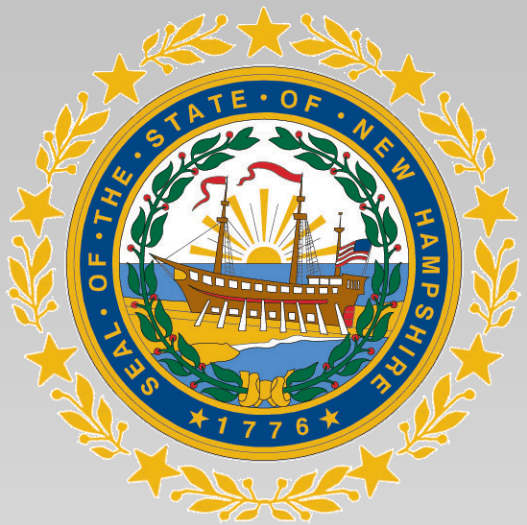

State of New Hampshire
Department of Health and Human Services

Granite Advantage Health Care Program

Community Mental Health Clinics Webinar

April 5, 2019

Granite Advantage Health Care Program

Agenda

1. Introduction and Overview
2. Retroactive Eligibility Elimination and Presumptive Eligibility
3. Community Engagement Timeline and Exemptions
4. Medical Frailty and Exemption Forms
5. Community Engagement Activities, Reporting, and Curing Hours
6. Granite Workforce
7. NH EASY and Online Resources
8. Questions & Answers

Granite Advantage Health Care Program Overview

Senate Bill 313 was signed by the Governor in June 2018, creating the Granite Advantage Health Care Program to replace the New Hampshire Health Protection Program (NHHPP)

- Granite Advantage replaced the NHHPP and its Premium Assistance Program (PAP).
- Beginning January 1, 2019, Granite Advantage members began receiving health care coverage through one of NH Medicaid's Care Management Plans: New Hampshire Healthy Families or the Well Sense Health Plan.
- Granite Advantage has a 100-hour monthly community engagement requirement.
- Granite Advantage does not offer retroactive eligibility. If eligible, a Granite Advantage member's coverage begins the day the application is received by DHHS.
- New requirements for the medically frail if they want to be excluded from Community Engagement.
- Standard Medicaid and Granite Advantage offer the same benefits for all members.

Elimination of Retroactive Eligibility

- Elimination of retroactive eligibility applies ***only*** to individuals who are determined eligible for Medicaid under Granite Advantage.

- The elimination of retroactive eligibility does not apply to individuals eligible for standard Medicaid.

- Medicaid coverage for Granite Advantage members begins no sooner than the date the application is received by DHHS (assuming all eligibility requirements are met.)

- If DHHS receives an application over the weekend, or on a holiday, the application will be dated on the next business day.

Presumptive Eligibility

Presumptive Eligibility (PE) ***did not*** change under Granite Advantage

- PE allows 'qualified entities' to temporarily enroll individuals into Medicaid based on limited self-attested information.
- Eligibility under PE is temporary, but allows immediate access to coverage for eligible individuals.
- PE determinations may only be performed by certified PE workers.
- PE period begins on the date a qualified entity makes the PE determination.
- PE period ends <u>the earlier of:</u>
  - The date the eligibility determination for full Medicaid is made, if the application for Medicaid is filed by the last day of the month following the month in which the PE determination is made; **or**
  - The last day of the month following the month in which the PE determination is made, if the individual does not file a full application by that date.

Community Engagement Timeline

The Community Engagement Requirement began on March 1, 2019.

- All currently enrolled members will have at **least 75 calendar days after the start date** of March 1, 2019 before they must begin to meet the community engagement requirement.
- Tracking of hours always begins on the 1st of the month after the 75th day.
  - Therefore, the first day of compliance is **June 1, 2019** with the reporting of hours or submission of an exemption request or good cause reason due by **July 7, 2019.**
  - Reporting of hours or submission of an exemption request or good cause must be done by the first week of each month thereafter for the previous month.
- All members who are determined eligible after March 1st will also have **at least 75 calendar days beginning with the date of their eligibility determination** before they must begin to meet the requirement.

