Reference Guide for Members

CARE IS THE HEART OF OUR WORK®

www.amerihealthcaritasnh.com

AmeriHealth Caritas®
New Hampshire

! **Important information!** Please read carefully!

Useful phone numbers:

This Reference Guide will walk you through important things you need to know. Please review it carefully and keep it handy!

Member Services
1-833-704-1177 (TTY 1-855-534-6730)

24/7 Nurse Call Line
1-855-216-6065 (TTY 1-855-534-6730)

Pharmacy Member Services
1-888-765-6383 (TTY 711)

Nonemergency Medical Transportation (CTS)
1-833-301-2264

NH Department of Health and Human Services (DHHS)
1-844-ASK-DHHS (1-844-275-3447)

Mental health or substance use crisis
988

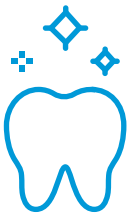
For help to quit smoking
1-800-QUIT-NOW

Need dental?

Dental benefits are covered by NH DHHS. To find a dentist that takes Medicaid:

For adults, call DentaQuest at **1-844-583-6151** and be prepared to provide your state Medicaid ID number.

For children, visit **insurekidsnow.gov:**

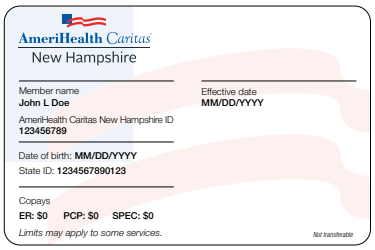


- Go to **Find a Dentist.**
- Make selections in the drop-down fields.
- For Benefit Plan, select **NH Medicaid.**

Note: Call **1-833-704-1177 (TTY 1-855-534-6730)** to request a copy of the Provider Directory or Member Handbook be mailed to you at no cost.

Table of Contents

Important Items From AmeriHealth Caritas New Hampshire

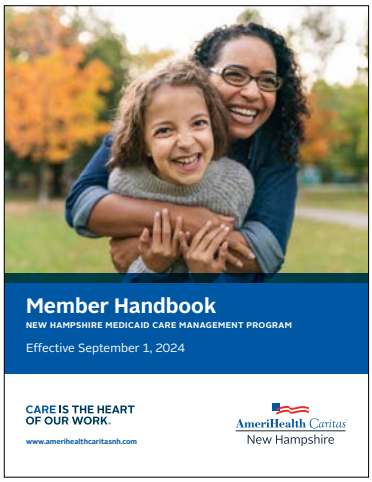


Your AmeriHealth Caritas New Hampshire Member ID Card.

You should receive this in the mail when you are newly enrolled as a member with AmeriHealth Caritas New Hampshire. Bring this card with you to all medical appointments and to your pharmacy when picking up prescriptions. You should receive this card at the same time or within a few days of this guide.

Your CARE Card.

You should receive your CARE Card in the mail after you have completed your first healthy activity to earn a reward. (See page 6 for a list of eligible activities.) You can continue to earn money on this card by completing healthy activities throughout the year. You then use this card like a debit/credit card to spend the money on certain items you need at places like Walmart or CVS.



Your Member Handbook.

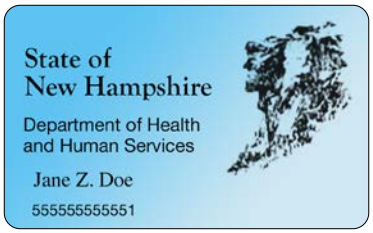
This is available at **www.amerihealthcaritasnh.com/handbook** or by calling Member services to request it be mailed at no cost to you. Your Member Handbook lists all the benefits available to you under your plan in detail, along with important phone numbers and other information you may need to know. ***As you review this Reference Guide, we will tell you which section of the Member Handbook you can review for more information.***

You can find information such as:

- Which medical services are covered under this plan
- Your rights and responsibilities
- How to use your services
- How to get a second opinion
- How to appeal a decision you don't agree with
- How to file a complaint

If you have trouble finding or understanding anything in your Member Handbook, or to receive a copy by mail, please call Member Services at **1-833-704-1177.**

From the New Hampshire Department of Health and Human Services (DHHS):



You should already have a New Hampshire Medicaid card from the state.

You will bring this with you to all your medical appointments along with your **AmeriHealth Caritas New Hampshire ID Card**.

! Things to do right away as a new member:

Set up a visit with your primary care provider (PCP) and complete your Health Risk Assessment (HRA) during your visit. To find your PCP:

Look at the letter that came with your AmeriHealth Caritas New Hampshire ID Card.

