nh healthy families

2 Executive Park Drive
Bedford, NH 03110

July 31, 2019

Subject: Changes to Your Health Insurance Plan

Dear member,

Beginning September 1, 2019 there will be some changes to your health insurance plan as a result of the new Medicaid program. No action is needed from you at this time. However, we encourage you to read through this packet of information about:

- Changes to the Non-emergency Medical Transportation Benefit
- Changes to the Preferred Drug List
- Comprehensive Medicaid Medication Review
- Changes to the Member Grievances and Appeals Process
- Enhancements to the Value Added Services you get at no cost, including
    - My Health Pays™ Rewards Program
    - Start Smart for Your Baby® Program
    - Health Kids Club Program
    - Ready for My Recovery Program
    - Gateway Services for Communities

For Granite Advantage Members:

- Explanation of the Community Engagement Requirement

These changes will be put into a new Member Handbook. The new Member Handbook will be available on the NH Healthy Families website, NHhealthyfamilies.com beginning August 1, 2019. You can also request a hard copy of your Member Handbook by contacting Member Services at 1-866-769-3085, or TDD/TTY Phone: 1-855-742-0123

Contact Member Services if you have any questions about any of the information in this letter.

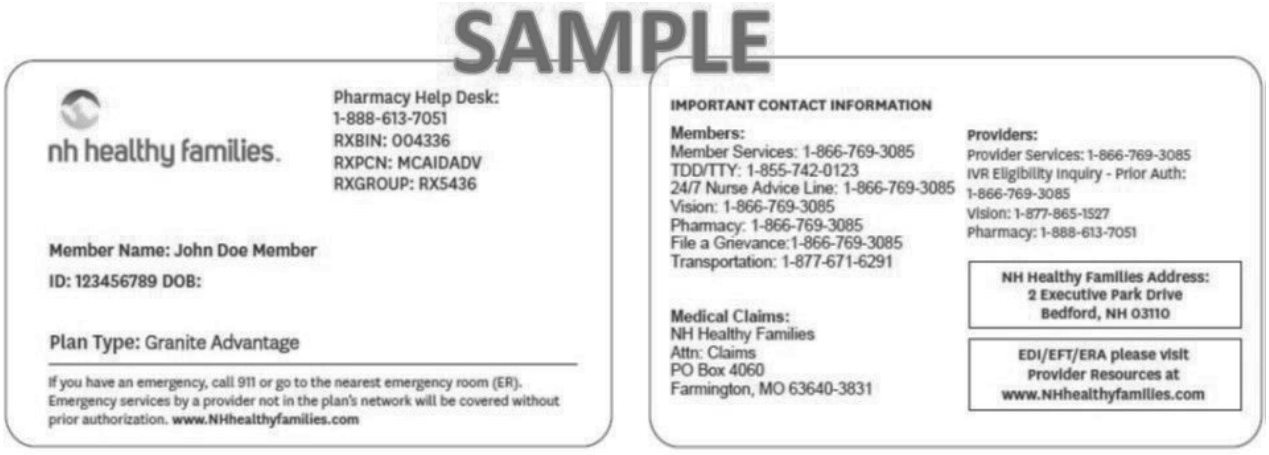
Sincerely,
Member Services

Addendum to the
Medicaid Care Management Program Member Handbook
Effective September 1, 2019

This is important information on how your coverage has changed from that described in your NH Healthy Families Member Handbook effective September 1, 2019.

You are not required to take any action in response to this document, but we recommend you read the content and keep this information for future reference. If you have any questions please call Member Services at 1-866-769-3085 (TDD/TTY 1-855-742-0123) Monday to Wednesday, 8:00 a.m. to 8:00 p.m. and Thursday to Friday, 8:00 a.m. to 5:00 p.m.

Here is a sample Granite Advantage membership ID card:



Important Changes to your NH Healthy Families Member Handbook include:

Where you can find the change in your Member Handbook	Brief Description of Current Handbook Information	Handbook Changes	What does this mean for you?
Chapter 1.4, Granite Advantage membership, as applicable	This section directs Granite Advantage member inquiries to NH DHHS Customer Service Center	*New content:* The State contracts with NH Healthy Families to provide health insurance coverage for Granite Advantage members. Granite Advantage requires members ages 19-64 years (unless otherwise exempt) to meet a 100-hour monthly Community Engagement requirement each	The information informs members of the delay in the implementation of the Community