Initial Medicaid eligibility is not contingent upon meeting the community engagement requirement or confirming exemption status.

Community Engagement Timeline

DHHS's focus between March 1st and June 1st is three-fold:

1) Outreach to members and providers about exemptions and medical frailty for those members who should be exempt from the Community Engagement requirement and encourage such members to submit their exemption forms to DHHS prior to June 1, 2019.

2) Outreach to the Granite Workforce-eligible population about the program and the employment barrier reductions services available through the program to eligible Granite Advantage members.

3) Educate members who will be required to participate in Community Engagement as of June 1st about the requirement, reporting hours, making up missing hours (curing), and available resources.

Community Engagement Exemptions

The Department exempts members with the following conditions/situations based on the information in the member's eligibility record:

- ✓ **Disabled:** Currently receiving certain federal disability income benefits such as SSI, SSDI, Railroad Disability or Veteran Disability or has medical approvals by DHHS for other programs and services offered by DHHS.
- ✓ **Pregnant:** Currently pregnant or within 60 days of the end of a pregnancy.
- ✓ **Parent or Caretaker:** Parent or caretaker caring for a child under 6.
- ✓ **Parent or Caretaker of a dependent with developmental disabilities:** Parent or caretaker caring for a dependent child who currently receives services through the Home and Community Based Services Developmental Disability waiver (HCBS-DD). *
- ✓ **Exempt from Another Work Requirement:** Currently exempt in TANF or SNAP.
- ✓ **Employer Sponsored Insurance:** Enrolled in the Health Insurance Premium Payment Program.

*If the developmentally disabled dependent ***isn't*** currently receiving HCBS services from DHHS, the beneficiary will be required to submit the exemption form signed by a licensed medical provider certifying the developmental disability.

Community Engagement Forms

The following exempt conditions require a form signed by a licensed medical professional and submitted to DHHS:

- **Medically Frail**: Have a physical, mental or emotional condition that makes it hard to do daily activities as certified by a licensed medical professional.
  Forms: *Certification of Medical Frailty and Authorization to Release Health Information*

- **Disabled**: Have a disability as defined by the American with Disability Act, Section 504 or 1557 who are unable to comply with the requirements due to disability-related reasons. Form: *Exemption Request Form*

- **Temporary Illness**: Are sick or incapacitated, getting treatment in the hospital, including intensive outpatient treatment (IOP) or residential substance use disorder treatment. Form: *Exemption Request Form*

- **Parent or Caretaker**: Parent or caretaker of a dependent living in a household that require care as certified by a licensed medical professional, including caring for an individual with any of the above conditions or a dependent child of with a disability.
  Form: *Exemption Request Form*

Granite Advantage Medical Frailty Forms

NH Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03302-3778 BFA Form 331
Fax: 603-271-5623

Licensed Medical Professional Certification of Medical Frailty

Granite Advantage Health Care Program

This certification is to be completed by a licensed medical professional who is qualified to assess the beneficiary for "medical frailty". This certification will be used to support the determination that the beneficiary is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The beneficiary **MUST** return this form along with a copy of the BFA Form 320 Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information Form to the Department. The forms may be sent to the Department by mail (at the address above), by fax to 603-271-5623, by submitting the forms through NH EASY, or bringing them to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may submit the forms to NH EASY or bring the forms to their district office ***only*** if the licensed medical professional has certified that the beneficiary is medically frail.

"Medically frail" means a beneficiary, as defined in 42 CFR 440.315(f), with a disabling mental disorder, chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Medicaid ID #: | | | | | | | | | | |
Residential Street Address (if homeless write N/A)	City, State, Zip Code:	Phone #: ( )
Date of Birth MM/DD/YYYY	Gender M F	

Part II. Licensed Medical Professional Certification

As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in Part III below:

Part III. Medically Frail Condition

Please check ALL the appropriate boxes in the table that best defines the medically frail condition of the beneficiary:	
Definition	Category

(over) BFA SR 19-03
Licensed Medical Professional Certification of Medical Frailty- Granite Advantage Health Care Program (01/2019) Page 1

Medically Frailty Request Form

Completed by Licensed Medical Providers

NH Department of Health and Human Services BFA Form 320A
Granite Advantage Health Care Program 01/19
P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager Fax #: 603-271-5623
Concord, NH 03302-3778

Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information

Granite Advantage Health Care Program

This form authorizes a licensed medical professional to release to the Department of Health and Human Services (Department) a beneficiary's protected health information (PHI) related to the licensed medical professional's certification of the beneficiary as medically frail. This form should be completed by the beneficiary and given to the licensed medical professional who is completing the Licensed Medical Professional Certification of Medical Frailty Form.

