866-769-3085 (TDD/TTY 1-855-742-0123). We are open Monday through Friday from 8:00 a.m. to 5:00 p.m. Three days a week, expanded hours available to 8:00 p.m. Calls received after business hours go directly to NurseWise. NurseWise nurses are available twenty-four (24) hours a day, seven (7) days a week, including holidays.

NurseWise

NurseWise is a free health information phone line. NurseWise is ready to answer your health questions twenty-four (24) hours a day – every day of the year. NurseWise is staffed with registered nurses. These nurses have spent lots of time caring for people. They are ready and eager to help you.

Call NurseWise, NH Healthy Families' 24-hour nurse hotline at 1-866-769-3085 for the following:

- Medical advice.
- Health information library.
- Answers to questions about your health.
- Advice about an injury or illness
- Help with scheduling PCP appointments.

Sometimes you may not be sure if you need to go to the emergency room (ER). Call NurseWise. They can help you decide where to go for care. If you have an emergency, call 911 or go to the nearest ER.

Membership and Eligibility Information

Eligibility

You are a member of our health plan because you are eligible for the NH Health Protection Program (NHHPP). You applied and were found eligible by the Department of Health and Human Services (DHHS). Starting on September 1, 2014 NH Healthy Families offers NHHPP coverage.

Major Life Changes

Life changes may affect your coverage. Examples of major life changes are:

- A name change.
- A new address.
- A job change.
- A change in disability status.
- Moving to a new county or out of state.

Contact DHHS within ten (10) days:

- After the change happens; or
- When you realize the change has taken place.

You should also contact Member Services at 1-866-769-3085.

Contact DHHS if you have a change in your family size. This might mean that your family got bigger because of a birth or a marriage. You should also report when your family gets smaller. This may happen because a family member moves away or there is a death in the family. A divorce could also change family size.

Enrollment and Disenrollment

Enrollment is when you are signed up for health coverage under the NH Health Protection Program (NHHPP). Enrollment for coverage under the NHHPP is ongoing, now through the end of 2015.

Disenrollment is the process of changing your health plan or coverage. That could mean, you choose to sign up with another health plan, or when you are no longer eligible for NHHPP coverage.

You can ask to disenroll with or without cause. You must follow DHHS processes to make this change. Reach out directly to DHHS by calling or writing. We will ensure that your right to switch is not restricted in any way.

Contact the DHHS Client Services at 1-888-901-4999 or in writing to:

Division of Client Services
NH Department of Health and Human Services
129 Pleasant Street, Concord NH 03301

Enrollment and Disenrollment continued.

You may ask to disenroll without cause:

- During the first ninety (90) days of coverage.
- For twelve (12) months if you were auto assigned but you have a relationship with a PCP that is only in the network of the other health plan.
- When DHHS imposes an intermediate sanction on NH Healthy Families.

You may ask to disenroll with cause if:

- You move out of state.
- You need related services:
 - To be performed at the same time;
 - Not all services are available within the network; and
 - Getting the services separately would pose unnecessary risk.
- You cannot access services covered under the plan, or from providers experienced in dealing with your healthcare needs.

We will NOT disenroll a member for:

- An adverse change in a member's health status.
- The use of medical services.
- A reduced mental capacity.
- Disruptive behavior resulting from a special needs diagnosis.
- The abuse of prescribed or illicit substances.
- Legal consequences of substance use.

We will not disenroll you, until or unless DHHS informs us to act. We will let DHHS know in writing within three (3) business days if:

- You no longer reside in NH.
- A member dies.
- You no longer qualify for the NHHPP.
- There is fraudulent use of the member ID card.

Newborn Enrollment

At birth, your baby will be covered by NH Healthy Families. Your baby will be enrolled in NH Healthy Families under the standard Medicaid program. You can change your baby's health plan within ninety (90) days of enrollment.

Benefits

Covered Services

This section of the handbook outlines your health plan covered benefits and benefit limits. You are entitled to get the medical services listed here. You are responsible for any non-covered services. Covered benefits are listed below.

Please Note:

- We do not limit or deny services because of a condition you already have.
- You will not have copayments (copays), deductibles, or other cost sharing for services that are “medically necessary” and covered by NH Healthy Families.
- You may be responsible for payment if:
 - Services were not medically necessary; or
 - You get care from out of network providers.

For questions about medical necessity or network providers, call Member Services at 1-866-769-3085.

Benefits Grid

This list is not intended to be a complete list of all covered services. Services are subject to benefit coverage, limitations, and exclusions. Some services require prior authorizations.

Covered Services	Notes	Limits or Requirements
Allergy Services		
Ambulatory Surgery Center		Some services require prior authorization.
Anesthesia Services		
Audiology Services		
Bariatric Surgery		Prior authorization required.
Behavioral Health Services	Includes Community-Based, Inpatient and Outpatient Services, Community Mental Health Center Services, and Psychology Services	Some limitations apply. Services administered by Cenpatco Behavioral Health. Please call 1-866-769-3085.

Covered Services	Notes	Limits or Requirements
Birthing Centers		Prior authorization required.
Chemotherapy		
Chiropractic		Certain restrictions and limitations may apply.
Dialysis		
Durable Medical Equipment (DME)		Some items require prior authorization.
Early Periodic Screening Diagnosis and Treatment		For members between the ages of 19 and 21.
Emergency Room Services		
Enteral and Parenteral Nutrition for Home Use		
Family Planning		
Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC) Services		
Hearing Aids and Related Services		Limited to one service every 2 years since the last date of service.
High Cost Radiology	MRA, MRI, CT, PET Scan, Cardiac Nuclear Scans	Prior authorization required.
Home Health Care Services		Prior authorization required.
Home Visiting Services		
Hospice Care		Prior authorization required.
Hospital Services Inpatient		Prior authorization required.

Covered Services	Notes	Limits or Requirements
Hospital Services Outpatient		Some services require prior authorization.
Laboratory Services		Some services require prior authorization.
Maternity Services		Some services require prior authorization.
Orthotics and Prosthetics (O & P)		Prior authorization required.
Oxygen and Respiratory Services		Some services require prior authorization.
Pain Management		Some services require prior authorization.
Personal Care Services		Medically necessary services limited to between ages 19 and 21.
Physician and Nurse Practitioner Services		
Podiatry Services		4 per fiscal year.
Prescription Drugs		Copayments may apply.
Preventive Care		
Private Duty Nursing		Medically necessary services limited to between ages 19 and 21.
Sterilization Procedures (ages 21 and over)		Signed Consent Form required.
Substance Use Disorder Services		Prior authorization may be required for some services. Call Member Services to confirm which services are available.
Therapy (OT, PT, ST) Services (Outpatient)		Prior authorization required.
Transplant Services		Prior authorization required.

Covered Services	Notes	Limits or Requirements
Transportation (Emergency Ambulance)		
Transportation (Non Emergent Medical)		For the provision of medically necessary services.
Vision Services and Eyewear	Treatment for routine vision care, includes one routine eye examine with refraction and eyewear once every two calendar years. Eyewear includes one pair of eyeglasses when there is a 1/2 diopter change in vision.	
Wheelchair Van Services		
X-Rays and Radiology		

Value Added Benefits – Plan “Extras”

NH Healthy Families has programs and services that add value to your covered services. We are always looking for ways to help you stay healthy or improve your health. Check our website at www.NHHealthyFamilies.com for the most up-to-date list of value added benefits.