Log into your Member Portal. (See page 17.)

Call Member Services at **1-833-704-1177.**

Check out the next page to see a list of healthy things you can do to earn money on your CARE Card!

Things to do each year:

- ☐ Visit your PCP for an annual exam and HRA discussion.
- ☐ Complete your redetermination (Medicaid renewal) at **nheasy.nh.gov** or by calling **1-844-ASK-DHHS** (**1-844-275-3447**).
- ☐ If your contact information changes (mailing address, phone number, email address) please update this information with BOTH:
  - › New Hampshire Department of Health and Human Services: **NHEasy.nh.gov**

AND

  - › AmeriHealth Caritas New Hampshire: **1-833-704-1177**

Did you know?

You may change the PCP you are assigned to for any reason and at any time by:

calling Member Services at: **1-833-704-1177** (TTY **1-855-534-6730**)

logging on to your Member Portal at **www.amerihealthcaritasnh.com/memberportal**

If you change your assigned PCP, please make sure to schedule a wellness visit with your new PCP as soon as possible and complete an HRA even if you recently did so with your previous PCP.

CARE Card Rewards Program

The AmeriHealth Caritas New Hampshire CARE Card rewards program allows members to earn rewards for doing things that help them stay healthy.

Once your provider notifies us that you have completed a healthy activity, we will add rewards* to your card. It's that easy!

Each AmeriHealth Caritas New Hampshire member, including children and infants, earns rewards on their own CARE Card up to $250 in cash and non-cash goods and services each state fiscal year ending June 30.

Earn rewards for doing healthy activities.*

Here are the AmeriHealth Caritas New Hampshire rewards effective **September 1, 2024.**

After your provider notifies us that you have completed a healthy activity, we will add the rewards to your CARE Card.

$15	Get Care Management help for unmet social needs.
$20	Annual flu shot
	Annual breast cancer screening (mammogram) for women ages 40 to 74
	Stop smoking (eight weeks of nicotine replacement use).
	Get RSV vaccine – between 32 to 36 weeks of pregnancy; ages 60 and older.
$25	Your child will get $25 on their CARE Card after their first lead screening (between 11 and 23 months) AND your child will get another $25 on their CARE Card after their second lead screening (between 23 and 35 months).
	Attend at least one Member Advisory Board meeting. To learn more, visit www.amerihealthcaritasnh.com/about/mab.aspx.
	When members ages 12 to 18 download the NextStep Goodlife mobile app and have a parent or guardian notify us through the secure contact form at **www.amerihealthcaritasnh.com.**
	By second birthday, baby has had all 10 required shots.**
	By 15 months old, baby has had all six infant well visits.**
	Complete a well visit with your PCP each calendar year for members age 22 and up.
$30	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 to 21
$40	Have a postpartum visit 7 to 84 days after delivery.
$50	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)

$50	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.
	When members continue to take their prescription of buprenorphine/naloxone for 60 days in a row
$70	Notify us of your pregnancy in the first trimester or within 30 days of plan enrollment.

How can I use the money I earned?

1. Activate your card or check your balance.

- Call **1-888-682-2400** and follow the instructions, or
- Visit **http://www.mybenefitscenter.com**. You may need your New Hampshire Medicaid ID card with you to complete activation.

2. Use your card at:

Walmart, Walgreens, DOLLAR GENERAL, Hannaford, shaw's, FAMILY DOLLAR, CVS pharmacy, RITE AID

3. Buy items you need such as:

- Diapers
- Fruits and vegetables
- Shampoo/conditioner
- Thermometers
- First-aid supplies
- And much more**!

Pay with your CARE Card at checkout.

4. Visit **amerihealthcaritasnh.com/carecard** or call Member Services at **1-833-704-1177** (**TTY 1-855-534-6730**) 24 hours a day, seven days a week for any questions about:

- Where you can use the CARE Card.
- What you can buy with it**.

*Some restrictions and limitations may apply. Earn up to $250 in cash and non-cash goods and services each state fiscal year ending June 30.

Members cannot use the CARE Card to purchase alcohol, tobacco, or firearms. The rewards may not be converted to cash. Eligible CARE Card program rewards are subject to change. AmeriHealth Caritas New Hampshire will notify you before the change happens. Once your provider notifies us that you have completed a healthy activity, we will add rewards to your card. Members may not be eligible to earn all of the rewards listed. If you have questions, call Member Services at **1-833-704-1177 (**TTY 1-855-534-6730**), 24 hours a day, seven days a week.

Remember to use your rewards!

