

Addendum to the Member Handbook

Effective September 1, 2024

This is important information on how your coverage has changed, effective September 1, 2024, from that described in your earlier version of the AmeriHealth Caritas New Hampshire Member Handbook. You are not required to take any action in response to this document, but we recommend you keep this information for future reference.

We previously sent you a Member Handbook that includes information about your coverage. This notice is to let you know there are changes in your Member Handbook. Below you will find information describing these changes. Please keep this information for your reference. The Member Handbook can be found at **www.amerihealthcaritasnh.com/handbook**. If you need a physical copy of the Member Handbook or this Addendum to the Member Handbook, please call Member Services to have a copy mailed to you at no cost.

If you have any questions, call Member Services at **1-833-704-1177 (TTY 1-855-534-6730) 24 hours a day, seven days a week.**

Changes to your Member Handbook:

Where you can find the change in your Member Handbook	On page 9, under Section 1.2 (<i>What makes you eligible to be a plan member?</i>)
Original information	*Your continued eligibility for New Hampshire Medicaid is redetermined every six to twelve months. Six weeks before your eligibility is up for renewal you will receive a letter and a Redetermination Application in the mail from NH DHHS. To ensure there will be no break in your health care coverage, you must fill out and return the Redetermination Application by the due date stated in the letter.
New or corrected information	*Your continued eligibility for New Hampshire Medicaid is redetermined every six to twelve months. Several weeks before your eligibility is up for renewal, you will receive a letter in the mail or an NH Easy email with a Redetermination Application from NH DHHS. To ensure there will be no break in your health care coverage, you must fill out and return the Redetermination Application by the due date stated in the letter.
What does this mean for you?	You may receive a letter in the mail OR an NH Easy email from NH DHHS with a Redetermination Application several weeks before your eligibility is up for renewal.



Where you can find the change in your Member Handbook	On pages 10 – 11, under Section 1.3 (<i>What to expect from the plan</i>)
Original information	<p>Welcome Call When you first join AmeriHealth Caritas New Hampshire, we will call to welcome you as a plan member. During the call, we will explain plan rules and answer any questions you might have about the plan. As described in the next section, we will explain the importance of completing your Health Risk Assessment (HRA).</p> <p>Health Risk Assessment (HRA) NH DHHS requires us to ask you to complete your Health Risk Assessment (HRA). The information you provide in the HRA helps us plan and work with you to meet your health care and functional needs. We will reach out to you to complete the HRA by phone or mail, or you can complete it in person with a Local Care Manager, community agency, or your primary care provider (PCP) during a scheduled home visit or medical appointment. You will receive the HRA in your welcome kit package. Please complete and mail it back in the envelope provided in your welcome kit. You can receive a reward of \$30 for completing your HRA within 90 days of joining the plan. You do not have to complete the HRA. However, we encourage you to complete the assessment and return it to AmeriHealth Caritas New Hampshire.</p>
New or corrected information	<p>Welcome Call When you first join AmeriHealth Caritas New Hampshire, we will call to welcome you as a plan member. During the call, we will explain plan rules and answer any questions you might have about the plan. As described in the next section, we will explain the importance of completing a Health Risk Assessment (HRA) with your primary care provider (PCP).</p> <p>Health Risk Assessment (HRA) NH DHHS requires us to ask you to complete a Health Risk Assessment (HRA) for review with your PCP. The information you provide in the HRA helps your PCP plan work with you to meet your health care and functional needs. When you complete this assessment and discussion with your doctor, you can earn \$30 on your CARE Card. There is a form that you can print and complete from www.amerihealthcaritasnh.com, and bring with you to your annual wellness visit.</p>
What does this mean for you?	To complete your Health Risk Assessment (HRA), you must schedule a wellness visit with your assigned primary care provider (PCP) and discuss potential health and safety risks. We will no longer ask you to complete these questions by phone, mail or with a Local Care Manager. The HRA will no longer be included in your welcome kit, but a copy will be available online for you to print and bring to your PCP, or your PCP will ask the questions during your visit.



Where you can find the change in your Member Handbook:	Page 12, under Section 1.4 (<i>Staying up-to-date with your personal information and other insurance information</i>)
Original information: If any of this information changes:	If any of this information changes, please call: Member Services at 1-833-704-1177 (TTY 1-855-534-6730) OR New Hampshire Medicaid Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) (TDD Access Relay: 1-800-735-2964) , Monday through Friday, 8 a.m. to 4 p.m. ET.
New or corrected information: If any of this information changes:	If any of this information changes, please call: Member Services at 1-833-704-1177 (TTY 1-855-534-6730) AND New Hampshire Medicaid Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) (TDD Access Relay: 1-800-735-2964) , Monday through Friday, 8 a.m. to 4 p.m. ET.
What does this mean for you?	It means that if any of your contact information changes, you need to notify both AmeriHealth Caritas New Hampshire and NH DHHS.

Where you can find the change in your Member Handbook	<p>Page 14, under Section 2.1 (<i>How to contact AmeriHealth Caritas New Hampshire Member Services</i>)</p> <p>Page 16, under Section 2.5 (<i>How to contact the plan's Nurse Call Line</i>)</p> <p>Page 16, under Section 2.6 (<i>How to request behavioral health services [mental health or substance use disorder services]</i>)</p> <p>Pages 30 – 31, under Section 3.6 (<i>Emergency, urgent, and after-hours care</i>)</p> <p>Page 59, under Section 4.2 (<i>Benefits Chart</i>) Urgently needed care</p>
Original information	<p>In case of a mental health and/or substance use emergency — If you or someone you know is in need of emotional or mental health supports/services (or there is a risk of suicide), call, text, or chat 988 — the national Mental Health Lifeline — 24 hours a day, 7 days a week to connect with a trained crisis counselor. The Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress.</p> <p>Or, call or text the toll-free NH Rapid Response Access Point (1-833-710-6477) any time day or night. Crisis response services are available over the phone, by text, or face-to-face.</p>
New or corrected information	<p>In case of a mental health and/or substance use emergency — If you or someone you know is in need of emotional or mental health supports/services (or there is a risk of suicide), call, text, or chat 988 — the national Suicide and Crisis Lifeline — 24 hours a day, seven days a week to connect with a trained crisis counselor. The Lifeline is a national service that provides free and confidential emotional support to people in suicidal crisis or emotional distress.</p> <p>Or, call or text the toll-free NH Rapid Response Access Point (1-833-710-6477) any time day or night. Crisis response services are available over the phone, by text, or face-to-face through Mobile Crisis teams who can meet you when and where you need them.</p> <p>Or, call 211 to connect to your local Doorway for substance misuse supports and services in New Hampshire.</p>



