

NH Medicaid Care Management *Frequently Asked Questions (FAQs)*

What are my options during Open Enrollment?

Open Enrollment runs August 1 through August 30, 2019. During this period, you have the option to stay with your current Health Plan or enroll in another one. When you change plans during this period, the coverage effective date for your new plan will be September 1, 2019. Your Health Plan choices are:

AmeriHealth Caritas New Hampshire	https://www.amerihealthcaritasnh.com Member Services: 1-833-704-1177 (TTY: 1-855-534-6730)
New Hampshire Healthy Families	http://www.nhhealthyfamilies.com Member Services: 1-866-769-3085 (TTY/TDD: 1-855-742-0123)
Well Sense Health Plan	https://www.wellsense.org Member Services: 1-877-957-1300 (TTY/TDD: 711)

If you need help with enrollment, contact the Medicaid Service Center toll-free at **1-888-901-4999** (TTY: 1-800-735-2964, ext. 711), Monday through Friday, 8:00 a.m. to 4:00 p.m. ET. You can also call or visit a ServiceLink Resource Center at **1-866-634-9412** or www.servicelink.nh.gov.

What should I consider before deciding to keep or change my health plan?

Because all three Health Plans provide the same NH Medicaid medical, behavioral health and pharmacy coverage, you may want to compare each Health Plan's provider networks, extra services and programs, and prescription drugs. You can compare the Health Plans by:

- Using the enclosed worksheet to **check directories for your provider(s)**. List your doctors, specialists and other providers. For those providers you want to continue to see, check Health Plan provider directories available on plan websites to see if your provider is in the plans' networks. If your provider is important to you and is in-network with more than one Health Plan, pick the Health Plan you like best.
- **Learning about plan extras**. Review the enclosed plan comparison and Health Plan websites to compare extra services and programs available at no cost to you (some limitations and exclusions may apply).
- **Checking the plan drug list**. Make a list of your medications and check each Health Plan's Preferred Drug List (PDL) or drug formulary on plan websites to learn whether your medications are covered. The drug list or formulary includes any special rules for coverage. Even if your current medications are not covered by the Health Plans, there may be other drug options available to you. (Effective September 1, 2019, all of the Health Plans must use the State's PDL). Each Health Plan's PDL or

drug formulary is available on plan websites and upon request from the plans.

- **Reviewing Member Handbooks.** Check Health Plan Member Handbooks for information about plan benefits, special programs, prior authorization, and other plan rules. Member Handbooks can help you determine if one Health Plan better meets your needs. The handbooks are available on plan websites and upon request from the Health Plans.

What other changes are important to know?

- **Continuity of care.** When transferring from Medicaid to a Health Plan or from one Medicaid Health Plan to another, your coverage may include continuity of Medicaid-covered services and prescription drugs you currently receive.

Effective September 1, 2019, Medicaid-covered services and medications you currently receive are generally covered up to 90 days after initial enrollment with the Health Plan, or until the plan reviews and approves your treatment plan.

- **Non-emergency transportation services.** Effective September 1, 2019, you must use either the Family and Friends Mileage Reimbursement Program or public transportation (some exceptions apply). If these options are unavailable to you, rides are available when plan rules are met.

Can I change my Health Plan after September 1, 2019?

During this year's Open Enrollment you will have an additional 90 days (September 1 through November 29) to change Health Plans one-time as a result of the State's new Health Plan contracts.

If you switch plans during this period, your new Health Plan coverage will begin the first of the following month. After that time, you may change plans during Open Enrollment each year. You may also be eligible to change plans with or without cause as explained in your Member Handbook.

For more information, contact the Medicaid Service Center at **1-888-901-4999** (TTY: 1-800-735-2964, ext. 711), Monday through Friday, 8:00 a.m. to 4:00 p.m. ET.