Unspent rewards expire 12 months after your most recent reward, or upon member disenrollment.

Care Management

If you need help managing your health, whether physical or behavioral, all it takes is one call.

You can call and ask for services, or your doctor or provider can call for you.

Let us know about your situation. (***For more information, see Sections 2.4, 5.1, and 5.2 of the Member Handbook.***)

A Care Manager can help you:

- Schedule your health care appointments.
- Find transportation to and from your appointments.
- Create relationships with your doctors.
- Learn more about your health conditions.
- Get the medicines your doctor ordered for you.
- Find helpful community resources for your health care needs.
- Manage your post-hospital care.
- Get durable medical equipment for your home, if needed. This may include a wheelchair or other medical supplies.

To enroll in Care Management, call Member Services, at **1-833-704-1177**, 24 hours a day, seven days a week **(TTY 1-855-534-6730)**.

You can **earn $15*** when you enroll in Care Management.

Care Management is available for both adult and child members.

*Some restrictions and limitations may apply. Earn up to $250 in cash and non-cash goods and services each state fiscal year ending June 30.

Rapid Response and Outreach Team

The AmeriHealth Caritas New Hampshire Rapid Response and Outreach Team can help you with your most urgent needs. We have nurses, social workers, and Care Managers ready to assist you.

The Rapid Response and Outreach Team can:

- Help schedule your provider appointments.
- Help you find a ride to and from the provider.
- Help you understand your health conditions.
- Help remove barriers to health care services.
- Answer questions about how to get medicine, supplies, and medical equipment.
- Find resources for you in your community, like housing, food, and emergency clothing.
- Call you after a stay in the hospital to make sure you have all the services you need.

How can we help you? Just let us know.

Call the Rapid Response and Outreach Team at **1-833-212-2264** (**TTY 1-855-534-6730**).

Pharmacy and Prescriptions

Which pharmacy can I use?

To find a network pharmacy, you can:

- Visit our website, **https://acnh.darwinrx.com/PharmacyLocator**.
- Look in the Printable Provider Directory, found at **www.amerihealthcaritasnh.com/provider-directory**.
- Call Pharmacy Member Services at **1-888-765-6383**.

Retail pharmacy copayment

You may have to pay $1 for a 34-day supply of **most** medications.

In some cases you may be able to get up to a 90-day supply of certain maintenance medications, to manage an ongoing condition.

Note: Some members may be exempt from having to pay the copayment for prescription medications.

To see who qualifies as exempt, please see Section 7.7 of the Member Handbook.

For questions about medication-related copays and benefits, call Pharmacy Member Services at **1-888-765-6383** (**TTY 711**).

For questions about medication side effects or interactions, call one of the following:

- Your primary care physician (PCP).
- Our 24/7 Nurse Call Line at **1-855-216-6065** (**TTY 1-855-534-6730**) or visit **www.amerihealthcaritasnh.com/nurse-line** to email about nonurgent questions.
- Member Services at **1-833-704-1177** (**TTY 1-855-534-6730**) and ask to speak to a Care Manager.

How do I know if my medication is covered?

You may find out if a particular drug is on the Drug List by:

- Visiting the plan's AmeriHealth Caritas New Hampshire website **www.amerihealthcaritasnh.com/druglist**.

  Note: Some medications require Prior Authorization. These will be marked with "PA" on the drug list. The Drug List on the website is always the most current. (***For more information about Prior Authorization for Prescriptions, see Section 7.1 of the Member Handbook.***)

- Calling and asking Pharmacy Member Services to find out if the drug is on the plan's AmeriHealth Caritas New Hampshire Drug List.

(***For more information, see Chapter 7 of the Member Handbook.***)

Your Primary Care Provider

What is a primary care provider (PCP)?

A PCP is the network provider (doctor) you choose and whom you should see first for most health problems.

You should visit your PCP at least once a year for routine preventive care and to discuss any situations in your life that may be affecting your health, sometimes known as a Health Risk Assessment (HRA).

Having this conversation allows your doctor to help connect you to services such as counseling or food/housing support if you need them.

If you have certain medical conditions, such as diabetes, you may need to visit your PCP more often. (***For more information, see Section 3.1 of the Member Handbook.***)

Kiran doesn't have any medical conditions, and he doesn't need any medicines. He visits his PCP once a year for a routine preventive exam.

Gabriel has diabetes and goes to his PCP every year for a checkup. He gets his lab tests done every three months and talks with his PCP about the test results. Gabriel may see his PCP when he's not feeling well or needs changes to his medicines.