What does this mean for you?	<p>It updates the “Mental Health Lifeline” to “Suicide and Crisis Lifeline” and explains that this Lifeline is a national service.</p> <p>It explains that face-to-face crisis response services are through Mobile Crisis teams who can meet you when and where you need them.</p> <p>It was updated to include the additional option of calling 211 to connect to your local Doorway for substance misuse supports and services in New Hampshire.</p>
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Where you can find the change in your Member Handbook	Page 15, under Section 2.4 (<i>How to contact the plan about care management</i>)
Original information	<p>Care Management — Contact information CALL 1-833-704-1177</p> <p>Calls to this number are toll-free, 24 hours a day, seven days a week.</p> <p>TTY 1-855-534-6730</p> <p>Calls to this number are free.</p> <p>FAX: 1-833-243-2264</p> <p>WEBSITE: http://www.amerihealthcaritasnh.com/ www.amerihealthcaritasnh.com</p>
New or corrected information	<p>Contact your PCP to help you with care coordination support.</p> <p>To find your primary care provider (PCP) and their contact information CALL 1-833-704-1177</p> <p>Calls to this number are toll-free, 24 hours a day, seven days a week.</p> <p>Member Portal Register or log in to the member portal at: www.amerihealthcaritasnh.com/memberportal</p> <p>Letter Your assigned PCP’s contact information is in the letter we mailed to you as a new member or if you requested to change your doctor.</p>
What does this mean for you?	Your PCP will be your main contact for care coordination support, and there are multiple ways to locate your provider’s contact information.

Where you can find the change in your Member Handbook	Page 22, under Section 2.13 (<i>Other important information and resources</i>)
Original information	N/A
New or corrected information	<p>Clinical Practice Guidelines — AmeriHealth Caritas New Hampshire adopts Clinical Practice Guidelines (CPGs) from national health experts to help with your care needs. Health care providers can use these as a guide for care. As a member or future member, you can request these CPGs by calling Member Services at 1-833-704-1177 (TTY 1-855-534-6730) or you can view them on our website at www.amerihealthcaritasnh.com/assets/pdf/provider/resources/clinical/CPG-ACNH-1121.pdf</p>
What does this mean for you?	This tells you how you may request and view the Clinical Practice Guidelines that we have adopted at AmeriHealth Caritas New Hampshire.



Where you can find the change in your Member Handbook	<p>Page 22, under Section 3 (<i>Using AmeriHealth Caritas New Hampshire for covered services</i>)</p> <p>AND</p> <p>Page 33, under Section 4.1 (<i>About the Benefits Chart [what is covered]</i>)</p> <p>AND</p> <p>Page 110, under Section 13.2 (<i>Definitions of important words</i>)</p>
Original information	<p>For information on what services are covered by our plan, refer to the Benefits Chart in Chapter 4. The Medicaid covered services in the Benefits Chart are supported by New Hampshire Department of Health and Human Services rules (Chapters He-W, He-E, He-C, He-M, and He- P). The rules are available online at http://www.gencourt.state.nh.us/rules/about_rules/listagencies.htm.</p>
New or corrected information	<p>For information on what services are covered by our plan, refer to the Benefits Chart in Chapter 4. The Medicaid covered services in the Benefits Chart are supported by New Hampshire Department of Health and Human Services rules (Chapters He-W, He-E, He-C, He-M, and He- P). The rules are available online at https://www.gencourt.state.nh.us/rules/about_rules/listagencies.aspx</p>
What does this mean for you?	<p>The website where the New Hampshire Department of Health and Human Services (NH DHHS) rules can be found has been updated.</p>



Where you can find the change in your Member Handbook	Page 24, under Section 3.1 (<i>Your Primary Care Provider [PCP] provides and oversees your medical care</i>)
Original information	<p>What is a “PCP” and what does the PCP do for you?</p> <p>A PCP is the network provider you choose (or is assigned to you by the plan until you select one) and whom you should see first for most health problems. They make sure you get the care you need to keep you healthy. They also may talk with other doctors and providers about your care. Your PCP has the responsibility for supervising, coordinating, and providing your primary health care. They initiate referrals for specialist care, and maintains the continuity of your care. Make sure to let your PCP know if you are seeing any other providers such as a specialist or acupuncturist. This will help your PCP better coordinate your care.</p> <p>Your PCP may include a network: Pediatrician, family practitioner, general practitioner, internist, obstetrician/gynecologist, physician assistant (under the supervision of a physician), nurse practitioner, or advanced practice registered nurse (APRN).</p> <p>If you need help selecting or changing your PCP, call Member Services (phone numbers are printed on the back cover of this handbook). Your PCP is a doctor, nurse practitioner, physician assistant, or other type of provider who will care for your health, coordinate your care needs, and help you get referrals for specialized services if you need them.</p> <p>How do you choose your PCP?</p> <p>When you enroll in AmeriHealth Caritas New Hampshire, you will have an opportunity to choose your own PCP. To choose your PCP, call Member Services at 1-833-704-1177 (TTY 1-855-534-6730).</p> <p>If you do not select a PCP, we will choose one for you. We take into consideration the following:</p> <ul style="list-style-type: none"> • Member claims history. • Family member’s provider assignment. • Location. • Special medical needs. • Language/cultural preferences. <p>You can find your PCP’s name and contact information on your ID card.</p>