Programs and Services	Details
CentAccount Rewards for completing healthy behaviors.	<ul style="list-style-type: none"> • \$10 incentive payment: <ul style="list-style-type: none"> ▪ An annual adult well care visit (one per calendar year) ▪ Attending the 3rd, 6th and 9th prenatal appointments (must be enrolled in Start Smart for Your Baby) ▪ Attending a post-partum visit 21-56 days after birth • \$20 incentive payment for diabetes management: <ul style="list-style-type: none"> ▪ For identified diabetics ▪ Completing of all four activities of the following activities: A1C testing, LDL, eye exam, and nephropathy testing
Start Smart for Your Baby – A program designed to support pregnant members.	<ul style="list-style-type: none"> • 17-P Program • Start Smart Baby Shower Program • Start Smart for Your Baby Texting Program • Electric Breast Pumps available
Nursewise – Free health information staffed by nurses available 24/7.	<ul style="list-style-type: none"> • Medical advice • Answers to question about your health • Advice about an injury or illness
Disease Management – Services geared toward helping you improve your health.	Supporting conditions like: <ul style="list-style-type: none"> • Asthma • Diabetes • Congestive Heart Failure • Coronary Artery Disease, COPD
MemberConnections – Program to promote preventive health and connect high risk members to healthcare and community social services.	Help you to: <ul style="list-style-type: none"> • Find a doctor in your area • Arrange for services you need • Set up services, and even check on you at home

Value Added Benefits Continued.

Programs and Services	Details
Connections Plus – Program that provides free cell phone to members who do not have safe and reliable access to a phone.	Gives 24/7 access to: <ul style="list-style-type: none"> • Our staff • Your providers • Telehealth services • 911
Coupon Savers Program - Discounts on healthy eating and living choices.	Coupons will arrive with your member newsletter. Coupons are also available through our website to both member and non-members
Vision Enhancement - Choose from a standard selection of frames or get a \$150 credit to put towards the frames of your choice.	Use the \$150 credit towards glasses with: <ul style="list-style-type: none"> • Single vision lenses • Bifocal or trifocal lenses
Telehealth - Device to assist the member with monitoring their health problems	<ul style="list-style-type: none"> • Check on health problems like blood pressure at home. • Results sent to the case manager.
Smoking Cessation –Health Coaches available to help members quit smoking.	Health coaches offer personalized counsel and support to help members quit smoking. A special program is available to assist pregnant members to quit smoking (Puff Free Pregnancy).

Non-Covered Services

There are services that NH Healthy Families do not cover. The services that are covered may change sometimes. We will send you a notice, when there is a change. Some services that we do not cover may be covered by state or federal programs. To find out about getting these services, contact:

NH Department of Health and Human Services (DHHS)
1 (800) 852-3345/ TDD Number of 1-800735-2964

2-1-1 New Hampshire
1-866-444-4211 TDD Number: 1-603-634-3388.

The following services and supplies are not covered. This may not be an all-inclusive list. If a service is on the “List of Not Covered Services” that means both NH Healthy Families and the state do not pay for these services. Remember, if you seek care for any “Not Covered” service, you will be responsible for payment of any charges.

List of Non- Covered Services
Abortions (Voluntary) - Some abortions are covered in limited circumstances.
Alternative Medicine - Like Acupuncture and Biofeedback
Cosmetic or plastic surgery
Treatment of infertility impotence and sexual dysfunction
Experimental procedures, drugs and equipment
Gender reassignment surgery
Personal Comfort Items
Non-Medical Equipment
Physical exams required for employment, insurance or licensing
Radial Keraotomy
Services not allowed by federal or state law.
Weight reduction and control services - This includes, weight loss drugs or products, gym memberships or equipment for the purpose of weight reduction.

Non-Covered Services continued.

The services listed here are not covered by NH Healthy Families, but may be covered by Medicaid (fee-for-service) through the Department of Health and Human Services.

List of Services Covered by Medicaid
Intermediate Care Facility – MR, Nursing Home, Atypical
Medicaid to School Services
Dental Benefit Services
Waiver Services – including for Acquired Brain Disorders, Developmentally Disabled, In Home Supports and the Choices for Independence program.
Skilled Nursing Facility including Atypical Care

Your Healthcare

NH Healthy Families works with a large group of doctors, specialists, hospitals and other healthcare providers. This group is called a network. In most cases, you need to get care within the network. **Except for emergency, urgent care and family planning, all services must be obtained through our network providers or with a prior authorization for out of network providers.**

Primary Care Providers

When you enroll in NH Healthy Families, you must choose a Primary Care Provider (PCP). Your PCP is a doctor you see on a regular basis to take care of your medical needs. You should get all of your basic medical care from your PCP. Seeing your doctor for regular check-ups, when you are not sick, helps you find health problems early. This can help prevent a visit to the emergency room. You can call your PCP when you are sick and do not know what to do. If you have never seen your PCP, you should call your PCP make an appointment for a preventive visit. It is best to not wait until you are sick to meet your doctor for the first time.

PCP Responsibilities

Your PCP will:

- Give you regular well exams and provide you with the ongoing care you need.
- Provide preventive care, including regular immunizations.
- Help you get the services you need in a timely manner.
- Follow-up on the care you get from other medical providers.
- Take care of prior authorizations for specialty care and services.
- Update your medical record, keeping track of all the care that you get.
- Provide services in the same manner for all patients.
- Make sure you can contact him/her or another doctor at all times.
- Talk to you about advance directives.

Seeing your PCP is important. That's why NH Healthy Families offers the CentAccount® program. This is a program where you can earn rewards for healthy behaviors. You can find more information about this program under the Benefits Grid of your Member Handbook, in your new member packet, and on our website.

Your Own Primary Care Provider

Choosing A PCP

The Provider Directory is a list of all the providers in our network. Our network includes, doctors and hospitals. You can find information about providers in the Provider Directory, including their office location, phone number and any languages that they speak. When picking a PCP, look for one of the following kinds of providers:

- Family /General Practitioners
- Internal Medicine
- Obstetricians/Gynecologists
- Registered Nurse Practitioners
- Physician Assistants (under the supervision of a physician)
- Advanced Registered Nurse Practitioners (ARNP)

We are always working for our members to build the best provider network. You can check our online Provider Directory at www.NHHealthyFamilies.com to see if new providers have been added. Upon request, a specialist can be your PCP for special needs.

Want to learn more about a provider before you choose? Call Member Services at 1-866-769-3085.

If you do not choose a PCP, we will choose one for you. Your PCP will be listed on your member ID card.

Changing Your PCP

You may change your PCP at any time if:

- Your PCP is no longer in your area.
- You are not satisfied with your PCP's services.
- The PCP does not provide the services you seek because of religious or moral reasons.
- You want the same PCP as other family members.

You must notify us when you change your PCP. You can do this in several ways. Call Member Services at 1-866-769-3085. Your PCP change will be effective the next day.