Sara went to her PCP about her allergies. Her PCP referred her to an allergist, a doctor who specializes in treating allergies. Now Sara visits both her PCP and her specialist at least once a year.

If you need help selecting or changing your primary care provider (PCP), call Member Services.

To choose or change your PCP, call Member Services at **1-833-704-1177 (TTY 1-855-534-6730).**

You may change your network PCP for any reason, at any time.

If you don't choose a PCP, AmeriHealth Caritas New Hampshire will choose one for you.

Your primary care provider (PCP):

- Makes sure you get the care you need to help keep you healthy.
- Initiates referrals for specialist care, and maintains the continuity of your care.

Types of PCPs include:

- Pediatrician
- Family practitioner
- General practitioner
- Internist
- Obstetrician/Gynecologist (OB/GYN)
- Physician assistant (under the supervision of a physician)
- Nurse practitioner
- Advance Practice Registered Nurse (APRN)

Women's Health

Women do not need a primary care provider (PCP) referral to see an in-network OB/GYN or another provider who offers women's health care services.

Women can get:

- Routine checkups
- Follow-up care if needed
- Regular care during pregnancy

Bright Start® Maternity Program

Are you pregnant? Did you know you can earn money just by letting us know you are pregnant?

(*See CARE Card Rewards Program on page 6.*)

The Bright Start maternity program can help you have a healthy pregnancy from beginning to end. With Bright Start, you can expect help with:

- Registering for childbirth and other health information classes.
- Connecting to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to get food and other services for you and your baby.
- And much more!

(***For more information, see Section 5.1 of the Member Handbook.***)

Start prenatal care early.

Do you have

A history of diabetes, asthma, or depression?

High blood pressure?

Struggle with drug or alcohol use?

Other problems related to pregnancy, such as unusual cramping?

Bright Start can provide you with extra help during your pregnancy.

As soon as you think you are pregnant, make an appointment with your OB/GYN provider. Be sure to keep all your prenatal appointments and follow your provider's plan of care.

For help finding an OB/GYN provider, go to **www.amerihealthcaritasnh.com/find-provider** or call Member Services at **1-833-704-1177** (**TTY 1-855-534-6730**).

When your baby is born

- Notify AmeriHealth Caritas New Hampshire of your baby's birth within 30 days.
- Earn $40* by going to your postpartum visit.

*Some restrictions and limitations may apply. Earn up to $250 in cash and non-cash goods and services each state fiscal year ending June 30.

Earn $70* on your CARE Card when you tell us you are pregnant in your first trimester or within 30 days of enrollment with the plan.

Earn $50* on your CARE card when you tell us you are pregnant in your second or third trimester or **after** the first 30 days of enrollment with the plan.

Did you know?
You can get prenatal vitamins through your AmeriHealth Caritas New Hampshire benefits. Call Pharmacy Member Services at **1-888-765-6383 (TTY 711)** to learn which brands are covered.

Need a new car seat?
Let us know during your third trimester, and we will provide one (up to a $210 value)* **at no cost to you.**

Specialists

A specialist is a doctor who provides health care services for a specific disease or a specific part of the body. There are many kinds of specialists.

Examples of specialists:

- Oncologists care for patients with cancer.
- Cardiologists care for patients with heart conditions.
- Orthopedists care for patients with bone, joint, or muscle conditions.
- Dermatologists care for patients with skin conditions.

(***For more information, see Section 3.3 of the Member Handbook.***)

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your primary care provider (PCP).