The beneficiary **MUST** return a copy of this form along with a copy of the Licensed Medical Professional Certification of Medical Frailty Form to the Department. The forms may be sent to the Department by mail at the address above, by fax to 603-271-5623, by submitting forms to NH EASY, or bringing the forms to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may upload the forms to NH EASY or bring the forms to their local district office ***only*** if the licensed medical professional has certified that the beneficiary is medically frail.

Part I. Beneficiary Information (please print)

Last Name:	First Name, Middle Initial:	Date of Birth MM/DD/YYYY
Residential Street Address (if homeless write N/A):	City, State, Zip Code:	Phone #: ( )

Part II. Purpose of the Disclosure The purpose of the disclosure of PHI pursuant to this release is to verify the licensed medical professional certification that the beneficiary is medically frail and that the beneficiary is accordingly exempt from the Granite Advantage Health Care Program community engagement requirements. I understand that if I do not authorize the release of this information, I will not be able to demonstrate that I qualify for an exemption with the necessary completion of the Licensed Medical Professional Certification of Medical Frailty Form.

Please check all that apply below:

☐ I hereby authorize the following licensed medical professional to disclose my protected health information for the purposes described above:

Name of Medical Professional: _____
Organization: _____ Telephone #: (_____) _____--_____
Address: _____

☐ In addition, I hereby authorize the following specific disclosures (Place your initials on the line by those statements which apply)

_____ I specifically authorize the release of my mental health treatment records.
_____ I specifically authorize the release of my HIV and AIDS results and/or treatment.

BFA SR 19-03
(A)
Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information- Granite Advantage Health Care Program (01/2019) Page 1

Authorization to Release Health Information

Completed by Member

Medical Frailty Exemption

- ***Medical Frailty*** is defined as, "individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, as well as individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living."
- Under Granite Advantage, individuals claiming a medical frailty designation ***must have a licensed medical provider certify their medical frailty status***.

* * * * *

Licensed Medical Providers qualified to certify medical frailty and other medical, physical and mental health conditions on the medical frailty, exemption and good cause forms include**: physicians, advanced practice registered nurses (APRN), licensed behavioral health professionals, physician assistants, licensed drug and alcohol counselors (LDAC), board-certified psychologists, or RN case managers.**

- Note: A member can be certified as medically frail from the community engagement requirement, and still *choose* to participate in community engagement.
  - Member is considered **"voluntary to participate"** and not subject to the 100 hour monthly requirement and does not need to cure missing hours or request good cause to maintain their Medicaid eligibility.

Granite Advantage Exemption Form and Instructions

NH Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03302-3778
Fax 603-271-5623

BFA Form 330

Exemption Request Form
Granite Advantage Health Care Program

Use this form to request an exemption from the Granite Advantage Community Engagement requirements. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM.** If a licensed medical professional must certify the exemption, ask them to complete the Section III at the bottom of the form.

Name: _____ _____
Last First

Medicaid ID#: _____

Section I. Self-attested exemptions and exemptions requiring beneficiary ACTION		
O	Participation in State Certified Drug Court Program	Attach a copy of the Court Order
O	Parent/Caretaker of Dependent Child Under 6	Enter the child's DOB in the box at the bottom of the page
O	Pregnant or Within 60 Days Post-partum	Due Date:

By filling in the circle for an exemption in Section I or II below and signing this form, I attest under penalty of unsworn falsification pursuant to RSA 641:3 that the information provided to the department in support of this request is true to the best of my knowledge and belief.