Making an Appointment with Your PCP

Make a well check appointment within ninety (90) days of enrollment and then at least annually after that. Talk to your doctor about any health problems you are having. Your doctor can give you medical care, advice and information about your health. **If you need help making an appointment, call Member Services at 1-866-769-3085.** Remember take your member ID card with you every time you go to the doctor's office.

Can't make your appointment? Call the doctor's office to cancel at least 24 hours in advance.

Need to change your appointment? Call the doctor's office as soon as possible. They can make a new appointment for you. Member Services can help you make an appointment. Call us at 1-866-769-3085.

A Medical Home

A Medical Home is a partnership you have with your Primary Care Provider (PCP). Your PCP will lead and guide your care. That may include helping you in finding the services that you need. Want to know more about setting up a Medical Home, please call Member Services at 1-866-769-3085.

Scheduling Appointments/Wait Times

Type of Provider Appointment	Scheduling Time
Preventive Care	Within thirty (30) calendar days
Regular and Routine	Within ten (10) calendar days
Behavioral Health - Regular and Routine	Within ten (10) business days
Clinical Assessment - Post Discharge (Transitional)(Including substance use disorder discharges)	Within seven (7) calendar days of discharge
Home Care Nurse	Within two (2) calendar days of discharge
Behavioral Health - Home Visit with Registered Counselor	Within two (2) calendar days of discharge
Urgent (including Urgent Behavioral Health visits)	Within forty-eight (48) hours
Emergency	Immediately or refer to ER
Behavioral Health - Emergency	Within six (6) hours for a non-life threatening emergency. Immediately for a life threatening emergency.

After Hours Appointments with Your PCP

You can call your PCP's office for information on getting after hours care. Call NurseWise at 1-866-739-3085, 24/7 including holidays, if you have a medical problem or question and cannot reach your PCP during normal office hours. If you have an emergency, call 911 or go to the nearest ER. Remember it is okay if the hospital does not belong to our network. You can use any hospital if it is an emergency.

When Your PCP Leaves the Network

If your PCP is planning to leave the network, we will send you a notice, thirty (30) calendar days before the date this occurs or as soon possible after we receive notice from the provider. We will reassign you to another PCP. You will get a new member ID card listing your new PCP. You can also change your PCP by calling Member Services at 1-866-769-3085.

If you are in active treatment, NH Healthy Families may approve visits with your doctor for up to ninety (90) days after he/she leaves the network. During this time, we will help you find a new doctor. If your provider has been terminated because of a quality of care issue, this option is not available. Your doctor must agree to:

- Treat your healthcare needs.
- Accept the same payment rate from NH Healthy Families.
- Follow NH Healthy Families' quality assurance standards.
- Follow NH Healthy Families' policies about prior authorization and use a treatment plan.
- Provide necessary medical information to you.

Continuity and Transition of Care for New Members

Sometimes members are getting care from a doctor that is not in NH Healthy Families' provider network. In some cases, you may be allowed to continue care with your doctor for up to thirty (30) days. To get care from a doctor out of the provider network, those services require a prior authorization. If you have questions, call Member Services at 1-866-769-3085.

New members in the second or third trimester of pregnancy can keep the same doctor until you have had your baby and completed your first post-partum visit. If you are a member who is terminally ill, you may continue to see your doctor for your care.

If you are leaving our plan, we don't want your care to be interrupted. That's why NH Healthy Families staff will reach out to your new health plan to transition your services. This may include giving your new health plan information on your care plan, active services and approvals, upon request.

Utilization Management

Medically Necessary Services

Covered services that you get must be medically necessary. This means getting the right care, at the right place, at the right time. NH Healthy Families uses nationally recognized medical criteria and skilled staff to look for services that:

- Are reasonable and necessary to protect life,
- Prevent significant illness or disability, or
- Relieve severe pain, through the diagnosis or treatment of disease, illness, or injury.

NH Healthy Families does not reward network providers or staff to deny care.

Prior Authorization for Services

When you need care, start with a call to your PCP. Some covered services may require prior authorization. Prior authorization is a review by NH Healthy Families before you get certain services. Prior authorization is needed for services or visits to an out of network provider and some specialists. Home health services and some surgeries also need to be reviewed. Your doctor can tell you if a service needs prior authorization. To find a list of services that need prior authorization visit our website at www.NHHealthyFamilies.com. You can also call Member Services at 1-866-769-3085 to see if something needs to be reviewed by NH Healthy Families.

Your doctor will give us information about why you need the service. NH Healthy Families will look to see if the service is covered and that it is appropriate. NH Healthy Families clinical staff will make the decision as soon as possible, based on your medical condition. Standard decisions are made within fourteen (14) calendar days. If the service is urgent, the decision will be made within three (3) business days. We will let you and your doctor know if the service is approved or denied. If you or your doctor is not happy with the decision you can ask us for a second review. This is called an appeal. See the “Member Satisfaction” section in your Member Handbook for more information about appeals.

If there are any major changes to the prior authorization process, we will let you and your doctors know right away.

Second Medical Opinion

You have the right to a second opinion. This means you can talk to a different doctor to get their point of view. Another opinion may help you decide what treatment or service is best for you. Tell your primary care provider (PCP) or call Member Services, if you want a second opinion.

A second opinion:

- Is covered by NH Healthy Families at no cost to you.
- Is available from an in network provider.
- Is available from an out of network provider with prior approval.
- With additional tests will require prior approval.
- Will be looked at by your PCP or specialist, who will help you decide on the best treatment plan.

Medical Care When You Are Out of State

NH Healthy Families will cover out of state medically necessary services in three (3) situations.

1. **You have a medical or behavioral health emergency.** Out of state and have an emergency? Call 911 or go to the nearest ER. Call us to report your emergency within 48 hours. A network provider is required for follow up care.
2. **You have an urgent problem.** Out of state and have an urgent problem? Go to an urgent care clinic or you may go to a PCP.
3. **You need special care, not available in New Hampshire.** The cost of care for services provided out of state may be covered if we approve.

Remember to show your NH Healthy Families ID card prior to getting services.

Members are not covered for any services outside of the United States.

Out of Network Care

Out of network care is when you get care from a provider who is not in the NH Healthy Families network. With the exception of emergency services, any out of network care requires prior authorization. If you are looking for services we do not have in our network:

- First, we will first check to find a network provider to meet your needs;
- If we do not find a provider, we will help you find an out of network provider.

If we do not approve care from an out of network provider, you will be responsible for paying that provider for the care you get.

We will notify you of the decision to prior authorization care from an out of network provider. If you have questions, call Member Services at 1-866-769-3085.

Self-Referrals

You may self-refer for certain covered services. That means, you do not need your PCP to refer you to a specific provider. If you need to see a doctor for specific medical problems, your PCP can help you find an in network provider. Your PCP can also tell you if a service requires a prior authorization.

There are services that regardless of whether or not the doctor is in the network you can self-refer, specifically, emergency services and family planning services and supplies.

Emergency Services and Urgent Care

NH Healthy Families covers both emergency and urgent medical services. These services are covered twenty-four (24) hours a day, seven (7) days a week.