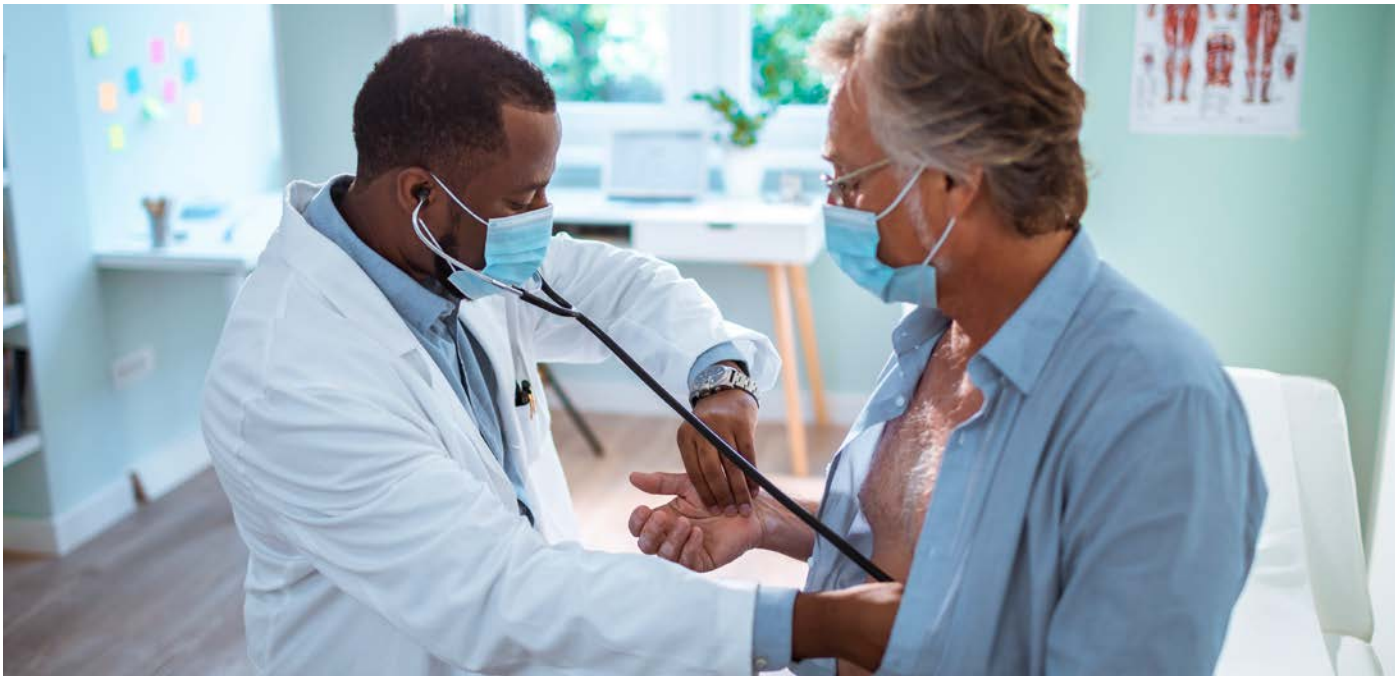
How do I see a specialist?

When your PCP thinks that you need a specialist, he or she will refer you (hand off your care) to a network specialist.

If AmeriHealth Caritas New Hampshire does not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside our plan. This is called an out-of-network referral.

Your PCP or another network provider must ask AmeriHealth Caritas New Hampshire for approval before you can get an out-of-network referral. This is called prior authorization.

Sometimes we may not approve an out-of-network referral because we have a provider in our network who can treat you. If you do not agree with our decision, you can appeal our decision.



Support for Your Health and Wellness

Mental health

Many things can lead to a mental health crisis, including:

- Increased stress
- Physical illness
- Problems at work, school, or home
- Changes in family situations
- Trauma/violence in the community
- Substance use

These issues are difficult for everyone, but they can be especially hard for someone living with a mental illness.

(***For more information, see Sections 2.5, 3.3, 3.6, 4.2, and 5.4 of the Member Handbook.***)

Need help to quit smoking?
Go to **quitnownh.org** or call **1-800-QUIT-NOW**

Don't wait, call 988.

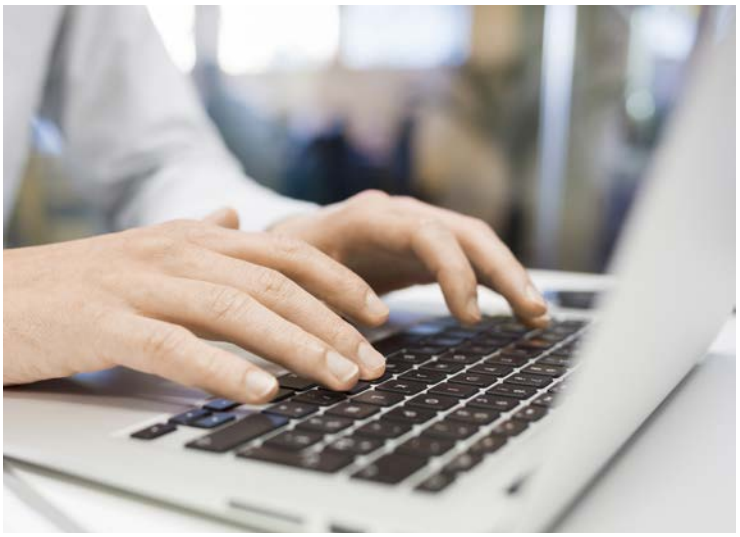
In case of a mental health and/or substance use emergency – if you or someone you know is in need of emotional or mental health supports and services (or there is a risk of suicide), including concerns about substance use – call **988**.*

A Care Manager can help members who are experiencing stress and/or mental illness. Call Member Services at **1-833-704-1177**, 24 hours a day, seven days a week **(TTY 1-855-534-6730).**

*For New Hampshire residents, 988 works best if you are calling from a 603 area code. You can also call the toll-free NH Rapid Response Access Point (**1-833-710-6477**).