<p>New or corrected information</p>	<p>What is a “PCP,” and what does the PCP do for you?</p> <p>A PCP is the network provider you choose (or is assigned to you by the plan until you select one) and whom you should see first for routine care and most health problems. They make sure you get the care you need to keep you healthy. They also may talk with other doctors and providers about your care. Your PCP has the responsibility for supervising, coordinating, and providing your primary health care. They initiates referrals for specialist care, and maintains the continuity of your care. Make sure to let your PCP know if you are seeing any other providers, such as a specialist or acupuncturist. This will help your PCP better coordinate your care.</p> <p>Your PCP may include a network: pediatrician, family practitioner, general practitioner, internist, obstetrician/gynecologist, physician assistant (under the supervision of a physician), nurse practitioner, or advanced practice registered nurse (APRN).</p> <p>If you need help selecting or changing your PCP, call Member Services. (Phone numbers are printed on the back cover of this handbook.) Your PCP is a doctor, nurse practitioner, physician assistant, or other type of provider who will care for your health, coordinate your care needs, and help you get referrals for specialized services if you need them. Your PCP will complete your annual wellness exam, to include completing the Health Risk Assessment (HRA), reviewing the results with you, and discussing any medications and/or questions you may have.</p> <p>How do you choose your PCP?</p> <p>When you enroll in AmeriHealth Caritas New Hampshire, you will have an opportunity to choose your own PCP. To choose your PCP, call Member Services at 1-833-704-1177 (TTY 1-855-534-6730).</p> <p>If you do not select a PCP, we will choose one for you. We take into consideration the following:</p> <ul style="list-style-type: none"> • Member claims history • Family member’s provider assignment • Location • Special medical needs • Language/cultural preferences <p>You can find your PCP’s name and contact information on the letter that came with your ID card, on the Member Portal or by calling Member Services.</p>
<p>What does this mean for you?</p>	<p>This section has been updated to make it clear that your PCP is whom you should see for your routine care in addition to most health problems and that your PCP will complete your annual wellness exam, to include completing the Health Risk Assessment (HRA), reviewing the results with you, and discussing any medications and/or questions you may have.</p> <p>It has also been updated to show where you you can find your PCP information.</p>



Where you can find the change in your Member Handbook:	Page 27, under Section 3.3 (<i>How to get care from specialists and other network providers</i>)
Original information:	<p>Vision: Vision covers \$100 yearly allowance for contact lenses.</p> <p>Mental Health/Substance Use Disorder: Member Services can also help you find a mental health and/or substance use disorder provider and get services you may need. You may also ask your PCP for help finding a mental health or substance use disorder provider. You do not need a referral to access mental health or substance use disorder services.</p>
New or corrected information:	<p>Vision: See Section 4.2 (<i>Benefits chart</i>) under “Vision services and eyewear”. In addition to the benefits listed in section 4.2, vision covers \$100 yearly allowance for contact lenses.</p> <p>Dental: See Section 4.2 (<i>Benefits chart</i>) for information on how to access dental benefits and providers through your state Medicaid benefits.</p> <p>Mental Health/Substance Use Disorder: Member Services can also help you find a mental health and/or substance use disorder provider and get services you may need. You may also ask your PCP for help finding a mental health or substance use disorder provider. You do not need a referral to access mental health or substance use disorder services.</p>
What does this mean for you?	You are directed to the Benefits chart to learn more details about getting vision and dental services.

Where you can find the change in your Member Handbook	Page 30, under Section 3.6 (<i>Emergency, urgent, and after-hours care</i>)
Original information	<p>A “behavioral health crisis” is any situation in which a person’s behavior puts them at risk of hurting themselves or others, and/or when they are not able to resolve the situation with the skills and resources available. Many things can lead to a behavioral health crisis, including increased stress, physical illness, problems at work or at school, changes in family situations, trauma/violence in the community, or substance use. These issues are difficult for everyone, but they can be especially hard for someone living with a behavioral health illness or disorder. If you have a behavioral health emergency or behavioral health crisis:</p>
New or corrected information	<p>A “behavioral health crisis” is any situation in which a person’s behavior puts them at risk of hurting themselves or others, and/or when they are not able to resolve the situation with the skills and resources available. Many things can lead to a behavioral health crisis, including increased stress, physical illness, problems at work or at school, changes in family situations, trauma/violence in the community, or substance use. These issues are difficult for everyone, but they can be especially hard for someone living with a behavioral health illness or disorder.</p> <p>People have better health outcomes when they connect to care EARLY. These resources are for anyone, at any time, to call, text, or chat for any reason. A crisis is defined by the individual, and we may each experience different levels of stress. Please encourage people to call and not to wait.</p> <p>If you have a behavioral health emergency or behavioral health crisis:</p>
What does this mean for you?	Additional language has been included to encourage seeking help early and not waiting.



Where you can find the change in your Member Handbook:	Page 37, under Section 4.2 (<i>Benefits Chart</i>)
Original information:	<p>Community health center services</p> <p>The plan covers services provided by a community health center. Services include the following:</p> <ul style="list-style-type: none">• Office visits for primary care and behavioral health services.• Obstetric or gynecology (OB/GYN) visits.• Health education.• Medical social services.• Nutrition services, including diabetes self-management training and medical nutrition therapy.• Tobacco-cessation services.• Vaccines, except for vaccines for travel out of the country. <p><i>Prior authorization from the plan is not required for services provided by a network provider. For more information, please call Member Services.</i></p> <p>Counseling to stop smoking or tobacco use</p> <p>The plan covers up to 5 counseling sessions on quitting smoking or tobacco use. (Refer also to “Smoking cessation” in the Benefits Chart.) <i>Prior authorization from the plan is not required for services provided by a network provider. For more information, please call Member Services.</i></p>



<p>New or corrected information:</p>	<p>Community health center services The plan covers services provided by a community health center. Services include the following:</p> <ul style="list-style-type: none"> • Office visits for primary care and behavioral health services • Obstetric or gynecology (OB/GYN) visits • Health education • Medical social services • Nutrition services, including diabetes self-management training and medical nutrition therapy • Tobacco/nicotine-cessation services • Vaccines, except for vaccines for travel out of the country <p><i>Prior authorization from the plan is not required for services provided by a network provider.</i></p> <p>For more information, please call Member Services.</p> <p>Counseling/coaching to stop smoking, tobacco, or nicotine use The plan covers up to 8 counseling or coaching sessions per quit attempt to help with quitting smoking, tobacco, or other nicotine use. Up to 2 quit attempts per year when provided by your PCP or other qualified provider. (Refer also to “Smoking, tobacco, and nicotine cessation” in the Benefits Chart.)</p> <p><i>Prior authorization from the plan is not required for services provided by a network provider.</i></p> <p>For more information, please call Member Services.</p>
<p>What does this mean for you?</p>	<p>Cessation services are for nicotine, as well as tobacco use. The plan covers up to 8 counseling or coaching sessions per quit attempt, instead of 5 sessions, to help with quitting smoking, tobacco, or other nicotine use. Up to 2 quit attempts per year when provided by your PCP or other qualified provider.</p>