Not sure about when to use the Emergency Room (ER) and when to go urgent care?

Emergency services are required for a serious medical condition that without medical attention could be expected by a reasonable layperson to result in jeopardy to your health or in the case of a pregnant woman the health of your unborn child.

Urgent Care are services for when you have an injury or illness, though it is usually not life threatening, must be treated within 48 hours, and you cannot wait for a visit with your PCP.

Here are some example of when to go to the ER and when NOT to go to the ER:

Go to the ER	Do NOT go to the ER
<ul style="list-style-type: none"> • Broken bones. • Gun or knife wounds. • Bleeding that will not stop. • You are pregnant, in labor and/or bleeding. • Severe chest pain or heart attack. • Drug overdose. • Poisoning. • Bad burns. • Shock (you may sweat, feel thirsty or dizzy or have pale skin). • Convulsions or seizures. • Trouble breathing. • Suddenly unable to see, move or speak. 	<ul style="list-style-type: none"> • Flu, colds, sore throats, and earaches. • A sprain or strain. • A cut or scrape not requiring stitches. • To get more medicine or have a prescription refilled. • Diaper rash.

When you need **urgent care**, follow these steps:

- Call your PCP. The name and phone number are on your NH Healthy Families ID card. Your PCP may give you care and directions over the phone. If it is after hours and you cannot reach your PCP, call NurseWise 1-866-769-3085 (TDD/TTY 1-855-742-0123). You will be connected to a nurse. Have your NH Healthy Families ID card number handy. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. During normal office hours, the nurse will assist you in contacting your PCP.
- If you are told to see another doctor or go to the nearest hospital emergency room, bring your NH Healthy Families ID card. Ask the doctor to call your PCP or NH Healthy Families.

*Emergency Services and Urgent Care Continued.***If you aren't sure what to do, remember these tips:**

- If you can, **call your doctor** first.
- If your condition is severe, **call 911** or **go to the nearest hospital**. You don't need a doctor's approval. Also, you can use any hospital in an emergency, even if it is not in our network.
- Not sure if it is an emergency? Call your PCP. Your PCP will tell you what to do. If your PCP is not available, a doctor taking calls can help. There may be a message telling you what to do.
- **You can also call NurseWise**. Our 24-hour medical advice line 1-866-769-3085 (TDD/TTY 1-855-742-0123) if you have questions.
- **Urgent Care is not Emergency Care.**
- **Emergency rooms are for emergencies.**

It is important that, you or someone acting on your behalf **MUST** call your PCP and NH Healthy Families within 48 hours of admission. This helps your PCP provide or arrange for any follow-up care that you may need. We will help you get follow-up care. Call us 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Emergency Transportation Services

NH Healthy Families covers emergency ambulance ground transportation to the nearest hospital for emergency care. **Ambulance transportation to the hospital emergency room in non-emergency situations is not a covered service.** You may have to pay for it. Ambulance transportation from a healthcare facility to another healthcare facility is covered only:

- When it is medically necessary; and
- It has been arranged and approved by a NH Healthy Families network provider.

Non-Emergency Transportation Services

If you do not have a car or anyone available to give you a ride, we can help you get to your medical appointments as well as your state-covered dental appointments. Transportation is covered for all medically necessary services. NH Healthy Families is excited to offer this service through Access2Care.

Need help getting to your medical appointment? Call Access2Care at 1-866-769-3085. You must call at least three (3) business days before your appointment. You can ask for transportation with less than three (3) days' notice for urgent medical trips. We may check with your doctor to make sure the appointment is urgent. Have an emergency? Need help getting to the emergency room? Call 911.

What information do I need to know when I call?

- Your Medicaid number
- The street address including city and zip code of your pick up location and the destination address and telephone number
- If you use a wheelchair or other equipment to get to your appointments

Be ready one hour before your appointment. The driver will call you twenty-four (24) hours before your appointment to confirm the exact pick up time. If your ride is 15 minutes past pick up time, please call Access2Care at 1-866-769-3085

If you go to more than one appointment, to the same location, in the same week you need to call us. Please call Access2Care as soon as possible so that we can confirm we have your ride to and from your appointment.

Vision

NH Healthy Families allows members to choose from a standard selection of frames and lenses. Members can choose to opt out of the standard benefit and select frames outside of the standard selection. One hundred and fifty dollars (\$150) will be given to you as a credit. You can use this to buy glasses with single vision lenses, or glasses with bifocal or trifocal lenses. You will have to pay for any charges that go over the allowed amount.

Post-Stabilization Services

Post-stabilization services is care you need to stabilize your condition after an emergency. They do not require prior authorization. We will cover the services you need after an emergency, even if it is outside of the NH Healthy Families network.

Pharmacy

Pharmacy Program

NH Healthy Families provides coverage for your prescriptions. Your coverage is available at pharmacies that work with us. There are some drugs that may not be covered. The pharmacy can let you know which drugs are not covered, or help you find another drug that is covered. You can also ask your doctor about what drugs are covered, and what is best for you.

Prior Authorization

Some drugs have limits or require that NH Healthy Families to grant permission before your prescription is covered. This is called a prior authorization. The pharmacist will inform the doctor if a prior authorization is needed. Your doctor can ask NH Healthy Families to cover the prescription if there is a medical reason. We will let you know if we do not grant the request for prior authorization. We will also tell you how you can file an appeal of that decision.

Emergency Drug Supply

If your doctor cannot be reached to approve a prescription, you may be able to get a seventy-two (72) hour (three day) emergency supply. Pharmacies are authorized to provide a seventy-two (72) hour supply.

Over-the-Counter Medications

Some covered over-the-counter (OTC) drugs are covered through NH Healthy Families. In order for an OTC drug to be covered, it must be written as a valid prescription by a licensed doctor. If you purchase OTC drugs without a prescription from a doctor you will have to pay for them.

Excluded Drugs

Some drugs are not covered through NH Healthy Families. These include, but are not limited to:

- Drug Efficacy Study Implementation (DESI) drugs
- Fertility agents
- Topical Minoxidil
- Vaniqa®
- Drugs used to treat erectile or sexual dysfunction

Filling a Prescription

NH Healthy Families covers most of the drugs your doctor says you need. Your doctor can write a prescription that you can take to the pharmacy, or may be able to send the prescription to the pharmacy directly. NH Healthy Families covers prescriptions for its members through in network pharmacies. You can get your prescriptions filled at most pharmacies. It is important that you show your NH Healthy Families ID card at the pharmacy. If you need help finding a pharmacy or have trouble getting your drugs, call NH Healthy Families at 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Specialty Pharmacy Provider

Certain drugs are only covered when they are supplied by NH Healthy Families' specialty pharmacy provider, AcariaHealth. These drugs are not available at retail pharmacies. AcariaHealth provides you with the following services:

- They can deliver drugs to your home or doctor's office.
- They have staff that can answer questions about drugs.
- They are available 24 hours a day, seven (7) days a week.
- They can give you information, materials, and ongoing support.

AcariaHealth wants to help you take the drugs the right way to manage your health condition. If you have questions about the pharmacy program, call Member Services at 1-866-769-3085.