Your Member Portal

Sign up. Log in. Stay connected.



The Member Portal is an easy-to-use, secure website that allows you to:

- Change your primary care provider (PCP).
- Set up prescription refill reminders.
- Access your health records, such as when vaccines and tests were last completed.
- Get your prescription history, including most recent refills for the past six months.
- Find in-network pharmacies, and more.

Where do I find the Member Portal?

Find your portal with the following steps:

1. Go to **www.amerihealthcaritasnh.com** > Members.
2. Click **Member Portal** on the menu.
3. **First-time user?** Register using the member ID number that is on your member ID card.

   Choose the email address you want to use as your user ID and create a password.
4. **Already registered?** Just log in.

Make sure to keep your user ID and password safe and secure. Don't share them with anyone.

You can speak to someone 24 hours a day, seven days a week, by calling Member Services at **1-833-704-1177 (TTY1-855-534-6730)**.

AHC Mobile App: Better Health at Your Fingertips

AHC Mobile

AmeriHealth Caritas New Hampshire is making it easier to take care of your health. Our mobile app is available at no cost* to you.

AmeriHealth Caritas New Hampshire members can get this app at no cost.* Visit the Google Play store or Apple App Store.

Android

Apple

For more information, please call AmeriHealth Caritas New Hampshire Member Services, 24 hours a day, seven days a week, at **1-833-704-1177 (TTY 1-855-534-6730)** or visit **www.amerihealthcaritasnh.com**.

Mobile app features

Medicine cabinet

- List your medications.
- Learn what the medicine is for, as well as possible side effects.
- Set reminders for taking your next dose.

Find a provider tool — You can even get traveling directions.

Digital ID card — Choose ID cards from the app menu.

Member Handbook — Look up important information about your health plan.

Contact us — Easy access to the important phone numbers you need to:

- Schedule transportation when medically necessary.
- Speak to our Nurse Call Line.
- Report fraud, waste, and abuse.

*Standard messaging and data fees may apply.

Nonemergency Medical Transportation Benefits

AmeriHealth Caritas New Hampshire can help you get to your covered health care visits and services.

We offer two choices:

Call CTS at 1-833-301-2264 at least 48 hours before your trip to be able to get reimbursement or to schedule a ride.

Get a ride from someone you know

and we'll reimburse $0.70 per mile.

If you are a member with your own car or a family member or friend who can drive you to and from medical visits, you can get paid back $0.70 per mile, by check or direct deposit. This is called the Family and Friends Reimbursement Program.

Schedule a ride.

If you need help with a ride to a medically necessary service, call to schedule a ride through **Coordinated Transportation Solutions** (CTS).

Medically necessary services include:

- Visits with your doctor or other provider
- Trips to the pharmacy
- Rides home after being discharged from the hospital or ER

If you have an emergency, call **911**.

Public transportation

If you would prefer to use public transit, **call CTS at 1-833-301-2264 to get a Public Transit Pass** at least 48 hours before your trip.

When calling CTS to schedule a ride:

- Call at least 48 hours before your trip to be able to get reimbursement or to schedule a ride.
- Let CTS know if you will need wheelchair-accessible or other specific types of medical transportation. We will help with securing documentation, if required.
- Please make sure CTS has your correct phone number. Update your number with CTS and the Department of Health and Human Services (DHHS) if it changes.
- Transportation is provided for up to two people. If you need transportation for more than two people, your request will require approval.
- If you are unable to keep an appointment, call the CTS transportation line as soon as possible to cancel or reschedule the ride.

To learn more or to request reimbursement for trips to medically necessary services, please visit www.**amerihealthcaritasnh.com/transportation.**

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

Social Trips – Transportation Benefits

AmeriHealth Caritas New Hampshire offers members **12 one-way rides** per calendar year to or from places in your community, such as events at our Wellness and Opportunity Center, job interviews, exams, food banks, and more.

Social trips have a 30-mile limit each way.

