

## WHO IS ELIGIBLE FOR IN AND OUT MEDICAL ASSISTANCE?

Individuals meeting all requirements (except income) for:

- Financial Assistance to Needy Families (FANF);
- Old Age Assistance (OAA);
- Aid to the Needy Blind (ANB);
- Aid to the Permanently and Totally Disabled (APTD);
- Medical Coverage for Pregnant Women;
- Coverage for children under age 19; or
- Children with Severe Disabilities.

Some children in foster care or receiving an adoption subsidy may also be eligible for In and Out Medical Assistance.

## ARE RESOURCES COUNTED?

Yes. Assets, such as bank accounts, certificates of deposit, stocks, or bonds are counted. However, your own home, furnishings and things needed for daily living are not counted. There are resource limits.

## WHAT ARE THE INCOME LIMITS?

In and Out does not have an income limit. With In and Out medical assistance, your income is only used to determine your "spenddown" amount.

## WHAT IS A "SPENDDOWN"?

A spenddown is similar to a deductible for car insurance. Your spenddown is the difference between your income and the protected income level. You are responsible for showing medical bills that equal your spenddown amount before medical coverage will begin. In and Out medical assistance will not pay the bills used to meet your spenddown amount.

## WHAT IS A SPENDDOWN PERIOD?

Once you have met your spenddown, you will have coverage for a certain period of time called a "spenddown period." A spenddown period is either 1 month or 6 months long. You choose your spenddown period when you apply for the program. Your worker will explain this choice and how much your spenddown will be.

## WHAT EXPENSES CAN BE USED TOWARDS THE SPENDDOWN?

You can use unreimbursed costs of medical care and services for you and other family members in your household, towards your spenddown. *Bills already paid by city or town welfare for medical services can also be used to meet your spenddown.*

Expenses we consider include:

- \*Past medical bills that you still owe
- Dependent medical expenses
- Over the counter medications as required by a doctor
- Health insurance premiums
- Doctor visits
- Dentist visits
- X-rays
- Medical transportation
- Lab tests
- Medical supplies
- Prescriptions
- Hospital bills
- Glasses
- Hearing Aids

*\*Once you have used a medical bill (or a portion) to meet your spenddown, you cannot re-use this same portion of the bill again. However, the unused part of the bill can be carried over to a later spenddown period. Your worker will give you a log showing which bills were used to meet your spenddown.*

## WHAT SHOULD I KNOW ABOUT RECEIVING SERVICES AS A MEDICAID RECIPIENT?

Once you meet your spenddown, you will become eligible for Medicaid and will be covered for the rest of your spenddown period. You can also ask for help with your medical bills for the 3 months before the date you applied.

Once you are found eligible, a medical assistance identification card will be mailed to you. You may go to any medical provider in NH who accepts Medicaid, while you are eligible for coverage. Show your medical assistance identification card, and the provider will bill Medicaid.

Be sure to ask each provider if they accept NH Medicaid before you receive services. If they do not accept NH Medicaid and you did not get special approval ahead of time, you will be responsible for the bill.

## WHERE DO I APPLY?

You can visit, call, or write your local DHHS District Office for an application. After you complete an application, you will be interviewed and asked to provide proof of some of the information you have provided on the application.

## WHAT ARE MY RESPONSIBILITIES?

We need to know about changes that may affect your eligibility. Any change in your finances, such as receiving insurance money or an inheritance, must be reported. You must tell us if you move, marry, go to work, begin getting other benefits or income, anyone leaves your home, moves in, or your other medical insurance coverage changes. Report all changes to us within ten (10) days of when the change actually happens.

## WHAT ARE MY RIGHTS?

### TO APPLY AND GET A DECISION

You have the right to get and to file a written application for NH Medicaid, to be treated courteously at all times, and to receive a written decision about your application.

### TO HAVE YOUR INFORMATION KEPT PRIVATE

Unless you give written permission to release information, or if records are requested for legal purposes, all information given to your worker is confidential.

### TO ASK QUESTIONS

If you are not satisfied with the information you receive or you need help in getting verification, please ask us for help. If you are still not satisfied or don't understand, ask to speak to a supervisor.

### TO APPEAL OUR DECISION

You may request an administrative appeal if you disagree with any action taken on your case. At an appeals hearing, you can explain to a hearings officer why you disagree with an action that has been taken. You must request an administrative appeal within 30 calendar days of the action or you can lose your right to an appeal.

### TO BE TREATED EQUALLY

DHHS decides each case based on the facts. Discriminating on the basis of race, creed, color, sex, age, political affiliation or beliefs, religion, national origin, or disability is against the law. If you feel you have been discriminated against, contact the Ombudsman of the New Hampshire Department of Health & Human Services, Brown Building, 129 Pleasant St., State Office Park South, Concord NH 03301; or call (603) 271-6941 or 1-800-852-3354, extension 6941 (voice) or 1-800-735-2964 (TDD). You may also file a complaint of discrimination by contacting HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). There can be no retaliation against you for having made this contact.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DISTRICT OFFICES

### **BERLIN**

650 Main St., Ste 200  
Berlin, NH 03570-2463  
752-7800 or  
800-972-6111  
FAX: 752-3208

### **CLAREMONT**

17 Water Street Ste. 301  
Claremont, NH 03743-2280  
542-9544 or  
800-982-1001  
FAX: 542-2367

### **CONCORD**

40 Terrill Park Drive  
Concord, NH 03301-9955  
271-6201  
800-322-9191  
FAX: 271-6451

### **CONWAY**

73 Hobbs Street  
Conway, NH 03818-6188  
447-3841 or  
800-552-4628  
FAX: 447-1988

### **KEENE**

809 Court Street  
Keene, NH 03431-1712  
357-3510 or  
800-624-9700  
FAX: 352-2598

### **LACONIA**

65 Beacon Street West  
Laconia, NH 03246-9988  
524-4485 or  
800-322-2121  
FAX: 528-4105

### **LITTLETON**

80 North Littleton Road  
Littleton, NH 03561-3841  
444-6786 or  
800-552-8959  
FAX: 444-0348

### **MANCHESTER**

195 McGregor St Ste. 110  
Manchester, NH 03102-3762  
668-2330 or  
800-852-7493  
FAX: 668-5442

### **ROCHESTER**

150 Wakefield St, Ste. 22  
Rochester, NH 03867-1309  
332-9120 or  
800-862-5300  
FAX: 335-5993

### **SEACOAST**

50 International Dr.  
Portsmouth, NH 03801  
433-8300  
800-821-0326  
FAX: 431-0731

### **SOUTHERN**

3 Pine St. Ext., Ste Q  
Nashua, NH 03060  
883-7726 or  
800-852-0632  
FAX: 883-2064

**TDD Access: Relay NH 1-800-735-2964  
or 7-1-1**

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# WHAT IS IN AND OUT MEDICAL ASSISTANCE?

*In and Out Medical Assistance (Medicaid) helps individuals whose income is not enough to pay their medical bills but is too much to qualify for Medicaid.*



*If your Medicaid was denied or closed due to income, read this pamphlet to see if you may be eligible for help with some of your medical bills in future months.*

[www.dhhs.nh.gov/DFA](http://www.dhhs.nh.gov/DFA)

Department of Health and Human Services  
129 Pleasant Street  
State Office Park South  
Concord, NH 03301-3857  
TDD Access: Relay NH 1-800-735-2964 or 7-1-1