Health Management

Health Needs Assessment

NH Healthy Families wants to know how we can better serve you. One way we do this is by asking you to fill out the Health Needs Assessment form. This form asks questions that help us figure out what you need. Fill out this form and send it back to us right away. This form can be found in your Welcome Packet with a postage-paid envelope. This form is also available at our website www.NHHealthyFamilies.com. If you have questions about the form, please call us at 1-866-769-3085.

Case Management

We understand some members have special needs. In those cases, NH Healthy Families offers case management services. Case management is a service that helps members with complex medical needs get the care they need. Pregnant members, members with special health care or behavioral health needs or a disability could benefit from case management.

Conditions may include:

- Sickle Cell
- Multiple Sclerosis
- Kidney or Renal Disease
- Organ Transplants
- HIV/AIDS
- Hemophilia
- Behavioral Health

These members often see several doctors or may need medical supplies or help at home. That's why our case managers are Registered Nurses or Social Workers, who can help arrange care with providers and help you better understand your health problems.

If you have special healthcare needs or a disability, case management may be able to help you. Member Services can give you more information. You can ask to speak to a case manager.

Disease Management

NH Healthy Families offers Disease management to members with conditions like:

- Asthma
- Diabetes
- High blood pressure
- Heart problems
- Weight Management
- COPD

Disease Management Continued.

Disease management is a service that helps you navigate the healthcare system. The goal of this service is to add to the quality of your care and help you to improve your health. NH Healthy Families staff helps you understand your medical condition, by offering information and personal help. So you can get treatments and the social services you need.

That means helping you understand and manage your health conditions and by offering information and personal help from our Health Coaches.

All of our programs are geared toward helping you understand and actively manage your health. We are here to help you with things like:

- How to take medicines.
- What screening tests to get.
- When to call the doctor.

We will help you get the things you need. We will provide tools to help you learn and take control of your condition. For more information call Member Services at 1-866-769-3085. You can ask to speak to a Health Coach.

Preventive Care

NH Healthy Families recognizes the importance of good health. We cover preventive care services to help you stay healthy. We encourage you to get immunizations and health screenings. Health screenings can help lower your risk for chronic diseases. These screenings give your doctor a chance to detect and treat health issues with possibly better outcomes. We will work with you and your provider to ensure access to care.

Below is a list of some of the covered preventive care services.

Adults	Women (In addition to Adult services)
Immunizations – vaccines for adults	Prenatal care
Behavioral, Depression Screenings	Educational and clinical services
Well Care Visits	Routine screenings and labs
	Well Woman Visits
	Breast Cancer Screenings
	Cervical Cancer Screenings

We also offer our disease management and Start Smart for Your Baby pregnancy program, to help you get the preventive care you need.

For members between the ages of 19 and 21, read more about preventive screenings under the Health Check for Young Adults section of the member handbook.

Health Check for Young Adults

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Health Check (EPSDT) is a preventive program available to members age 19 to 21. Even if you are not sick, young people need to see their doctor annually.

Your provider will examine you and give you shots when necessary. They will also ask questions about health problems. Your doctor can send you to a specialist or order any tests that might be needed, if they find a problem during a checkup. They can also tell you ways to stay healthy.

If you haven't already, NH Healthy Families will help you transition from your pediatrician to a doctor best suited to serve the needs of adults. To schedule a Health Check visit, call your doctor. Problem getting an appointment, please call Member Services at 1-866-769-3085.

CentAccount

NH Healthy Families has a program to reward you for completing healthy behaviors. These healthy behaviors begin with the Health Needs Assessment you get in your Welcome Packet, and complete a well care visit with your doctor. New rewards are added to your CentAccount card once you complete each healthy behavior. Your CentAccount card can you used to buy health related items at stores that accept MasterCard® (such as Target, Wal-Mart, Walgreens and local pharmacies). You can also use the card for health-related services at a provider's office that accepts MasterCard. Information on the CentAccount program can be found on our website at www.NHHealthyFamilies.com. You can also call Member Services at 1-866-769-3085.

Family Planning Services

NH Healthy Families covers family planning services. You can get these services and supplies from providers that are not in our network. You do not need a prior authorization. These services are free for our members. These services are voluntary and confidential.

Some examples of family planning services are:

- Education and advice from a trained personnel to help you make choices
- Information about birth control
- Physical exams
- Follow-up visits
- Immunization services
- Pregnancy tests
- Birth control supplies
- Tests and treatment of STDs (sexually transmitted diseases)

Pregnancy & Maternity Services

A Safe Pregnancy

There are things you can do to have a safe pregnancy. See your doctor if you have health problems like diabetes and high blood pressure. While you are pregnant, do not use tobacco, alcohol, or non-prescribed drugs. See your doctor before becoming pregnant if you have had any of the following:

- You have had three or more miscarriages.
- You gave birth to a premature baby (this means the baby came before 37 weeks of pregnancy), or a “preemie.”
- You gave birth to a stillborn baby.

Keep these points in mind if you are pregnant now or want to become pregnant:

- Go to the doctor as soon as you think you are pregnant. It is important for your health and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It's even better to see your doctor before you get pregnant to get your body ready for pregnancy.
- Make an appointment with your dentist for a cleaning and checkup.
- Set a goal to live a healthier lifestyle. Healthy lifestyle habits include exercising, eating balanced healthy meals, and resting for 8-10 hours at night.

A note about folic acid: Folic acid is a very important nutrient that can help you have a healthy baby. Take folic acid before you become pregnant or as soon as you find out you are pregnant. Some foods have folic acid in them, like orange juice, green vegetables, fortified breakfast cereals and more. It is hard to get enough folic acid from food alone. Talk to your doctor about taking prenatal vitamins. If you have questions about folic acid or your pregnancy, call Member Services at 1-866-769-3085.

Start Smart for Your Baby®

Start Smart for Your Baby (Start Smart) is our special program for pregnant women. NH Healthy Families wants to help you take care of yourself and your baby. We make information available for all stages of your pregnancy. We will send you information in the mail and by phone. You can also find information on our Start Smart website at www.startsmartforyourbaby.com. We have staff who can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed.

Are you pregnant and still smoking cigarettes? We can help you stop. We have a smoking cessation program just for pregnant women. This is available at no cost to you. We use trained clinicians called Health Coaches, who are ready to motivate, counsel and support you to quit smoking. Working as team, over the phone, your Health Coach can help you develop a plan to change your behavior and lifestyle.

We have many ways to help you have a healthy pregnancy. Before we can help, we need to know you are pregnant. Please call Member Services at 1-866-769-3085 as soon as you learn you are pregnant. We will help you set up the special care that you and your baby need.

MemberConnections®

MemberConnections is a program that promotes preventive health and connects you to quality healthcare and community social services. MemberConnections Representatives are staff trained to provide support to our members.

A MemberConnections representative can:

- Help you find a doctor in your area.
- Help you arrange for services you need.
- Work with your Case Manager.
- Help set up services, or check in you by visiting your home.

Please call Member Services at 1-866-769-3085 for more information.