Beneficiary Signature _____ Date _____

Section II. Exemptions requiring CERTIFICATION BY A LICENSED MEDICAL PROFESSIONAL		
O	ADA Disability	Licensed Medical Professional
O	Caretaker Residing With Immediate Family Member with ADA Disability	Licensed Medical Professional
O	Illness, Incapacity or Treatment Including Inpatient or Residential Outpatient Treatment	Licensed Medical Professional
O	Hospitalization or Serious Illness	Licensed Medical Professional
O	Caretaker Residing With Immediate Family Member Who Experiences Hospitalization or Serious Illness	Licensed Medical Professional
O	Parent/Caretaker of Developmentally Disabled Child	Licensed Medical Professional
O	Parent/Caretaker of Family Member Requiring Care	Licensed Medical Professional

For any Parent or Caretaker exemption above, enter the information for the person being cared for below:

Full Name: _____ _____
Last First

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Exemption Request Form- Granite Advantage Health Care Program (01/2019)Page 1

Exemption Request Form

Instructions For Completing the Form

Beneficiary Instructions:

1. Complete your beneficiary information and sign the top section of the form.
2. After reviewing the description of the various exemptions below, fill in the circle in the far-left column of the row which applies to the exemption(s) that you are requesting.
3. If you are requesting an exemption as a parent or a caretaker, enter the name and DOB of the person being cared for.
4. If the exemption type requires certification by a licensed medical professional, request that the licensed medical professional complete Section III of the form.
5. You MUST return this form to the Department of Health and Human Services either by mail at the address on top of the first page, by fax to 603-271-5623, by submitting the form to NH EASY, or bringing the form to your local district office. Log on to nheasy.nh.gov, go to "MANAGE COMMUNITY ENGAGEMENT, click "Request Exemption", select the exemption, and submit the form. You may submit to NH EASY or bring to your local district office the exemption form that requires certification by a licensed medical professional ***only*** if the licensed medical professional has certified that you meet the qualifications for an exemption.

Licensed Medical Professional Instructions:

1. Review the Description of Exemptions below and the exemption(s) that the beneficiary has selected in Section II of the form for accuracy.
2. Enter the certification end-date for the exemption if known.
3. Fill in your provider information and sign the bottom section of the form.
4. If you are submitting this form on behalf of the beneficiary, please send it to the return address on the front page, or fax it to 603-271-5623.

Description of Exemptions

Participation in State Certified Drug Court Program	The beneficiary is participating in a state certified drug court program that has been certified by the administrative office of the superior court. This requires a copy of the court order.
Parent/Caretaker of Dependent Child Under 6	The beneficiary is a custodial parent or caretaker of a dependent child under 6 years of age. Enter the name and DOB of the child.
Pregnant or Within 60 Days Post-partum	The beneficiary is pregnant or within 60 days post-partum. Enter the due date.
ADA Disability	The beneficiary has a disability as defined by the Americans with Disabilities Act (ADA) and is unable to comply with the community engagement requirement due to disability-related reasons. This exemption requires that a licensed medical professional certify the ADA disability.
Caretaker Residing With Immediate Family Member with ADA Disability	The beneficiary resides with an immediate family member who has a disability as defined by the Americans with Disabilities Act (ADA) and is unable to meet the community engagement requirement for reasons related to the disability of that family member. This exemption requires that a licensed medical professional certify the family member's disability.

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Exemption Request Form- Granite Advantage Health Care Program (01/2019)Page 3

Instructions for Completing Exemption Request Form

Exemption Request Form: Section II

Section II. Exemptions requiring CERTIFICATION BY A LICENSED MEDICAL PROFESSIONAL		
O	ADA Disability	Licensed Medical Professional
O	Caretaker Residing With Immediate Family Member with ADA Disability	Licensed Medical Professional
O	Illness, Incapacity or Treatment Including Inpatient or Residential Outpatient Treatment	Licensed Medical Professional
O	Hospitalization or Serious Illness	Licensed Medical Professional
O	Caretaker Residing With Immediate Family Member Who Experiences Hospitalization or Serious Illness	Licensed Medical Professional
O	Parent/Caretaker of Developmentally Disabled Child	Licensed Medical Professional
O	Parent/Caretaker of Family Member Requiring Care	Licensed Medical Professional

Requesting Medical Frailty and Exemption Forms

- Members can obtain a Medical Frailty form, the accompanying Release of Information form, and the Exemption Request Form online — through NHEASY, by calling DHHS at 1-844-275-3447, or in person by visiting their local district office.
- The system-generated forms have a 'bar code' in the upper right corner to enable the system to OCR recognize and process automatically. The individual's name and MID are printed on the system generated form.
- The stock form requires someone to enter the information into the boxes and is manually processed when received by DHHS.
- Both forms can be completed now for an effective date of June 1, 2019.

