

State of New Hampshire

New Hampshire Department of Health and Human Services

IMPORTANT INFORMATION ABOUT THE PREMIUM ASSISTANCE PROGRAM (PAP)

This document contains important information about how the Premium Assistance Program works, including some tips on how to choose a commercial health plan (called a QHP), your benefits, the appeals process, and information about people who cannot be in the PAP. You can access all of this information online, too, at www.dhhs.state.nh.us/ombp/pap.

WHO WILL GET HEALTH INSURANCE COVERAGE IN THE PREMIUM ASSISTANCE PROGRAM?

All persons in the NH Health Protection Program as of December 31, 2015 will participate in the Premium Assistance Program unless they are Medically Frail or they are receiving health insurance through their employer and already participate in the Health Insurance Premium Program (HIPP).

An explanation of who is exempt from the Premium Assistance Program is described below under the heading – “Are You Exempt from the Premium Assistance Program”.

HOW DO I SELECT A QUALIFIED HEALTH PLAN?

If you are enrolled with New Hampshire Healthy Families, you will be automatically enrolled in that Health Plan’s QHP, Ambetter, but *you* will still have the chance to select a different health plan from a group of plans that will be available to you based on the county where you live. If you are a Well Sense enrollee, you will be asked to shop for a QHP online through NH Easy at www.nheasy.nh.gov or by calling 1-888-901-4999. You can also visit a Service Link Center for help in choosing a plan.

When choosing a QHP look for the health plans that work with the providers you usually see when you access care and offer the medications you currently use. The hospitals and providers who work with the new health plans may be very different from the hospitals and providers that work with any other health plan you may have been covered by previously. For more information about the plans available, go to www.dhhs.state.nh.us/ombp/pap.

As of January 1, 2016, everyone in PAP will need to use the QHP’s health care providers. After you choose a plan, be sure to keep your state of NH Medicaid card. You will still need it in PAP.

WHAT HEALTH BENEFITS WILL I GET?

All of the QHPs will offer the same 10 categories of services, called the Essential Health Benefits, for things like doctor's visits, hospital care and prescriptions. To learn more about benefits now, go to www.dhhs.state.nh.us/ombp/pap.

WILL I HAVE TO PAY A PREMIUM?

You do not have to pay a premium (monthly cost) for your health coverage. You may have co-payments for some health services. These are different payments for different health services. But there is a limit to your costs each quarter of the year. How much you pay and the limit to your costs depends on your level of income. You will receive information about co-payments and limits from the Department. Your health plan will also send you more information about health services and co-payments. To learn more now, go to www.dhhs.state.nh.us/ombp/pap.

ADDITIONAL MEDICAID BENEFITS

When you are enrolled in the Premium Assistance Program, you are eligible to receive additional benefits that you can get directly from Medicaid if you need them. They will not be provided through the QHPs. The benefits are:

Non-Emergency Medical Transportation: You can access transportation to and from non-emergency medical appointments if you have no other way of getting there.

Extra help for 19 and 20 year olds: You can receive additional benefits if your provider prescribes them as medically necessary services. This extra level of benefits is called Early Periodic Screening Diagnostic and Testing Services (EPSDT).

Family Planning Services and Supplies: You can get family planning services and supplies from a Medicaid enrolled provider that is not in your QHP network, at no charge to you.

Limited Vision: You can get one pair of eyeglasses once a year.

Limited Dental: You can get treatment for severe dental pain or dental infections.

To request any of these additional benefits, call 1- 844-275-3447 or 1- 844-ASK-DHHS. *When you are accessing these benefits, be sure to have your NH Medicaid card.*

WHAT IF MY QHP DENIES SERVICES?

In the PAP Program, you can appeal decisions made about your eligibility for health coverage. For example, you can appeal if you think we have made a mistake on your household size,

income, citizenship, immigration status or residency. To ask for an appeal about eligibility call DHHS at 1-844-275-3447 or go to www.dhhs.nh.gov/oos/aau to get an appeals form. Or you can write your own letter and mail it to Central Scanning Unit, NH Department of Health and Human Services, P.O. Box 1810, Concord, NH 03301.

You can also appeal what health services you get. If you disagree with a decision that the QHP makes about your coverage, you will first need to use all of the QHP's appeals process to resolve the problem. If the QHP appeals process does not resolve the problem, you can ask for a hearing at DHHS. For more information about appeals now, please go to www.dhhs.state.nh.us/ombp/pap.

Once you are enrolled in a Qualified Health Plan, the health plan will provide information to you regarding its appeal process.

WHO IS EXEMPT FROM THE PREMIUM ASSISTANCE PROGRAM?

Certain groups of people cannot be in the PAP: people who tell us they are medically frail and people in the HIPP Program.

Medically Frail

People who are medically frail are those who have told us that they either have a physical, mental or emotional condition that limits their ability to do daily activities like going to work or school or they live in a long-term care facility like a nursing home or group home. If you are medically frail, you can still receive coverage, just not through the Premium Assistance Program. If you believe you are medically frail, please go to www.nheasy.nh.gov or call us at 1-844-275-3447 and tell us so that we can make sure you get the types of benefits you need. You can also send a letter to Central Scanning Unit, P.O. Box 1810, Concord, NH 03301. For more information on benefits available to you if you are medically frail, please go to www.dhhs.state.nh.us/ombp/pap.

HIPP (Health Insurance Premium Program)

People who get their health insurance through an employer and who are getting help paying the premiums and cost sharing from Medicaid are also exempt from the Premium Assistance Program. The program that helps pay premiums and cost-sharing is called the Health Insurance Premium Payment Program (HIPP). If you are eligible for HIPP or already a HIPP member, you are exempt from the Premium Assistance Program. For more information on the HIPP Program, go to <http://www.dhhs.nh.gov/oii/hipp.htm>.

WHAT INFORMATION CHANGES DO I NEED TO REPORT?

You need to report changes that might affect your eligibility for health coverage. Please report changes within ten days for both you and others in your household like:

- If someone moves
- If someone's income changes
- If your household changes. For example, someone in your household marries or divorces, becomes pregnant or has or adopts a child.

To report any of these changes call 1-844-275-3447 (844-ASK-DHHS) or go to www.nheasy.nh.gov.

For questions about whether a change in any of the above affects what co-payments you may have to pay or whether you still qualify for this program, please call 1-844-275-3447 or 1-844-ASK-DHHS or go to www.nheasy.nh.gov.

WHERE CAN I GET MORE INFORMATION NOW?

If you have any questions regarding this letter or about your participation in the Premium Assistance Program, please call the Medicaid Service Center at 1-888-901-4999.