ConnectionsPLUS®

ConnectionsPLUS is a program that provides free cell phones to some members. This program makes a phone available to members who do not have safe and reliable access to a phone. This phone will give you access to our staff, providers, telehealth services and 911, twenty-four (24) hours a day.

ConnectionsPLUS is offered as a part of our MemberConnections program. To learn more about the program, please contact Member Services 1-866-769-3085 or visit our website at

www.NHHealthyFamilies.com.

Member Satisfaction

We hope you will always be happy with us and our network providers. If you are not happy, please let us know. NH Healthy Families has steps for handling any problems you may have. NH Healthy Families offers all of our members the following processes to achieve member satisfaction:

- Internal Grievance Process.
- Internal Appeal Process.
- Access to Medicaid Fair Hearing.

NH Healthy Families maintains records for up to seven (7) years of each grievance and appeal filed and the responses to each grievance and appeal.

Grievance and Appeal Process

NH Healthy Families wants to fully resolve your problems or concerns. You, the member, a doctor or a person named by you can file a grievance or appeal. Not sure which applies to your situation? **A grievance is an expression of dissatisfaction with any matter other than an action. That means if you are unhappy with your care or services, you can tell us about it. An appeal is a request to review an action. That means if we make a decision that is not in your favor you can ask us to look at it again.**

Filing a Grievance or Appeal

You, the member, a person named by you, or a provider acting for you can file a grievance or appeal on your behalf.

You must give us written permission to name another person to file a grievance or appeal for you. This form is available on our website at www.NHHealthyFamilies.com, and in the back of your member handbook. Call Member Services at 1-866-769-3085 and we can mail one to you.

It's important to remember:

- We will add information or proof that you provide to us. You can send it to us in a letter, email, fax or bring it to our office.
- We can provide you with copies of documents we used to make a decision about your case when you ask.
- We will not hold it against you or treat you differently if you file a grievance or appeal.
- Call Member Services at 1-866-769-3085 if you need help completing a grievance or appeal or you need an interpreter.

Grievances

Filing a grievance will **not** affect your healthcare services. We **want** to know your concerns so we can improve our services.

To file a grievance, call Member Services at 1-866-769-3085 (TDD/TTY 1-855-742-0123). You can also write a letter and mail it to the address below or fax your grievance to NH Healthy Families at 1-877-502-7255.

Grievances Continued.

Be sure to include:

- Your first and last name.
- Your Medicaid ID number.
- Your address and telephone number.
- What you are unhappy with.
- What you would like to have happen.

**NH Healthy Families
Grievance and Appeal Coordinator**

2 Executive Park Dr.
Bedford, NH 03110

You can expect a resolution in writing from NH Healthy Families within 45 calendar days of filing a grievance.

Appeals

An appeal request is when you ask us to take another look at an action taken or a decision made that is not in your favor. You will know that NH Healthy Families is taking an action because we will send you a letter.

An action is when NH Healthy Families:

- Denies the care requested.
- Decreases the amount of care.
- Ends care that has previously been approved.
- Denies payment for care and you may have to pay for it.

If you do not agree with the action, you may ask for an appeal. The letter will tell you about the appeals process. You have thirty (30) calendar days from the date of the notice to let us know you want to appeal. There are several ways you can ask for an appeal:

- Send back the Appeal Form, included with your letter.
- Write and mail us a letter.
- Ask verbally by calling Member Services at 1-866-769-3085.

If you ask for an appeal verbally, it must be followed up in writing.

You may ask to continue to get care related to your appeal while we decide. You may have to pay for that care if the outcome is not in your favor.

You will get a written decision within thirty (30) calendar days of the date of your request.

We will send you a letter asking for more time (14 days) if we need it. We may ask for more time if we need more information. The letter will tell you why we need more time. The extra time may be better for your case. Sign and return the form sent with your letter to grant us more time.

Expedited Appeals

You can ask for an expedited appeal if you or your doctor feel that your health is at risk. This type of appeal means we will make a fast decision. To ask for an expedited appeal, call our Grievance and Appeal Coordinator at 1-866-769-3085.

We will decide within three (3) calendar days of getting the appeal request. NH Healthy Families will make reasonable efforts to contact you by phone if your request for an expedited appeal is denied. You will also get a letter telling the reason for the decision and what to do if you are unhappy with it.

Medicaid Fair Hearing for Appeals

If you are unhappy with a NH Healthy Families' decision and you have no other appeal options, you can ask for a Medicaid Fair Hearing. A Medicaid Fair Hearing is an appeal heard by a unit at the Department of Health and Human Services.

You or your doctor can ask for a Medicaid Fair Hearing within thirty (30) calendar days of the date on the letter. If you ask for a Medicaid Fair Hearing, you must ask within ten (10) calendar days of the date on the letter to continue your services. If the finding at the Medicaid Fair Hearing agrees with our decision, you may be have to pay for the continued services.

To request a Medicaid Fair Hearing, please write to:

**Administrative Appeals Unit
Office of Operations Support
NH Department of Health & Human Services
105 Pleasant Street
Concord, NH 03301
1-800-852-3345, ext. 4292**

There will be no retaliation against you or your representative for filing a grievance with NH Healthy Families.

Waste, Abuse, and Fraud (WAF) Program

NH Healthy Families is serious about finding and reporting waste, abuse and fraud. Waste, abuse, and fraud is when any member, provider or another person is misusing Medicaid or NH Healthy Families resources. This could include things like:

- Loaning, selling or giving NH Healthy Families member card or Medicaid ID card to someone.
- Misusing NH Healthy Families or Medicaid benefits.
- Billing NH Healthy Families for "free" services.
- Wrongful billing to NH Healthy Families by a provider.
- Billing NH Healthy Families for services not provided.
- Any action to defraud NH Healthy Families or Medicaid.

Waste, Abuse, and Fraud (WAF) Program Continued.

Your healthcare benefits are given to you based on your eligibility for both Medicaid and the NH Medicaid Care Management program. You must not share your benefits with anyone. NH Healthy Families' and our network providers must report any misuse of benefits.

If you misuse your benefits, you could lose them and Medicaid could take legal action against you.

Tell us right away, if you think a doctor, a hospital, another member or person is misusing the Medicaid or NH Healthy Families resources. We will take action against anyone who does this.

Call and report fraud to our hotline at 1-866-685-8664. You do not need to give your name. You can also write to us at:

**NH Healthy Families
Compliance Department**
2 Executive Park Dr.
Bedford, NH 03110

You can also report waste, abuse and fraud to Medicaid by calling (603) 271-1246 or write to.

**Office of the Attorney General
Medicaid/Healthcare Fraud Unit**
33 Capitol Street
Concord, NH 03301

What to do if you get a Bill

Talk with your doctor about what services are covered. When you follow plan rules, you should not be billed for covered services. Call your provider if you get a bill for a service that should be covered. Give your provider your insurance information. If you still get a bill from the provider after you give your insurance information, call Member Services for help at 1-866-769-3085. Do not pay the bill yourself.

If you ask for a service that is not covered by NH Healthy Families, your doctor will ask you to sign a statement saying you will pay for the service. If you sign this statement for a non-covered service you will be responsible for the bill. If you have any questions about a bill, you can call Member Services at 1-866-769-3085.