Community Engagement — Qualifying Activities

Qualifying community engagement activities include:

- ✓ Subsidized or Unsubsidized Employment
- ✓ Vocational education or training and job skills training
- ✓ Education (accredited community college, college, or university; education directly related to employment; secondary school or course of study for high school equivalency diploma)
- ✓ Job search activities and job readiness assistance
- ✓ Volunteer community and public service
- ✓ Serving as a caregiver for non-dependent relative or other person with a disabling health, mental health or developmental condition
- ✓ Substance Use Disorder treatment
- ✓ Subject to another work requirement (e.g., SNAP or TANF)

Good Cause

In certain situations eligibility will not be suspended if the member can prove **good cause** for missing the 100 hour requirement in a given month.

Examples of good cause include but are not limited to the following:

- A family emergency or other life changing event
- Birth or death of a family member
- Serious illness or hospitalization of member or a member of their family
- Inclement weather
- Unavailability of transportation
- Unavailability of child care for child(ren) 6-12 years of age
- ADA-defined disability of member or their immediate family member in the home but not exempted from Community Engagement requirements
- Homelessness
- Other good cause reason as defined and approved by the state

Members can obtain the Good Cause form online through NH EASY, by calling DHHS at 1-844-275-3447 or their local district office and ask that the form be sent to them, or request a form in in person at their local district office.

No Wrong Door to Submit Hours

There is no "wrong door" for submitting community engagement hours. Clients can easily submit hours online, on the phone, in person and by mail or fax:

Online: https://nheasy.nh.gov

Phone: 1-844-275-3447 (1-844-ASK-DHHS)

Mail: Centralized Scanning Unit
NH Department of Health and Human Services
PO Box 3778
Concord, NH 03302-3778

In-person: Visit any of the 11 DHHS District Offices

Fax: (603) 271-5623

Granite Advantage Good Cause and Activity Tracking Forms*

NH Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box XXX, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03301
Fax (603) 271-5623

BFA Form 340
01/19

Good Cause Request Form

Granite Advantage Health Care Program

Use this form to request good cause to excuse the inability to meet the community engagement hours for the previous month. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM.** Print all information in the spaces provided and include 3rd party verification where required.

Name: _____ Last _____ First

Medicaid ID#: _____

By filling in the circle for good cause and signing this form, I attest under penalty of unsworn falsification pursuant to RSA 641:3 that the information provided to the department in support of this request is true to the best of my knowledge and belief.

Member Signature _____ Date _____

FOR THE MONTH OF (MM/YYYY): _____

	Good Cause Reason	Self-Attestation and Verification	Crediting a finding of Good Cause
O	Birth or death of family member	Name of family member: _____ Date of event: _____ Relationship: _____	# of days at 8 hrs/day
O	Severe inclement weather	Date(s) of event: _____	# of days at 8 hrs/day
O	Family emergency or life changing event	Description of event: _____ Date(s): _____	# of days at 8 hrs/day
O	Parent/caretaker of child 6-12 unable to secure child care	Self-attestation of inability to secure child care	# of days at 8 hrs/day
O	Homeless or unable to find stable housing	Self-attestation	# of days at 8 hrs/day

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Good Cause Request Form

NH Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03302-3778
Fax (603) 271-5623

BFA Form 320
01/19

Reporting Monthly Participation in Qualifying Community Engagement Activities

Granite Advantage Health Care Program

Use this form to report your monthly participation in one or more of the community engagement activities listed below. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM.** Please print all information in the spaces provided.