Where you can find the change in your Member Handbook:	Page 46, under Section 4.2 (<i>Benefits Chart</i>)
Original information:	<p>Maternity services</p> <p>The plan covers prenatal, delivery, nursery, and postpartum maternity services. Delivery is covered in a hospital and birthing center (whether in the birthing center or as a home birth when attended by birthing center staff), and in your home. Any required laboratory and ultrasound services are also covered.</p> <p>Additional maternity-related services are also available through the Home Visiting NH and Comprehensive Family Support Services programs. For information about these programs, please call the NH Division of Public Health Services toll-free at 1-800-852-3345, ext. 14501 (TDD Access Relay: 1-800-735-2964), Monday through Friday, 8 a.m. to 4:30 p.m. ET.</p> <p>Prior authorization from the plan is not required for services provided by network providers.</p> <p>For more information, please call Member Services.</p>
New or corrected information:	<p>Maternity and lactation consultation services</p> <p>The plan covers prenatal, delivery, nursery, and postpartum maternity services. Delivery is covered in a hospital and birthing center (whether in the birthing center or as a home birth when attended by birthing center staff), and in your home. Any required laboratory and ultrasound services are also covered.</p> <p>Lactation consultation and supportive services are covered by the plan when furnished in a provider's office, your home, a hospital, nursing facility, or elsewhere for eligible breastfeeding (or lactating) members, including:</p> <ul style="list-style-type: none"> • Breastfeeding education • Individual and group lactation consultation. <p>Additional maternity-related services are also available through the Home Visiting NH and Comprehensive Family Support Services programs. For information about these programs, please call the NH Division of Public Health Services toll-free at 1-800-852-3345, ext. 14501 (TDD Access Relay: 1-800-735-2964), Monday through Friday, 8 a.m. to 4:30 p.m. ET.</p> <p><i>Prior authorization from the plan is not required for services provided by network providers.</i></p> <p>For more information, please call Member Services.</p>
What does this mean for you?	Lactation consultation services are covered as part of maternity services



Where you can find the change in your Member Handbook:	Page 46, under Section 4.2 (<i>Benefits Chart</i>)
Original information:	<p>Outpatient mental health services</p> <p>The plan covers outpatient mental health services provided by a community mental health center, psychiatrist, psychiatric advance practice registered nurse (APRN), mental health therapy provider, psychologist, licensed psychotherapy provider, community health center, federally qualified health center (FQHC), rural health center (RHC), and outpatient mental health facilities.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Medication visits. • Individual, group, and family therapy. • Diagnostic evaluations. • Partial hospitalization program (PHP). • Intensive outpatient program (IOP). • Emergency psychiatric and psychotherapy services.* • Electroconvulsive therapy (ECT). • Transcranial magnetic stimulation. • Crisis intervention and related post-stabilization services.* • Individualized Resiliency and Recovery Oriented Services (IROS). • Case Management services, including Assertive Community Treatment (ACT). • Psychological testing. <p>*Some crisis intervention mental health services, related post-intervention stabilization services, and emergency psychiatric and psychotherapy services are covered outside our plan when delivered by Community Mental Health Center Rapid Response Teams. For more information, refer to Section 4.4 (<i>New Hampshire Medicaid benefits covered outside the plan</i>).</p> <p>Refer also to Inpatient mental health services in this Benefits Chart.</p> <p>Refer also to Substance use disorder (SUD) treatment services in this Benefits Chart.</p> <p><i>Prior authorization from the plan is not required except for neuropsychological testing, electroconvulsive therapy, transcranial magnetic stimulation, and mental health services provided in a day program.</i></p> <p>For more information, please call Member Services.</p>



<p>New or corrected information:</p>	<p>Outpatient mental health services</p> <p>The plan covers outpatient mental health services provided by a community mental health center, psychiatrist, psychiatric advance practice registered nurse (APRN), mental health therapy provider, psychologist, licensed psychotherapy provider, community health center, federally qualified health center (FQHC), rural health center (RHC), and outpatient mental health facilities.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Medication visits • Individual, group, and family therapy • Diagnostic evaluations • Partial hospitalization program (PHP) • Intensive outpatient program (IOP) • Emergency psychiatric and psychotherapy services* • Electroconvulsive therapy (ECT) • Transcranial magnetic stimulation • Crisis intervention and related post-stabilization services* • Individualized Resiliency and Recovery Oriented Services (IROS) • Case Management services, including Assertive Community Treatment (ACT) • Psychological testing <p>*Some crisis intervention mental health services, related post-intervention stabilization services, and emergency psychiatric and psychotherapy services are covered outside our plan when delivered by Community Mental Health Center Rapid Response Teams. For more information, refer to Section 4.4 (<i>New Hampshire Medicaid benefits covered outside the plan</i>).</p> <p>If you are experiencing a mental health or substance use crisis— Call 211 to connect to your local Doorway for substance misuse supports and services in New Hampshire.</p> <p>Or, call, text, or chat 988 — the Suicide and Crisis Lifeline — 24 hours a day, seven days a week to connect with a trained crisis counselor. The Lifeline is a national service that provides free and confidential emotional support to people in suicidal crisis or emotional distress. Or, call or text the toll-free NH Rapid Response Access Point (1-833-710-6477) anytime day or night. Crisis response services are available over the phone, by text, or face-to-face. You do not need to get approval or a referral first from your PCP. Refer also to Inpatient mental health services in this Benefits Chart.</p> <p>Refer also to Substance use disorder (SUD) treatment services in this Benefits Chart.</p> <p><i>Prior authorization from the plan is not required except for neuropsychological testing, electroconvulsive therapy, transcranial magnetic stimulation, and mental health services provided provided in a day program.</i></p> <p>For more information, please call Member Services.</p>
<p>What does this mean for you?</p>	<p>Added information about what you can do if you are experiencing a mental health or substance use crisis.</p>