Accidental Injury or Illness (Subrogation)

Call Member Services and let us know if you have to see a doctor for an injury or illness that was caused by another person or business. Another insurance company might have to pay your provider bills if, for example, you are hurt in a car wreck, by a dog bite, or if you fall in a store. When you call, we will need the name of the person at fault, their insurance company, and the names of any attorneys involved.

Member Rights and Responsibilities

Members are informed of their rights and responsibilities through the Member Handbook. NH Healthy Families network providers are also expected to respect and honor member's rights.

NH Healthy Families members have the following rights:

- To be treated with respect and with due consideration for his/her dignity and privacy.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the member's ability to understand.
- To participate in decisions regarding his/her healthcare, including the right to refuse treatment.
- To complete information about their specific condition and treatment options, regardless of cost or benefit coverage.
- To seek second opinions.
- To obtain information about available experimental treatments and clinical trials and how such research can be accessed.
- To obtain assistance with care coordination from the PCP's office.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in the Federal regulations on the use of restraints and seclusion.
- To express a concern or appeal about NH Healthy Families or the care it provides and receives a response in a reasonable period of time.
- To be able to request and receive a copy of his/her medical records, (one copy free of charge) and request that they be amended or corrected.
- To choose his/her health professional to the extent possible and appropriate, in accordance with 42 CFR §438.6(m).
- To receive health care services that are accessible, are comparable in amount, duration and scope to those provided under Medicaid FFS and are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.
- To receive services that are appropriate and are not denied or reduced solely because of diagnosis, type of illness, or medical condition.
- To receive all information— e.g., enrollment notices, informational materials, instructional materials, available treatment options and alternatives.—in a manner and format that may be easily understood as defined in the Provider Agreement and this Member Handbook.
- To receive oral interpretation services free of charge for all non-English languages, not just those identified as prevalent.
- To be notified that interpretation services are available and how to access those services.

NH Healthy Families members have the following responsibilities:

- To inform NH Healthy Families of the loss or theft of an ID card.
- Present the NH Healthy Families ID card when using healthcare services.
- Be familiar with NH Healthy Families procedures to the best of the member's abilities.
- To call or contact NH Healthy Families to obtain information and have questions clarified.
- To provide participating network providers with accurate and complete medical information.

Member Rights and Responsibilities Continued.

- Following the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible.
- To make every effort to keep any agreed upon appointments, and follow-up appointments; and accessing preventive care services.
- To live healthy lifestyles and avoid behaviors known to be detrimental.
- To provide accurate and complete information to all health care providers.
- To become knowledgeable about NH Healthy Families coverage provisions, rules and restrictions.
- To ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives, and then making care decisions after carefully weighing all pertinent factors.
- To follow the grievance process established by NH Healthy Families (and outlined in the Member Handbook) if there is a disagreement with a provider.

Advance Directives

All NH Healthy Families adult members have a right to make Advance Directives for health care decisions. This includes planning treatment before you need it. Advance Directives are forms you can complete to protect your rights for medical care. You can speak to your provider about Advance Directives or call Member Services at 1-866-769-3085 for help finding the form. Once completed, ask your PCP to put the form in your file.

Together, you and your PCP can make decisions that will set your mind at ease. It can help your PCP and other providers understand your wishes about your health. You should talk to your doctor about your wishes.

Advance Directives will not take away your right to make your own decisions and will work only when you are unable to speak for yourself. If your directive is not being followed you may file a complaint. Complaints concerning noncompliance with the Advance Directives requirements may be filed with the Insurance Department. A request can be sent in writing to:

Insurance Department
Consumer Services Division
21 South Fruit Street, Suite 14
Concord, NH 03301
(603) 271-2261

Examples of Advance Directives include:

- Living Will.
- Health Care Power of Attorney.
- “Do Not Resuscitate” Orders.

Our Advance Directive policies and procedures are revised as needed to address any changes in applicable law. We will tell you about those changes within ninety (90) days after the date of the change if the changes affect you. You should not be discriminated against for not having an Advance Directive.

Notice of Privacy Practices.

For help to translate or understand this, please call 1-866-769-3085. If you are hearing impaired, call our TDD/TTY line at 1-855-742-0123 or Relay 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-866-769-3085 (TDD/TTY 1-855-742-0123 or Relay 711).

Interpreter services are provided free of charge to you.

Covered Entities Duties

NH Healthy Families is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). NH Healthy Families is required by law to keep the privacy of your protected health information (PHI). We must give you this Notice. It includes our legal duties and privacy practices related to your personal health information (PHI). We must follow the terms of the current notice. We must let you know if there is a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use rights.

NH Healthy Families can change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have. We can also make it effective for any of your PHI we get in the future. NH Healthy Families will promptly update and get you this Notice whenever there is a material change to the following stated in the notice:

- the uses and disclosures
- your rights
- our legal duties
- other privacy practices stated in the notice

Updated notices will be on our website or in our Member Newsletter. We will also mail you or email you a copy on request.

Uses and Disclosures of Your PHI

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment.** We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help us with prior authorization decisions related to your benefits.
- **Payment.** We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity. This is subject to the federal Privacy Rules. Payment activities may include:
 - processing claims
 - determining eligibility
 - coverage for claims
 - issuing premium billings
 - reviewing services for medical necessity
 - performing utilization review of claims
- **HealthCare Operations.** We may use and disclose your PHI to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing case management and care coordination
- conducting medical review of claims and other quality assessment
- improvement activities

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
 - reviewing the competence or qualifications of healthcare professionals
 - case management and care coordination
 - detecting or preventing healthcare fraud and abuse.
- ***Appointment Reminders/Treatment Alternatives.*** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on how to stop smoking or lose weight.
 - ***As Required by Law.*** If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information. We do this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other laws or regulations that conflict. If this happens, we will comply with the more restrictive laws or regulations.
 - ***Public Health Activities.*** We may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety or effectiveness of products or services under the control of the FDA.
 - ***Victims of Abuse and Neglect.*** We may disclose your PHI to a local, state, or federal government authority. This includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect or domestic violence.
 - ***Judicial and Administrative Proceedings.*** We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - an order of a court
 - administrative tribunal
 - subpoena
 - summons
 - warrant
 - discovery request
 - similar legal request
 - ***Law Enforcement.*** We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - court order
 - court-ordered warrant
 - subpoena
 - summons issued by a
 - judicial officer
 - grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - cadaveric organs
 - eyes
 - tissues
- **Threats to Health and Safety.** We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.
- **Specialized Government Functions.** If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
 - to authorized federal officials for national security
 - to intelligence activities
 - the Department of State for medical suitability determinations
 - for protective services of the President or other authorized persons
- **Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations.** We may disclose your PHI in an emergency situation, or if you are unable to respond or not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and ePHIperience to decide if the disclosure is in your best interests. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Research** In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Agreement to Uses and Disclosure Your PHI

We can take your verbal agreement to use and disclose your PHI to other people. This includes family members, close personal friends or any other person you identify. You can object to the use or disclosure of your PHI at the time of the request. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure. We will limit the use or disclosure of your PHI in these cases.