Where you can find the change in your Member Handbook	Brief Description of Current Handbook Information	Handbook Changes	What does this mean for you?
	for more information about their eligibility, work and community engagement requirements, and related exemptions.	month to maintain their Medicaid eligibility. It is important to note that the Community Engagement requirement is a condition of continued Medicaid eligibility, not initial eligibility. If you are not automatically exempt, you will have at least 75 days from your eligibility date before you need to start complying with the community engagement requirement. At the time of the printing of this handbook, the Community Engagement requirement has been temporarily suspended. NH DHHS will be providing further information about the Community Engagement (CE) requirement, exemptions, and qualifying CE activities in the future as an addendum to this handbook.	Engagement requirement.
Section 2.8, How to contact the NH DHHS Customer Service Center	This section explains types of support available from NH DHHS's Customer Service Center.	*Revised content:* The New Hampshire Department of Health and Human Services (NH DHHS) Customer Service Center provides help when you have questions about New Hampshire Medicaid eligibility or plan enrollment, Granite Advantage, and benefits managed directly by NH DHHS as described in Section 4.4 (*NH Medicaid benefits covered outside the plan*), and when you need a new or replacement New Hampshire Medicaid card.	Granite Advantage has been added as a subject supported by the NH DHHS Customer Service Center.
Section 4.2, Benefits Chart	Explanation of Non-emergency medical transportation (NEMT) benefit, including Family and Friends Mileage	*New Content:* The plan covers non-emergency medical transportation services if you are unable to pay for the cost of transportation to provider offices and facilities for medically necessary New Hampshire Medicaid covered services listed in the Benefits Chart in Chapter 4.	There are changes to your transportation benefit in accordance with new Department of Health and Human

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	Reimbursement Program.	For authorized non-emergency medical transportation, you must follow plan rules to get reimbursement or transportation services. Plan rules include: • You must use either the Family and Friends Mileage Reimbursement Program or public transportation. If these options are unavailable to you, network transportation services shall be provided when plan rules are met Exceptions to the Family and Friends Mileage Reimbursement Program: • You must use the Family and Friends Mileage Reimbursement Program if you have a car, or when a friend or family member with a car can drive you to your medically necessary service • If you have a car and do not want to enroll in the Family and Friends Program you must meet one (1) of the following criteria to qualify for transportation services: o Do not have a valid driver's license; o Do not have a working vehicle available in the household; o Are unable to travel or wait for services alone; or o Have a physical, cognitive, mental or developmental limitation • If no car is owned or available, you must use public transportation if you meet one (1) of the following criteria: o You live less than one half mile from a bus route; o Your provider is less than one half mile from the bus route; o You are an adult under the age of sixty-five (65) Exceptions to the public transportation requirement are: • If you have two (2) or more children under age six (6) who shall travel with the you;	Services coverage rules.

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		• If you have one (1) or more children over age six (6) who has limited mobility and shall accompany you to the appointment; or • If you have at least one (1) of the following conditions: o Pregnant or up to six (6) weeks post-partum; o Moderate to severe respiratory condition with or without an oxygen dependency; o Limited mobility (walker, cane, wheelchair, amputee, etc.); o Visually impaired; o Developmentally delayed; o Significant and incapacitating degree of mental illness; or o Other exception by provider approval only To schedule transportation to provider offices or facilities for services provided directly by NH Healthy Families, call CTS toll-free at 1-877-671-6291, Monday through Wednesday, 8:00 a.m. to 8:00 p.m. ET and Thursday through Friday, 8:00 a.m. to 6:00 p.m. ET.	
Section 4.3 Extra benefits provided by the plan	Updated list of Value Adds offered by NH Healthy Families	**My Health Pays™*:** Choose to spend your rewards at Walmart® to purchase everyday items** or to help you pay your rent, utilities, cell phone bills, childcare services, transportation, education and more. *Some restrictions and limitations apply. Each member can earn up to $250 in cash and non-cash goods and services each State fiscal year. **Rewards for Women** • Health Needs Assessment: Up to $30 per year • Well Visit: $20 per year • Flu Vaccine: $20 per year • Breast Cancer Screening (Ages 40-74): $20 per year • Cervical Cancer Screening (Ages 18-65): $20 • Diabetes Care (Ages 18-75): $30	Earn money for healthy behaviors. You choose how to spend your rewards.

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		• Cigarettes, Smokeless Tobacco or Vaping Cessation (Ages 12 and up): $20 • Ready for My Recovery Program (Ages 12 and up): Up to $115 in first year • Pregnant and New Mothers: Up to $210 **Rewards for Men** • Health Needs Assessment: Up to $30 per year • Well Visit: $20 per year • Flu Vaccine: $20 per year • Prostate Exam (Ages 50 and up): $20 per year • Diabetes Care (Ages 18-75): $30 • Cigarettes, Smokeless Tobacco or Vaping Cessation (Ages 12 and up): $20 • Ready for My Recovery Program (Ages 12 and up): Up to $115 in first year **Rewards for Children** • Health Needs Assessment: Up to $30 per year • Well Baby Visit (15 months or younger) : $20 for 6 visits • Well Child Visits (24 months-21 years): $20 per year • Flu Vaccine: $20 per year • ADHD follow-up: $30 **Rewards for Young Adults** • Cigarettes, Smokeless Tobacco or Vaping Cessation (Ages 12 and up): $20 • Ready for My Recovery Program (Ages 12 and up): Up to $115 in first year**My Health Pays™ rewards may not be used to purchase alcohol, tobacco or firearms products. **Start Smart for Your Baby®:** Earn My Health Pays™* rewards and extras just by telling us you are pregnant within the first 26 weeks of your pregnancy. Start Smart for Your Baby program helps you focus on your health during your pregnancy and baby's first year.	