Where you can find the change in your Member Handbook:	Page 55, under Section 4.2 (<i>Benefits Chart</i>)
Original information:	<p>Smoking and tobacco cessation services</p> <p>AmeriHealth Caritas New Hampshire supports QuitNowNH tobacco use treatment services whether you smoke, chew, snuff, or vape. Call toll-free 1-800-QUIT-NOW (1-800-784-8669) (TDD Relay Access 1-800-833-1477), 24 hours a day, seven days a week, or log on to www.quitnownh.org.</p>
New or corrected information:	<p>Smoking, tobacco, and nicotine cessation services</p> <p>AmeriHealth Caritas New Hampshire supports the New Hampshire State tobacco treatment quitline QuitNowNH for tobacco and nicotine use treatment services. AmeriHealth Caritas New Hampshire offers incentives to quit smoking and supports prescription medications and coaching/counseling. This program is available for use whether you smoke, chew, snuff, or vape. Call toll-free 1-800-QUIT-NOW (1-800-784-8669) (TDD Relay Access 1-800-833-1477), 24 hours a day, seven days a week, or log on to www.quitnownh.org. Tobacco and nicotine use treatment services covered by the plan are eight (8) counseling sessions per quit attempt with two (2) quit attempts per member each year when provided by your PCP or other qualified provider.</p>
What does this mean for you?	Nicotine cessation is included in these services. Treatment services are also available from your PCP and other qualified providers. Tobacco and nicotine use treatment services covered by the plan are eight (8) counseling sessions per quit attempt with two (2) quit attempts per member each year when provided by your PCP or other qualified provider.

Where you can find the change in your Member Handbook:	Page 56, under Section 4.2 (<i>Benefits Chart</i>)
Original information:	<p>Substance use disorder (SUD) treatment services</p> <p>*Some crisis intervention substance use services, related post-intervention stabilization services, and emergency psychiatric and psychotherapy services are covered outside our plan when delivered by Community Mental Health Center Rapid Response Teams. For more information, refer to Section 4.4 (New Hampshire Medicaid benefits covered outside the plan).</p>
New or corrected information:	<p>Substance use disorder (SUD) treatment services</p> <p>*Some crisis intervention substance use services, related post-intervention stabilization services, and emergency psychiatric and psychotherapy services are covered outside our plan when delivered by Community Mental Health Center Rapid Response Teams. For more information, refer to Section 4.4 (New Hampshire Medicaid benefits covered outside the plan). If you are experiencing a mental health or substance use crisis:</p> <p>Call 211 to connect to your local Doorway for substance misuse supports and services in New Hampshire.</p> <p>Or, call, text or chat 988 — the Suicide and Crisis Lifeline — 24 hours a day, seven days a week to connect with a trained crisis counselor. The Lifeline is a national service that provides free and confidential emotional support to people in suicidal crisis or emotional distress.</p> <p>Or, call or text the toll-free NH Rapid Response Access Point (1-833-710-6477) any time day or night. Crisis response services are available over the phone, by text, or face-to-face. You do not need to get approval or a referral first from your PCP.</p>



What does this mean for you?	This section has been updated to include what to do if you are experiencing a mental health or substance use crisis.
Where you can find the change in your Member Handbook:	Page 62, under Section 4.3 (<i>Extra benefits provided by the plan</i>)
Original information:	<p>CARE Card — With our CARE Card program, you can receive rewards for completing health-related activities (up to a \$250 value per member per year*).</p> <p>\$10</p> <ul style="list-style-type: none"> • Annual flu shot <p>\$15</p> <ul style="list-style-type: none"> • Get Care Management help for unmet social needs. <p>\$20</p> <ul style="list-style-type: none"> • Annual blood sugar screening (HbA1c) for members with diabetes • Annual breast cancer screening (mammogram) for women ages 50 – 74 • Stop smoking (eight weeks of nicotine replacement use). <p>\$25</p> <ul style="list-style-type: none"> • Attend at least one Member Advisory Board meeting. Visit www.amerihealthcaritasnh.com/mab to sign up. <p>\$30</p> <ul style="list-style-type: none"> • Have a postpartum visit within 7 – 84 days after delivery. • Fill out a Health Risk Assessment (HRA) once each year. • Child/teen annual checkup (per child) for ages 2 – 21 <p>\$50</p> <ul style="list-style-type: none"> • Blood pressure management (one reading under 140/90 taken at provider's office for members with hypertension or diabetes) • Antipsychotic medicine adherence (keep using the same medicine for 90 days) and annual metabolic screening (HbA1c or glucose) • Get recommended preteen shots (Tdap, meningitis, and HPV) by child's 13th birthday. • Notify us of your pregnancy in the second or third trimester or after the first 30 days of plan enrollment. <p>\$70</p> <ul style="list-style-type: none"> • Notify us of your pregnancy in the first trimester or within 30 days of plan enrollment. <p>\$75</p> <ul style="list-style-type: none"> • By second birthday, baby has had at least six well visits, all 10 required shots, and a lead screening