We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment.

We can take your verbal agreement or objection to use and disclose your PHI in a disaster situation. We can give it to an authorized disaster relief entity. We will limit the use or disclosure of your PHI in these cases. It will be limited to notifying a family member, personal representative or other person responsible for your care of your location and general condition. You can give us your verbal agreement or objection in advance. You can also give it to us at the time of the use or disclosure of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with few exceptions, for the following reasons:

- **Sale of PHI.** We will request your written approval before we make any disclosure that is deemed a sale of your PHI. A sale of your PHI means we are getting paid for disclosing the PHI in this manner.
- **Marketing.** We will request your written approval to use or disclose your PHI for marketing purposed with limited exceptions. For examples, when we have face- to-face marketing communications with you. Or, when we give promotional gifts of nominal value.
- **Psychotherapy Notes.** We will request your written approval to use or disclose any of you psychotherapy notes that we may have on file with limited exception. For example, for certain treatment, payment or healthcare operation functions.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval. You may take back your approval at any time. The request to take back approval must be in writing. Your request to take back approval will go into effect as soon as you request it. There are two cases it won't take effect as soon as you request it. The first case is when we have already taken actions based on past approval. The second case is before we received your written request to stop.

Your Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

- **Right to Request Restrictions.** You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.
- **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where you PHI should be delivered.
- **Right to Access and Received Copy of your PHI.** You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practicably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.
- **Right to Change your PHI.** You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the information you want changed and the creator of the PHI is able to perform the change. If we deny

your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you ask that we change. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.

- **Right to Receive an Accounting of Disclosures.** You have the right to get a list of times within the last 6 year period in which we or our business associates disclosed your PHI. This does not apply to disclosures for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will give you more information on our fees at the time of your request.
- **Right to File a Complaint.** If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us. You can do this in writing. You can also do this by phone. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services. See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**
- **Right to Receive a Copy of this Notice.** You may ask for a copy of our Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing. You can also contact us by phone. Use the contact information listed below.

NH Healthy Families
Attn: Privacy Official
2 Executive Park Dr.
Bedford, NH 03110
1-866-769-3085
(TDD/TTY 1-855-742-0123, Relay 711)

You may also contact the Secretary of the U.S. Department of Health and Human Services:

Office for Civil Rights – Region I
U.S. Department of Health & Human Services
Government Center
John F. Kennedy Federal Building
Boston, MA 02203

Voice phone (617)565-1340

FAX (617)565-3809

TDD (617)565-1343

Authorization to Disclose Health Information Form

Notice to Member:

- Completing this form will allow NH Healthy Families to share your health information with the person or group that you identify below.
- You do not have to sign this form or give permission to share your health information. Your services and benefits with NH Healthy Families will not change if you do not sign this form.
- Right to cancel (revoke): If you want to cancel this Authorization Form, fill out the Revocation Form on the next page and mail it to us at the address at the bottom of the page.
- NH Healthy Families cannot promise that the person or group you allow Plan to share your health information with will not share it with someone else.
- Keep a copy of all completed forms that you send to us. NH Healthy Families can send you copies if you need them.
- Fill in all the information on this form. When finished, mail it to the address at the bottom of the page.

Member Information:

Member Name (print): _____ Member Date of Birth: ____/____/____

Member Medicaid ID Number/Member ID#: _____

I give NH Healthy Families permission to share my health information with the person or group named below. The purpose of the authorization is to help me with my NH Healthy Families benefits and services.

Recipient Information:

Name (person/group): _____ Phone: (____) ____ - _____

Address: _____ City: _____ State: _____ Zip: _____

NH Healthy Families can share this Health Information: (check all boxes that apply)

☐ **All of my health information; OR**

☐ **All of my health information EXCEPT:**

☐ Prescription drug/medication information

☐ Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) information

☐ Treatment for alcohol and/or substance abuse information

☐ Behavioral health services or psychiatric care information

☐ Other: _____

Authorization End Date: ____/____/____ (date the authorization ends unless cancelled)

Member Signature: _____ **Date:** ____/____/____

(Member or Legal Representative Sign Here)

If you are signing for the Member, describe your relationship. If you are signing for the Member or are the Member's personal representative, describe this below and send us copies of those forms (such as power of attorney or order of guardianship). _____

NH Healthy Families

Member Services

2 Executive Park Dr.

Bedford, NH 03110

Toll Free: 1-866-769-3085 Fax: 1-877-502-7255

Revocation of Authorization to Disclose Health Information Form

I want to cancel, or revoke, the permission I gave to NH Healthy Families to share my health information with this person or group:

Recipient Information:

Name (person/group): _____ Phone: (____) ____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Authorization Signed Date (if known): ____/____/____

Member Information:

Member Name (print): _____ Member Date of Birth: ____/____/____

Member Medicaid ID Number/Member ID#: _____

I understand that my health information may have already been shared because of the permission I gave before. I also understand that this cancellation only applies to the permission I gave to share my information with this person or group. It does not cancel any other authorization forms I signed for health information to be shared with another person or group.

Member signature: _____ Date: ____/____/____

(Member or Legal Representative Sign Here)

If you are signing for a member, describe your relationship below. If you are the Member's personal representative describe this below and send us copies of those forms (such as power of attorney or order for guardianship).

NH Healthy Families will stop sharing your health information when we get this form. Use the mailing address below. You can also call for help at the number below.

NH Healthy Families
Member Services
2 Executive Park Drive
Bedford NH 03110
Toll Free: 1-866-769-3085 Fax: 877-502-7255

Authorized Representative Form

You have the right to choose someone to represent you during your Appeal with NH Healthy Families. To designate a representative, please complete this form and return it to NH Healthy Families. You may revoke this designation at any time by submitting a request to us in writing. Please note, if we do not receive a signed Authorized Representative Form in the timeframe for resolving your Appeal, your appeal may be dismissed. If any such action is taken, you will be notified in writing.

1. I hereby give permission to (insert name of designated representative) _____ to act as my Authorized Representative to NH Healthy Families and to share information listed below in Section 2 regarding my Appeal or Grievance with NH Healthy Families or its delegate.
2. NH Healthy Families may share the following information (*check all that apply*):
 - ☐ Eligibility notices and information about eligibility for and access to my NH Healthy Families benefits
 - ☐ Information about my medical treatment (including medical and psychiatric records). By giving my representative permission to share my information, I am specifically giving permission to share any information about drug and alcohol treatment that is included in such information.
 - ☐ Other: (*specify*) _____
3. NH Healthy Families may share information listed in Section 2 above with the person or organization who is serving as my Authorized Representative.
4. NH Healthy Families may share the information listed in Section II for the timely resolution of my Appeal.
5. This permission is good until: Date: ____/____/____
6. I understand that I may cancel this permission at any time by sending a letter to:

NH Healthy Families
2 Executive Park Dr.
Bedford, NH 03110
Toll Free: 1-866-769-3085 Fax: 1-877-502-7255

I have had the opportunity to read and consider this Authorization and agree to its terms.

Date: ____/____/____ Signature: _____ Printed name: _____



2 Executive Park Drive
Bedford, NH 03110