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		Pregnant and new moms can earn up to $210* in rewards and extras. *Some restrictions and limitations apply. Each member can earn up to $250 in cash and non-cash goods and services each State fiscal year. Offering these benefits at no cost to you: **Care Management** • We will work with you and your doctor if you experience any issues during your pregnancy • Information about pregnancy and newborn care • Breast pump and breastfeeding support and resources • Community help with housing, food, clothing and cribs **Education And Supports** • Postpartum resources • Special smoking, e-cigarette and vaping cessation for pregnant women (Puff Free Pregnancy) • Substance use disorder support • Baby Showers • Text and email health tips for you and your newborn **Rewards** • Notice of Pregnancy Completion** (within first trimester – 12 weeks): $50 -OR- • Notice of Pregnancy Completion (within second trimester – 26 weeks): $25 • Prenatal Care Visits: up to $60 • Postpartum Visits: $20 • Infant Wellness Visits (for 6 visits): $20 • Diaper Bag*** filled with essential baby items (for completed Notice of Pregnancy form within first 26 weeks of pregnancy)	

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		Pregnant members must complete and submit their Notice of Pregnancy form within 12 weeks of their pregnancy to be eligible for the $50 reward. Members who submit their Notice of Pregnancy within 26 weeks of their pregnancy can still earn a $25 reward. ***The Diaper Bag ($60* cash value) filled with baby essentials is available only for members who submit their Notice of Pregnancy within the first 26 weeks of their pregnancy. Diaper Bag includes: diapers, baby wipes, baby bath, hand sanitizer, zinc paste, and baby bath towel. **Expanded Transportation*: Extending transportation to support your social services needs at no cost to you. We offer additional transportation* for our members to: • Alcoholics Anonymous (AA) meetings • Narcotics Anonymous (NA) meetings • Medication Assisted Recovery Anonymous (MARA) meetings • Transporting mothers with NAS infants still in the hospital *Some restrictions and limitations apply. Each member can earn up to $250 in cash and non-cash goods and services each State fiscal year. **Member Connections®** At-home outreach to help you with your medical and social service needs: • Find a doctor in your area • Assist with access to care concerns • Navigate health plan options • Check in visits at your home when you need it **ConnectionsPLUS®*:** Our members who do not have safe or reliable access to a phone qualify to receive a cell phone at no cost to them. The ConnectionsPLUS® cell phone provides 24/7 access to:	

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		• Your NH Healthy Families Care Management staff • Your providers • Telehealth services • 9-1-1 • 2-1-1 *Some restrictions and limitations apply. Each member can earn up to $250 in cash and non-cash goods and services each State fiscal year. **Healthy Kids Club Program:** Educational program with fun activities to promote health and wellness for members 12 and under. Healthy Kids Club members will receive: • Kids club membership card, "book of fun" and newsletter • Information about health, safety and anti-bullying • Access to back-to-school and adopt-a-school programs • Scholastic books to promote good reading habits **Cigarettes, Smokeless Tobacco or Vaping Cessation:** Get help to quit using tobacco products or vaping, and get $20 in My Health Pays™* rewards. For our members age 12 and older, we offer telephonic education and support to help you quit. A special program is available to assist pregnant members (Puff Free Pregnancy). Each member who completes the program will receive $20 on their My Health Pays™* rewards card. *Some restrictions and limitations apply. Each member can earn up to $250 in cash and non-cash goods and services each State fiscal year. **Ready for My Recovery Program*:** Engage in continuous recovery from substance use disorder and earn My Health Pays™* rewards.	