<p>New or corrected information:</p>	<p>CARE Card — With our CARE Card program, you can receive rewards for completing health-related activities (up to a \$250 value per member per year*). Note: Child members will earn rewards on their own CARE Card up to \$250 per card.</p> <p>\$15</p> <ul style="list-style-type: none"> • Get Care Management help for unmet social needs. <p>\$20</p> <ul style="list-style-type: none"> • Annual flu shot • Annual breast cancer screening (mammogram) for women ages 40 – 74 • Stop smoking (eight weeks of nicotine replacement use). • Get RSV vaccine — between 32 and 36 weeks of pregnancy; ages 60 and older. <p>\$25</p> <ul style="list-style-type: none"> • Attend at least one Member Advisory Board meeting. • When members ages 12 – 18 download the NextStep Goodlife mobile app and have a parent or guardian notify us through the secure contact form at www.amerihealthcaritasnh.com • Your child will get \$25 on their CARE Card after their first lead screening (between 11 and 23 months) another \$25 on their CARE Card after their second lead screening (between 23 and 35 months). <p>\$30</p> <ul style="list-style-type: none"> • Annual blood sugar screening (HbA1c) for members with diabetes • Complete HRA once each year with your provider. • Child/teen annual checkup (per child) for ages 2 – 21 <p>\$40</p> <ul style="list-style-type: none"> • Have a postpartum visit 7 – 84 days after delivery. <p>\$50</p> <ul style="list-style-type: none"> • Blood pressure management (one reading under 140/90 taken at provider's office for members with hypertension or diabetes) • Antipsychotic medicine adherence (keep using the same medicine for 90 days) and annual metabolic screening (HbA1c or glucose) • Get recommended preteen shots (Tdap, meningitis, and HPV) by child's 13th birthday. • Notify us of your pregnancy in the second or third trimester or after the first 30 days of plan enrollment. • By second birthday, baby has had at least six well visits, all 10 required shots, and a lead screening. • When members continue to take their prescription of buprenorphine/naloxone for 60 days in a row <p>\$70</p> <ul style="list-style-type: none"> • Notify us of your pregnancy in the first trimester or within 30 days of plan enrollment.
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<p>What does this mean for you?</p>	<p>There are new incentives on the CARE Card</p> <p>\$20</p> <ul style="list-style-type: none"> • for getting an RSV vaccine — between 32 and 36 weeks of pregnancy; ages 60 and older. <p>\$25</p> <ul style="list-style-type: none"> • When members ages 12 – 18 download the NextStep Goodlife mobile app and have a parent or guardian notify us through the secure contact form at www.amerihealthcaritasnh.com. <p>\$25</p> <ul style="list-style-type: none"> • For each of first lead screening before age 2 and second lead screening before age 3 <p>\$30</p> <ul style="list-style-type: none"> • Complete HRA once each year with your provider <p>\$50</p> <ul style="list-style-type: none"> • When members continue to take their prescription of buprenorphine/naloxone for 60 days in a row <p>The following existing incentives had a change in the reward amount, new amounts are:</p> <p>\$20</p> <ul style="list-style-type: none"> • Annual flu shot <p>\$40</p> <ul style="list-style-type: none"> • Have a postpartum visit within 7 – 84 days after delivery. <p>\$50</p> <ul style="list-style-type: none"> • By second birthday, baby has had at least six well visits, all 10 required shots, and a lead screening.
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Where you can find the change in your Member Handbook:	Pages 62 – 63, under Section 4.3 (<i>Extra benefits provided by the plan</i>)
Original information:	<p>Car seats and booster seats* — We provide car seats and booster seats to child members (up to a \$210 value).</p> <ul style="list-style-type: none"> • WW® (formerly Weight Watchers®) membership* — Eligible members can get a six-month online membership (up to a \$250 value). <p>Home-delivered meals* — Members being discharged after a qualifying inpatient hospital stay can receive home-delivered meals (14 meals/seven days) post discharge. Qualifying stays include those for:</p> <ul style="list-style-type: none"> • New moms in recovery from substance use disorder. • Members with substance use disorder who successfully complete an inpatient substance use disorder treatment program as part of the Flexible Recovery Benefit. • Adult members (ages 21 to 64) with heart disease or diabetes. <p>Meals for members with dietary restrictions are prepared according to dietary guidelines (up to a \$175 value).</p>
New or corrected information:	<p>Car seats and booster seats — We provide a car seat or booster seat at no cost to you for each child member (up to a \$210 value*).</p> <ul style="list-style-type: none"> • Well-child visit raffles — Members ages 2 –16 are automatically entered into a raffle for a chance to win a bike helmet (\$35 value*) when they attend their yearly well visit. Members ages 12 – 17 are automatically entered into a raffle for a chance to win a \$120 Adidas gift card* when they attend their yearly well visit. • WW® (formerly Weight Watchers®) membership — Eligible members can get a three-month online membership (up to a \$133 value*). <p>Home-delivered meals* — Members being discharged after a qualifying inpatient hospital stay can receive home-delivered meals (14 meals/seven days) post discharge. Qualifying stays include those for:</p> <ul style="list-style-type: none"> • New moms in recovery from substance use disorder • Members with substance use disorder who successfully complete an inpatient substance use disorder treatment program as part of the Flexible Recovery Benefit • Adult members (ages 21 to 64) with heart disease or diabetes <p>Meals for members with dietary restrictions are prepared according to dietary guidelines (up to a \$98 value*).</p> <p>Community transportation — Six rides to and from community destinations such as events at our Wellness and Opportunity Center or to job interviews, exams, food banks, and more (30-mile limit each way).</p>



<p>What does this mean for you?</p>	<p>WW Membership benefit was corrected to reflect a three-month membership (up to a \$133 value*).</p> <p>Home-delivered meals benefit was corrected to reflect a value of \$98.</p> <p>We offer two new Extra Benefits:</p> <p>Well-child visit raffles — Members ages 2 –16 are automatically entered into a raffle for a chance to win a bike helmet (\$35 value*) when they attend their yearly well visit. Members ages 12 – 17 are automatically entered into a raffle for a chance to win a \$120 Adidas gift card* when they attend their yearly well visit.</p> <p>Community transportation — Six rides to and from community destinations such as events at our Wellness and Opportunity Center or to job interviews, exams, food banks, and more (30-mile limit each way).</p>
<p>Where you can find the change in your Member Handbook:</p>	<p>Page 64, under Section 4.4 (<i>New Hampshire Medicaid benefits covered outside the plan</i>)</p>
<p>Original information:</p>	<p>The following services are not covered by our plan. However, these services are available through New Hampshire Medicaid as long as the provider is enrolled with New Hampshire Medicaid:</p> <p>Some prescription drugs are covered by New Hampshire Medicaid when billed through a pharmacy. They include but are not limited to, certain prescription drugs used to treat hemophilia, and the drugs Carbaglu® and Ravicti®. The pharmacy will bill New Hampshire Medicaid for these medications.</p> <ul style="list-style-type: none"> • Certain cell and gene therapies, including Zolgensma®, billed by providers through the plan, are covered by New Hampshire Medicaid for eligible members. • Dental and oral health services are not covered by our plan. However, some dental and oral health services are available, as follows:
<p>New or corrected information:</p>	<p>The following services are not covered by our plan. However, these services are available through New Hampshire Medicaid as long as the provider is enrolled with New Hampshire Medicaid:</p> <ul style="list-style-type: none"> • Dental and oral health services are not covered by our plan. However, some dental and oral health services are available, as follows:
<p>What does this mean for you?</p>	<p>The following services are no longer covered by New Hampshire Medicaid:</p> <p>Some prescription drugs are covered by New Hampshire Medicaid when billed through a pharmacy. They include but are not limited to, certain prescription drugs used to treat hemophilia, and the drugs Carbaglu® and Ravicti®. The pharmacy will bill New Hampshire Medicaid for these medications.</p> <ul style="list-style-type: none"> • Certain cell and gene therapies, including Zolgensma®, billed by providers through the plan, are covered by New Hampshire Medicaid for eligible members.