Non-medical services that qualify:

- Locations where you can spend your CARE Card dollars
- GED/HiSET exam and prep classes
- Grocery store

- Group support meetings
- Pharmacy, for items other than prescriptions
- State-covered respite services
- Wellness and Opportunity Center events
- Job-related interviews and trainings

Value-Added Benefits

(***For more information, see Section 4.3 of the Member Handbook.***)

Well-child visit raffle

Members ages 2 to 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 to 17 are automatically entered into a raffle for a chance to win a $120 Adidas gift card when they attend their yearly well visit.*

Mission GED

Mission GED is a special program that can help you reach your goal of earning your high school equivalency diploma.

Mission GED can help you with:

- **Getting prepared.** We'll connect you to resources that can help you get ready to take the exam.
- **Testing costs.** AmeriHealth Caritas New Hampshire will provide you with testing vouchers so you can take your preHiSET and HiSET exams at no cost to you!

Joining is easy:

1. Fill out the Mission GED member application. You can download the application at **www.amerihealthcaritasnh.com/GED**. If you would like an application mailed to your home, call **1-833-704-1177** (**TTY 1-855-534-6730**).
2. Complete the application and mail it back to the address on the form.
3. After you mail back your completed application, one of our program coaches will contact you. They will help you sign up for your HiSET exam and connect with other resources in your area.

Eligible members can earn their high school equivalency credentials by taking the HiSET® exam and can receive support toward the cost of the exam (up to a $125 value).*

Vision benefit

For members age 21 and older: Annual $100 allowance for prescription contact lenses.

To find an eye doctor near you:

1. Go to **amerihealthcaritasnh.com/find-provider.**
2. Set the location in the top right to where you live or want to go to the eye doctor.
3. Select "Doctors by Specialty" and type "eye doctor," "optometrist," or "ophthalmologist."

Need help finding an eye doctor?

Call Member Services at **1-833-704-1177**, 24 hours a day, seven days a week (TTY **1-855-534-6730**).

*Some restrictions and limitations may apply. Earn up to $250 in cash and non-cash goods and services each state fiscal year ending June 30.

Check out these additional value-added benefit programs.

Home visit for asthma program

Home visit to address home-based asthma triggers as part of a comprehensive approach to asthma management.

- Qualifying members in Manchester will be referred to the local Department of Public Health for inclusion in the local program.
- For members outside of Manchester, the asthma home visit(s) include:
  - An environmental assessment.
  - Education on asthma triggers. Connections to community resources to address unmet health opportunities.
  - Development of a tailored environmental intervention plan to improve asthma control.
  - Supplies such as roach bait stations and mattress and pillow case covers to reduce triggers.

Safelink Lifeline Wireless

This is a federal program that provides free phone service and minutes each month to income-eligible customers who apply and qualify for the program.

What do I need to do?

You must first apply for this program. Our Care Managers can help. Apply at: **http://www.SafeLinkWireless.com**.

Having trouble getting a SafeLink account?

Our team can help you!

Not eligible for a SafeLink phone at this time?
Our team can help you access a cell phone for health and wellness at no cost to you.

Living Beyond Pain program

This program offers care coordination for pain management.

This means AmeriHealth Caritas New Hampshire helps you communicate with your providers and arrange to receive covered services that can lead to living with less pain.

Who can enroll?

Members aged 18 and older who need, or could use, help with pain management.

Care Coordination for pain management includes the following:

- Chronic Pain Health Risk Assessment to determine pain management needs.
- Action Plan that includes pain management.

You must already be enrolled in Care Management to qualify for the Living Beyond Pain program.

- Assistance to help you and your doctor communicate and work together.
- Learning skills to help you manage your pain such as:
  - Keeping a daily pain diary.
  - Attending follow-up appointments.
- Learning about pain control measures other than medicines that you can discuss with your doctor such as, but not limited to*:
  - Use of hot or cold packs
  - Diet changes
  - Cognitive behavioral therapy
  - Physical therapy
  - Chiropractic services
  - Acupuncture
- Referrals to appropriate pain management or substance use disorder specialists.

Care coordinators can assist you with getting referrals and finding the appropriate care.

Call Member Services at **1-833-704-1177** to learn more.

Flexible Recovery Support Program

A one-time flexible benefit with service **value up to a lifetime max of $500** for members who have successfully completed a non-hospital substance use disorder residential treatment program.

Under this program, members will be eligible for recovery-oriented services to support recovery.

These include services available at the residential facility or in the community such as:

- Chiropractic.*
- Acupuncture.*

Members enrolled in this program may also access:

- Home-delivered meals.
- Transportation benefits:
  - To allow family members to visit an inpatient treatment facility to walk through discharge plans for the member.
  - For members to access recovery services, including support groups, in the community.