Where you can find the change in your Member Handbook	Brief Description of Current Handbook Information	Handbook Changes	What does this mean for you?
		*Some restrictions and limitations apply. Each member can earn up to $250 in cash and non-cash goods and services each State fiscal year. For our members age 12 and older who enter the Ready for My Recovery Program** we offer: • Care management support • *My Recovery Journey* backpack ($30 cash value) with a self-care kit, water bottle, journal, pen, and helpful tool kit with resources and information • Up to $115 in rewards for continuous recovery in your first year ** Members engage in the My Recovery program by first completing their Health Needs Assessment followed by the brief Ready for My Recovery form. Once the forms are completed, you will receive Care Management support and your My Recovery Journey backpack. Members with continuous engagement in their recovery will receive My Health Pays™* rewards along the way. ***Note:*** Alcohol use and tobacco/nicotine use are not included as part of this program. **Gateway Services:** Events and services offered throughout the state at no cost to communities. Gateway Services provides social services that support people throughout New Hampshire at no cost to the individuals • **Vision Van** – The NH Healthy Families Vision Van visits NH to provide vision screenings, prescription glasses and readers to those that need them • **Foster Care Comfort to Go** – Durable duffle bags with personal items for youth transitioning to Foster Care	

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		• **No One Eats Alone** – Annual initiative to increase awareness of social isolation and anti-bullying in schools • **Self-Care Kits** – Essential grooming items in a durable, convenient carrying case for those who need them	
Section 7, Pharmacy	Changes to the Preferred Drug List (PDL)	Effective 9/1/19, we will be moving towards a Preferred Drug List (PDL) that aligns with DHHS and other MCOs.	New policy governing the Preferred Drug List (PDL)
Section 7.6, Programs to help members use drugs safely	Definition of *Comprehensive Medication Review*	NH Healthy Families offers a Comprehensive Medication Review to members utilizing numerous maintenance medications.	For members taking multiple maintenance medications, a medication review is available. Talk to a Member Services representative for more information.
Section 10, What to do if you want to appeal a plan decision or "action", or file a grievance	Changes to the Member Grievance and Appeals Process	**Grievances**: • We may extend the timeframe for processing a grievance by up to fourteen (14) calendar days if the Member requests the extension, or if we show there is need for additional information and that the delay is in the Member's interest. • If we do extend the timeline for a grievance not at the request of the Member, we will make reasonable efforts to give the Member prompt oral notice of the delay. We will also give the Member written notice, within two (2) calendar days, of the reason for the decision to extend the timeframe and inform the Member of the right to file a grievance if he or she disagrees with that decision.	

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		Appeals: • We will ensure that oral inquires seeking to appeal an action are treated as appeals and confirm those requests in writing, unless the Member or the authorized Provider requests expedited resolution. • A Provider acting as an authorized representative shall not request a Member's continuation of benefits pending appeal even with the Member's written consent. • We will offer peer-to-peer review support with a like clinician upon request from a Member's provider prior to the appeal decision. Any such peer-to-peer review will occur in a timely manner and before the Provider seeks recourse through the Provider Appeal or State Fair Hearing process. • We can extend the time it takes us to decide the Member's expedited appeal for up to 14 days if the Member or representative requests an extension, or if there is additional information needed to make a decision. We will make reasonable efforts to give the Member prompt oral notice of the delay by providing a minimum of three (3) oral attempts to contact the Member at various times of the day, on different days within two (2) calendar days of our decision to extend the timeframe as detailed in He-W 506.08(j). Within two (2) calendar days we will give the Member written notice of the reason for the decision to extend the timeframe and inform the Member of the right to file a grievance if he or she disagrees with that decision.	
Section 13.2, Definitions of important words *(Granite Advantage)*	New "Granite Advantage" definition.	*New content:* **Granite Advantage –** The State contracts with Medicaid managed care plans to provide health insurance coverage for Granite Advantage members. The Community Engagement requirement under Granite Advantage requires members, unless otherwise exempt, to participate in 100 hours of community engagement activities to ensure continued eligibility and health insurance	"Granite Advantage" is defined.

Where you can find the change in your Member Handbook	Brief Description of Current Handbook Information	Handbook Changes	What does this mean for you?
		coverage. It is important to note that the Community Engagement requirement is a condition of continued Medicaid eligibility, not initial eligibility. If you are not automatically exempt, you will have at least 75 days from your eligibility date before you need to start complying with the community engagement requirement.	

Please contact NH Healthy Families Member services at 1-866-769-3085 (TTY/TDD 1- 855-742-0123) with any questions.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-769-3085 (TTY 1-855-742-0123).

ATENCIÓN: Si habla español, hay servicios de asistencia en su idioma disponibles sin cargo para usted. Llame al 1-866-769-3085 (TTY 1-855-742-0123).

ATTENTION: Si vous parlez Français, vous pouvez bénéficier gratuitement des services d'assistance linguistique. Appelez le 1-866-769-3085 (TTY 1-855-742-0123).

Disclosure of Non-Discrimination

English: NH Healthy Families complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: NH Healthy Families cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color origen nacional, edad, discapacidad, o sexo.

Français : NH Healthy Families est en conformité avec les lois fédérales en matière de droits civils et ne pratique aucune discrimination basée sur la race, la couleur de la peau, l'origine nationale, l'âge ou le sexe.

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