Name: _____ Last _____ First

Medicaid _____ ID#:

I attest, under penalty of unsworn falsification pursuant to RSA 641:3, that I participated in the qualifying community engagement activitie(s) indicated below for the hours stated and that all of the information that I have provided to the department is true to the best of my knowledge and belief.

Beneficiary Signature _____ Date _____

FOR THE MONTH OF (MM/YYYY): _____

	Qualifying Community Engagement Activities	Total Hours Per Month
O	Job Search and Job Readiness — Enter total hours here →	
	Please list the job search/job readiness activities that you participated in during the month and the number of hours for each activity. Enter the total number of hours for the month above.	

Reporting Monthly Participation in Qualifying Community Engagement Activities- Granite Advantage Health Care Program SR 19-03 1

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Monthly Activity Reporting

* **These forms will be applicable as of June 1st**

Note: Not shown is the form for tracking education hours.

Cure Missing Hours

Curing is important for maintaining Medicaid coverage. If a member cannot complete the required 100 hours of community engagement in a calendar month, they will be able to cure to maintain their coverage.

How to cure a month with missing hours:

- Completing the hours that are missing.
- Submitting a good cause reason that covers the total missed hours.
- Submitting a valid exemption; or
- A combination of the above.

Suspension, Termination and Appeals

- **Suspension of Coverage**
  Community Engagement hours not met in **two consecutive months** leads to suspension of coverage after required notice. Hours not met can be cured in subsequent months. Re-application is not required as long as the member is not in their Redetermination period.

- **Termination of Coverage**
  Terminations happen **only** at an annual redetermination when a cure of a suspension has not happened by the redetermination date, after required notice to the member.

- **Appeals Process**
  Members will be able to appeal the community engagement requirements just as they have for other Medicaid eligibility determinations. The process will be the same regardless of the reason for appeal. Each notice contains information about member's rights to appeal and how to request an appeal.

Granite Workforce Pilot Work Program

Granite Workforce is a pilot program available to assist eligible Granite Advantage members reduce barriers to employment. The program is currently scheduled to run **from January 1 through June 30, 2019.**

To be eligible for Granite Workforce, a member must be either:

- ✓ A parent age 19-64 responsible for a child under the age of 18 , or
- ✓ A childless adult age 19-24.

Granite Workforce Services

Granite Workforce is administered by the New Hampshire Employment Security (NHES). NHES will provide assessments and case management services. Case management services include:

- Subsidized employment placement
- Direct job placement
- On-the-job training programs
- Job search and job readiness assistance
- Vocational assessment and long-term career planning
- Referral services to education/training/apprenticeship programs, and
- Referral to community services for those who are not work ready

Individuals interested in participating in Granite Workforce and employers interested in hiring participants can contact NH Employment Security (NHES) at **GraniteWorkforce@NHES.NH.gov** or **833-658-4760.**

https://nheasy.nh.gov

NHEASY
GATEWAY TO SERVICES

MY ACCOUNT SERVICES FORMS FAQs SIGN IN

BUILDING PARTNERSHIPS. PROMOTING WELL BEING.

APPLY NOW — Apply now for Cash, Medical, SNAP (Food Assistance), Child Care, Medicare Beneficiary and Long Term Care Assistance

CREATE ACCOUNT — Create an account so you can view and manage benefits online

GRANITE ADVANTAGE — Learn more about the Granite Advantage Health Care Program

GRANITE ADVANTAGE
Learn more about the Granite Advantage Health Care Program

DO I QUALIFY?
Quickly check if you might be eligible for DHHS Services

HEALTH PLANS
An easy way to determine which Care Management plans your provider is enrolled with

CUSTOMER SERVICE
Need to speak with someone?
Call 1-844-ASK-DHHS
(1-844-275-3447)

Granite Advantage Websites for More Information

- **DHHS Website**
  https://www.dhhs.nh.gov/medicaid/granite/index.htm

- **NH EASY Videos about Community Engagement and Granite Workforce**
  https://nheasy.nh.gov/#/granite-advantage/resources/videos

- **NH EASY Granite Advantage Home Page**
  https://nheasy.nh.gov/#/granite-advantage

State of New Hampshire
Department of Health and Human Services

Granite Advantage Health Care Program

Questions & Answers