Where you can find the change in your Member Handbook:	Page 66, under Section 5.1 (<i>Staying Healthy</i>)
Original information:	<p>AmeriHealth Caritas is committed to helping you stay healthy. When you choose a PCP, you will receive preventive care and services. Regular visits with your PCP will help:</p> <ul style="list-style-type: none"> • Keep your health records up to date. • Answer questions about your health. • Give you information about healthy eating. • Keep you up to date on any shots and health screenings. • Find problems before they become serious. • Help you get care from other providers if needed.
New or corrected information:	<p>AmeriHealth Caritas is committed to helping you stay healthy. When you choose a PCP, you will receive preventive care and services. Regular visits with your PCP will help:</p> <ul style="list-style-type: none"> • Keep your health records up to date. • Answer questions about your health. • Give you information about healthy eating. • Keep you up to date on any shots and health screenings. • Find problems before they become serious. • Help you get care from other providers if needed. <p>Getting regular routine health care visits (sometimes called a “wellness visit”) with your PCP are important to your health and well-being. Your PCP can help you keep up to date with gender and age specific preventive care screenings like mammograms, PAP smears, and other health screenings. Your PCP can also help identify and refer you to other services you may need to stay healthy.</p> <p>Regular visits with your PCP help build a strong, trusting relationship with your provider, which is shown to have positive effects on health outcomes.</p> <p>On an annual basis, your PCP will complete your wellness exam, to include completing a Health Risk Assessment (HRA), reviewing the results with you, and discussing any medications and/or questions you may have.</p>
What does this mean for you?	You should schedule wellness exam once each year with your assigned PCP and that wellness exam will include your annual Health Risk Assessment (HRA)



Where you can find the change in your Member Handbook:	Page 81, under Section 7.6 (<i>Programs to help members use drugs safely</i>)
Original information:	<p>We conduct drug use reviews for our members to help make sure that they are getting safe and appropriate care. These reviews are especially important for members who have more than one provider who prescribes their drugs.</p> <p>We do a review each time you fill a prescription. We also review our records on a regular basis. During these reviews, we look for potential problems such as:</p> <ul style="list-style-type: none"> • Possible medication errors. • Drugs that may not be necessary because you are taking another drug to treat the same medical condition. • Drugs that may not be safe or appropriate because of your age or gender. • Certain combinations of drugs that could harm you if taken at the same time. • Prescriptions that have ingredients you are allergic to. • Possible errors in the amount (dosage) of a drug you are taking. <p>If we see a possible problem in your use of medications, we will work with your provider to correct the problem.</p>
New or corrected information:	<p>A prescribing provider, pharmacist, or another qualified provider will conduct a Comprehensive Medication Review (CMR) to help make sure that members are getting safe and appropriate care.</p> <p>These reviews are especially important for members who have multiple medications and more than one provider who prescribes their drugs.</p> <p>During these reviews, the provider or pharmacist will look for potential problems such as:</p> <ul style="list-style-type: none"> • Possible medication errors • Drugs that may not be necessary because you are taking another drug to treat the same medical condition • Drugs that may not be safe or appropriate because of your age or gender • Certain combinations of drugs that could harm you if taken at the same time • Prescriptions that have ingredients you are allergic to • Possible errors in the amount (dosage) of a drug you are taking <p>The provider will address any possible problems and work to correct them.</p>
What does this mean for you?	The Comprehensive Medication Reviews will be done by a prescribing provider, pharmacist, or another qualified provider instead of by AmeriHealth Caritas New Hampshire.



Where you can find the change in your Member Handbook:	Page 84, under Section 8.1 (<i>Network providers may not charge you for covered services</i>)
Original information:	<p>Sometimes when you get health care or a prescription drug, you may need to pay the full cost right away. Other times, you may find that you have paid more than you expected under the coverage rules of the plan. In either case, all you need to do is ask the plan to pay you back.</p> <p>Here are examples of situations in which you may need to ask the plan to pay you back, or to pay a bill you have received:</p> <p>You've received emergency or urgently needed health care services or prescription drugs from a provider who is not in the plan's network.</p> <p>Ask the provider to bill the plan. You are only responsible for paying your share of the cost for any prescription filled at a retail pharmacy. If you pay all or part of the cost at the time you receive the health care service or prescription drug, ask the plan to pay you back for its share of the cost. Send us the bill, along with any documentation of payments you have made, such as a receipt. If you get a bill from a provider asking for payment that you think you do not owe, send the bill to the plan, along with documentation of any payments you have already made, such as a receipt. If the provider is due payment, we will pay the provider directly. If you have already paid more than your share of the cost of the bill, we will pay you back for the plan's share of the cost. If you received and were billed for services not covered by the plan, you may be responsible for those costs.</p> <p>For information on where to send your request for payment, refer to Section 8.2 (<i>How and where to send us your request for payment</i>).</p> <p>When a network provider sends you a bill you think you should not pay.</p> <p>Network providers should always bill the plan directly. But sometimes they make mistakes and bill you in error.</p>



<p>New or corrected information:</p>	<p>Sometimes when you get health care or a prescription drug, you may need to pay the full cost right away. This might be when you visit a provider who is out of network or when you receive a service without the necessary prior authorization. Other times, you may find that you have paid more than you expected under the coverage rules of the plan. In either case, all you need to do is ask the plan to pay you back.</p> <p>Below is a bulleted list of situations in which you may need to ask the plan to pay you back, or to pay a bill you have received. Please note: we will only pay back our share — the amount Medicaid normally pays for that service — which may be less than what you paid the provider.</p> <p>You've received emergency or urgently needed health care services or prescription drugs from a provider who is not in the plan's network.</p> <p>When you receive such services or prescription drugs, ask the provider to bill AmeriHealth Caritas New Hampshire. You are only responsible for paying your share of the cost for any prescription filled at a retail pharmacy. Please note: If possible, do not pay out of your pocket. Have the provider or pharmacy bill AmeriHealth Caritas New Hampshire instead.</p> <p>If you pay all or part of the cost at the time you receive the health care service or prescription drug, ask the plan to pay you back for its share of the cost. Send us the bill, along with any documentation of payments you have made, such as a receipt.</p> <p>If you get a bill from a provider asking for payment that you think you do not owe, send the bill to the plan, along with documentation of any payments you have already made, such as a receipt. If the provider is due payment, we will pay the provider directly. If you have already paid more than your share of the cost of the bill, we will pay you back for the plan's share of the cost. Please note: If you received and were billed for services not covered by the plan, you may be responsible for those costs.</p> <p>For information on where to send your request for payment, refer to Section 8.2 (<i>How and where to send us your request for payment</i>). Tips to avoid paying out of your pocket when traveling 84 out of state:</p> <ul style="list-style-type: none"> • When traveling out of state, always be sure to bring your state Medicaid ID card and AmeriHealth Caritas New Hampshire Member ID card with you in case you need them. • If you need medical care that cannot wait until you get home, go to an urgent care center or emergency room (ER). Present your state Medicaid ID card and AmeriHealth Caritas New Hampshire Member ID card so they may bill us for services. Urgent care centers and ERs are required to treat you even if you are not able to pay up front. • If you are traveling out of state and need to get a prescription, a national pharmacy chain such as CVS, Rite Aid, or Walgreens is more likely to bill AmeriHealth Caritas New Hampshire than a non-national or independent pharmacy. Ask them to bill us instead of paying them out of your own pocket.
<p>What does this mean for you?</p>	<p>This contains information on how to avoid paying out of pocket.</p>



