



Medicaid Care Management What You Need to Know

You have the right to ...

- **Choose a health plan, primary care provider (PCP), and care coordinator.** If you are not happy with your health plan in the first 90 days of selection, you may pick a different plan. You can also request to change your care coordinator or PCP. Health plans can be changed during the annual open enrollment period as well.
- **Have an appointment when you need one.** You can also request an appointment with a specialist, with a prior authorization, when needed.
- **Request an emergency prescription be filled for 72 hours** for a drug requiring prior authorization if a prior authorization cannot be obtained outside of health plan business hours.
- **Request your health plan arrange for non-emergent medical transportation** so you receive medically necessary services.
- **Speak to the member service department at your plan if you are not satisfied**, and expect to be notified of the outcome. You can proceed with a grievance if the resolution is not appropriate.
- **Know why your plan denies service/treatment and take action to reverse a decision.** Have your provider request a peer to peer review and/or appeal if your plan has denied, stopped, or reduced treatment or services you *and* your provider think you should get. Request a fair hearing, after completing the plan's appeal process, if your plan has denied, stopped or reduced treatment or services you and your provider think you should get.

Need help with your health plan?

- ☎ **Call your health plan** and inquire if you are not sure what to do about a problem. Your health plan will help you with urgent issues and will assist in getting the services you need.

New Hampshire Healthy Families	www.NHhealthyfamilies.com Member Services: 1-866-769-3085
Well Sense Health Plan	www.wellsense.org Member Services: 1-877-957-1300

- ☎ **If you are still not happy with the customer service** you are receiving, call the health plan and let them know. This is called a grievance.
- ☎ **If your plan will not approve a service** you want and says you do not medically need this service, your provider can request a peer to peer review. You also have the right to file an appeal within 30 days of notification. If this is urgent, you can ask for an expedited appeal. Look in your health plan Member Handbook under **Grievances and Appeals** or visit your health plan's web page to learn more.
- ☎ **If you are not happy with your health plan appeal**, you can ask for a fair hearing, after completing the plan's appeal process, if your plan has denied, stopped, or reduced treatment or services you think you need. You cannot request a fair hearing without first going through the health plan's appeal process. Contact **1-800-852-3345 ext. 4292** to learn more about the appeal process or visit the Department's web site at <http://www.dhhs.state.nh.us/oos/aau/index.htm> to learn more.
- ☎ **If you are at the pharmacy and cannot get your prescription filled**, you can request a 72 hour emergency refill for a drug requiring prior authorization if a prior authorization cannot be obtained outside of health plan business hours. If you run into any issues, ask the pharmacy to contact the health plan to expedite. You can also call your health plan's Member Services phone line to request assistance.
- ☎ **Do you still have a problem with your health plan?** You have a place to go – New Hampshire's Department of Health and Human Services' Customer Service Center at **1-844-275-3447**. The Department protects the rights of health plan members. **But, before you contact the Center, take the first step to contact your health plan and exercise your rights for problem solving!**