The NH Medicaid program pays for certain medical items, supplies, and services to improve and maintain your health. For the program to work for you, it is important that you:

- Show your NH Medicaid identification card, and any other insurance or Medicare cards, to each provider you see at each visit before you receive any services
- Follow the rules of your other insurance, including use of in-network or participating providers, obtaining referrals, etc. NH Medicaid cannot pay if the rules of your other insurance are not followed
- Ask if the medical provider is participating with your other insurance plan(s) and if they are enrolled with NH Medicaid
- Ask the medical provider if the service(s) you need will be covered by your other insurance and NH Medicaid
- Keep records of all services you receive
- Inform your Family Services Specialist at your District Office (DO) immediately if your name, address, or other insurance changes (see back panel for district office contacts)
- Maintain access to health care and dental providers by keeping the appointments you make or giving advance notice of a need to cancel or reschedule an appointment. Providers may refuse to continue to treat patients who miss appointments or fail to provide advance notice of cancellations

If you do not follow these procedures you may incur bills, which you will be required to pay.

You are responsible for payment of all bills for services not covered by NH Medicaid, for services that would have been covered by other insurance if the rules of the insurance plan had been followed, for services received from providers not enrolled in NH Medicaid or not accepting new NH Medicaid patients, or for services which exceed any service limit.

If you have any questions about NH Medicaid services, please call Medicaid Client Services at 1-800-852-3345 ext. 4344 (in-state only) or (603) 271-4344.

It is important to let your Family Services Specialist know if you have other health insurance or if there are any changes in your insurance, because it may affect your limits.

The limits for each service are:

**Ambulance Service** - is covered (1) in the case of a medical emergency, and from and to the nearest acute care hospital with appropriate treatment facilities, and (2) to a medical provider when any other mode of transportation would likely endanger the health and safety of the recipient and when it is certified as medically necessary by a physician or other qualified person and authorized by Medicaid. Ambulance service is not covered if used for the recipient’s convenience.

**Wheelchair Van Service** - is covered for up to 24 trips per year, whether one way or round trip. This service is covered only if all of the following conditions are met:
- The use of the wheelchair van is certified as medically necessary by the recipient’s physician or other qualified person
- The recipient is confined to a wheelchair for mobility
- The transportation is to and from a medical provider, returning directly to the recipient’s home or nursing facility

**Private or Public Transportation to Medicaid-Covered Medical or Dental Services** may be reimbursed if you are enrolled in the transportation program. If you request help finding a ride to, or paying for gasoline to travel to, a Medicaid-covered service, please call the Medicaid Transportation Unit at: 1-800-852-3345 ext. 3770 (in-state only) or (603) 271-3770.

**Psychology** (provided by an APRN or non-physician provider):
- 18 visits per year for recipients age 21 and over
- 24 visits per year for recipients under age 21

**Vision Care Services**
- One complete eye exam every 12 months to determine the need for glasses
- When certain prescription requirements are met, one pair of single vision or bifocal glasses, or one pair each reading and distance glasses
- Only approved frames and lenses are covered

**Service Limits**

The services below are limited. Limits are per person, per fiscal year (July 1 - June 30). Keep track of the medical services you use because if you go over these limits, you may have to pay the bills.

If medically necessary services are required after you have reached the service limit, your medical provider should contact Medicaid Medical Services for a possible approval to go over limits PRIOR to providing additional services. Refer also to pamphlet 77h, “Healthy Children and Healthy Teens”, for information about services available to persons under age 21.

**Prescription Drugs**

There is no yearly limit on prescribed drugs. Certain maintenance medications may have supply limits. Your pharmacist will be able to identify these for you.

**Co-payments**

In most cases, you must pay a co-payment. The pharmacy will collect this co-payment from you, and NH Medicaid will pay the rest of the bill. There are two (2) amounts of co-payment depending on the type of prescription product dispensed:
- The co-payment will be $1.00 for each prescription or refill when a generic product is dispensed
- The co-payment will be $2.00 for each prescription or refill when a brand name prescription, or a compound product prescription which the pharmacist mixes him/herself, is dispensed

**There is no co-payment required:**
- If recipient is under the age of 18
- If recipient resides in a nursing facility
- If recipient participates in a Home and Community Based Care waiver program
- If recipient receives services that relate to pregnancy or any other medical condition that might complicate the pregnancy
- For family planning products
- For Clozaril (Clozapine) prescriptions

**Radiation therapy** is not covered.

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Before receiving a service, ask if it will be covered by NH Medicaid. The following services are non-covered:

- Acupuncture and Biofeedback
- Experimental or investigational procedures as determined by Medicare guidelines
- Experimental or investigational medication not approved by the FDA
- Reversal of voluntary sterilization, sex change operations, or erectile dysfunction operations
- Exercise or conditioning programs including cardiac and pulmonary rehabilitation
- Services provided outside the United States and its territories
- Operations, devices, medications, and procedures for the purpose of contributing to fertility or procreation
- Cosmetic surgery or procedures
- Chiropactic services
- Hypnosis, except when performed by a psychiatrist as part of an established treatment plan
- Services or items that are free to the public
- Physician care in a non-medical government or public institution
- Services for work related ailments or injuries
- Visual or auditory training (auditory trainer devices are covered)
- Dietary services including commercial weight loss, nutritional counseling, and exercise programs
- Homemaker services, except for HCBC-CFI recipients as part of an authorized HCBC-CFI support plan.
- Academic performance testing not related to a medical condition
- Detoxification services provided outside an acute care facility or medical services clinic
- Hallway houses, respite services, service and therapy animals, autopsies, and child care
- Hospital inpatient care, or any other service, which is not medically necessary

Vaccinations for out of country travel

Services That Need Prior Authorization

These services need prior authorization BEFORE you receive the service.

The provider must contact the Department of Health and Human Services, Medicaid Medical Services, 129 Pleasant St, Concord, NH, to obtain Prior Authorization for the following services:

- Out-of-State Inpatient Hospitalization (except for emergencies)
- Private Duty Nursing
- Durable Medical Equipment, such as hospital beds, power wheelchairs, and CPAP machines
- Incontinence Supplies for Adults
- Organ Transplant Services, except kidneys, even in emergency situations
- Certain Dental Services for Recipients Under Age 21 - Comprehensive and interceptive orthodontic treatment, dental orthotic devices, surgical periodontal treatment, and extractions of asymptomatic teeth
- Prescription drugs – Prescription drugs require prior authorization in some circumstances. Providers have been instructed on the prescription drug prior authorization process
- X-rays – The provider must obtain prior authorization for certain x-rays. Providers have been instructed on the x-ray prior authorization process
- Nursing Facility Services - The provider must contact the Department of Health and Human Services, Bureau of Elderly and Adult Services, 129 Pleasant St, Concord, NH, to obtain prior authorization
- Communication Devices - The recipient or provider must contact the Augmentative Communication Equipment Services Consultant at 1-800-397-0191 for requirements regarding coverage and prior authorization.

New Hampshire Medicaid Services

Recipient Information About:
Recipients Responsibilities
Transportation
Service Limits
Co-payments
Non-Covered Services
Prescription Drugs
Prior Authorization

Department of Health and Human Services
Medicaid Client Services
129 Pleasant Street
Concord, New Hampshire 03301
800-852-3345, ext. 4344 (in-state only) or 603-271-4344
TDD Access: Relay NH 1-800-735-2964

Need help finding a doctor or a dentist?
Call Medicaid Client Services
1-800-852-3345, ext. 4344 or 603-271-4344
TDD Access: Relay NH 1-800-735-2964

Form 77L
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