Where you can find the change in your Member Handbook:	Page 85, under Section 8.1 (<i>Network providers may not charge you for covered services</i>)
Original information:	<p>When you pay the full cost for a prescription in other situations.</p> <p>You may pay the full cost of the prescription because you find that the drug is not covered for some reason. For example, the drug may not be on the plan's List of Covered Drugs (Formulary); or it could have a requirement or restriction that was not followed. If you decide to get the drug immediately, you may need to pay the full cost for it. Save your receipt, send a copy to us, and ask us to pay you back for our share of the cost.</p> <p>In some situations, we may need to get more information from your doctor in order to pay you back for our share of the cost. If you received and were billed for services not covered by the plan, you may be responsible for those costs.</p>
New or corrected information:	<p>When you pay the full cost for a prescription in other situations.</p> <p>You may pay the full cost of the prescription because you find that the drug is not covered for some reason. For example, the drug may not be on the plan's List of Covered Drugs (Formulary); or it could have a requirement or restriction that was not followed. If you decide to get the drug immediately, you may need to pay the full cost for it. Save your receipt, send a copy to us, and ask us to pay you back for our share of the cost.</p> <p>In some situations, we may need to get more information from your doctor in order to pay you back for our share of the cost. If you received and were billed for services not covered by the plan, you may be responsible for those costs.</p> <p>If you paid the full cost of the medicine, you may not receive reimbursement for any amount that was over our share of the cost.</p>
What does this mean for you?	This makes it clear that you might not be reimbursed for the full amount that you paid out of pocket. You will be reimbursed the amount we would have paid if we had been billed by the provider.

Where you can find the change in your Member Handbook:	Page 85, under Section 8.2 (<i>How and where to send us your request for payment</i>)
Original information:	<p>Send us your request for payment, along with a copy of your bill and documentation of any payment you have made. It is a good idea to keep a copy of your bills and receipts for your records.</p> <p>Contact Member Services if you have any questions (phone numbers are printed on the back cover of this handbook). If you do not know what you should have paid, or you receive a bill that you do not understand, contact Member Services (phone numbers are printed on the back cover of this handbook.) We can help. You can also call the plan if you want to give us more information about a request for payment you have already sent to the plan.</p>



New or corrected information:	<p>Send us your request for payment within 60 days of the date you had your service, along with a copy of your bill and documentation of any payment you have made. It is a good idea to keep a copy of your bills and receipts for your records. Please send this information to:</p> <p>AmeriHealth Caritas New Hampshire Re: Request for member payment 25 Sundial Ave, Ste 130 Manchester, NH 03103</p> <p>Contact Member Services if you have any questions. (Phone numbers are printed on the back cover of this handbook.) If you do not know what you should have paid, or you receive a bill that you do not understand, contact Member Services. (Phone numbers are printed on the back cover of this handbook.) We can help. You can also call the plan if you want to give us more information about a request for payment you have already sent to the plan.</p>
What does this mean for you?	<p>You need to send us your request for reimbursement within 60 days and mail it to the AmeriHealth Caritas New Hampshire office in Manchester, NH.</p>

Discrimination is against the law

AmeriHealth Caritas New Hampshire complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of age, race, ethnicity, national origin or ancestry, mental or physical disability, sexual or affection orientation or preference, gender identity, marital status, genetic information, source of payment, sex, creed, religion, health or mental health status or history, need for health care services, amount payable to AmeriHealth Caritas New Hampshire on the basis of an eligible person's or member's actuarial class or pre-existing medical/health conditions, whether or not the member has executed an advance directive, or any other status protected by federal or state law.

AmeriHealth Caritas New Hampshire provides free aids and services to people with disabilities. Examples of these aids and services include qualified sign language interpreters and written information in other formats (large print, Braille, audio, accessible electronic formats, other formats). We provide free language services, such as qualified interpreters and information written in other languages, to people with limited English proficiency or whose primary language is not English.

If you need these services, contact AmeriHealth Caritas New Hampshire 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

If you believe that AmeriHealth Caritas New Hampshire has failed to provide these services or has discriminated against you in another way, you or your authorized representative (if we have your written authorization on file) can file a grievance with:

- AmeriHealth Caritas New Hampshire Grievances
P.O. Box 7389
London, KY 40742-7389
1-833-704-1177 (TTY 1-855-534-6730)

- You can also file a grievance by phone at **1-833-704-1177 (TTY 1-855-534-6730)**.
If you need help filing a grievance, AmeriHealth Caritas New Hampshire Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)**.

You may also file a discrimination complaint through the Department of Health and Human Services (DHHS) Office of the Ombudsman who has been designated to coordinate the efforts of NH DHHS's civil rights compliance for the Department:

State of New Hampshire, Department of Health and Human Services, Office of the Ombudsman
129 Pleasant Street
Concord, NH 03301-3857
1-603-271-6941 or 1-800-852-3345 ext. 16941
Fax: **1-603-271-4632, (TTY 1-800-735-2964)**
E-mail: **ombudsman@dhhs.nh.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY 1-800-537-7697)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-704-1177 (TTY 1-855-534-6730)**.

Atención: se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-704-1177 (TTY 1-855-534-6730)**.