Call Member Services at **1-833-704-1177** to learn more.

*Some services, such as chiropractic and acupuncture, require prior authorization.

Prior Authorization

What is it?

Some services require your provider to receive approval from AmeriHealth Caritas New Hampshire before services can be performed.

For a complete list of which services require Prior Authorization, see the Benefits Chart (Section 4.2) of the Member Handbook.

The Prior Authorization requirements for each service are in ***italics,*** highlighted below.

Example from Benefits chart (Section 4.2 of the Member Handbook):

Ambulance services – Emergency

The plan covers ambulance services when you have an emergency medical condition and when other modes of transportation could risk your health or your life.

Covered ambulance services include:

- Ground ambulance services.
- Air ambulance services if:
  - You cannot safely be transported in a timely manner via ground transportation; and
  - You are at imminent risk of losing life or limb, if the fastest means of transport is not utilized.

Emergency ambulance services will take you to the nearest facility that can provide you appropriate care.

Prior authorization is not required for emergency ambulance services.

Prior authorization is required for air ambulance.

Ambulance services are not covered outside the United States and its territories.

For more information, please call Member Services.

What do I need to do?

In most cases your doctor will know if a service requires Prior Authorization and how to request it. If you are unsure if a service might require Prior Authorization, talk to your doctor or call Member Services at **1-833-704-1177**, 24 hours a day, seven days a week (**TTY 1-855-534-6730**). ***For more information about Prior Authorizations, please see Chapter 6 of the Member Handbook.***

Some medicines require Prior Authorization as well.

Your doctor will work with us to get authorization if it is needed. ***For more information, see Section 7.1 of the Member Handbook, or page 11 in this guide.***

Appeals and Grievances

To file a grievance, please call Member Services at 1-**833-704-1177 (TTY 1-855-534-6730)**.

If you are not happy with how you were treated by AmeriHealth Caritas New Hampshire or your doctor or with the quality of your medical care, you may file a grievance.

If you disagree with a decision made by AmeriHealth Caritas New Hampshire, you can file an appeal.

If your first appeal is denied, you may submit a **second-level** (State Fair Hearing) appeal.

You can submit a first-level appeal by mail, fax or phone.

Mail	Fax	Phone
AmeriHealth Caritas New Hampshire P.O. Box 7389 London, KY 40742-7389	**1-833-810-2264**	**1-833-704-1177** or (**TTY 1-855-534-6730**), available 24/7

You can file a second-level appeal (State Fair Hearing) by mail or fax.

Mail	Fax
Administrative Appeals Unit NH Department of Health and Human Services 105 Pleasant Street, Room 121C Concord, NH 03301	**1-603-271-8422**

For questions or help with filing an appeal or grievance, contact Member Services at **1-833-704-1177** (**TTY 1-855-534-6730**).

You may also contact the NH DHHS Customer Service Center at **1-844-ASK-DHHS** (**1-844-275-3447**) (**TTY 1-800-735-2964**), Monday through Friday, 8 a.m. – 4 p.m. ET.

Levels Of Appeal	Appeal	Expedited (Faster) Appeal
First Level Appeal (**Standard Appeal**)	File your standard appeal with AmeriHealth Caritas New Hampshire **by phone or in writing within 60 calendar days** of the date of the plan's written notice to you.	File your expedited appeal with AmeriHealth Caritas New Hampshire **by phone or in writing within 60 calendar days** of the date of the health plan's written notice to you. **When you contact the plan, remember to ask for an expedited appeal.**

Levels Of Appeal	Appeal	Expedited (Faster) Appeal
Second Level Appeal (**State Fair Hearing Appeal**)	Request a standard State Fair Hearing **in writing within 120 calendar days** of the date on the plan's written decision**.**	Request an expedited State Fair Hearing appeal **in writing immediately** upon receipt of the plan's written decision. If your appeal is to continue benefits for previously authorized services, **you must also request continuation of benefits at the same time you file your expedited State Fair Hearing appeal.**

What information do I need to provide in my appeal?

Include your:

- ☐ Name
- ☐ Address
- ☐ Phone number
- ☐ Email address (if you have one)
- ☐ Describe the date of the action or notice from the plan you want to appeal, and attach a copy of the notice.
- ☐ Explain why you want to appeal the decision.
- ☐ If the plan's decision was to deny, reduce, limit, suspend, or end your previously authorized benefits, indicate whether you want to have previously authorized benefits continued. For more information, refer to Section 10.6 of the Member Handbook (How to request continuation of benefits during appeal and what to expect afterward).

If you are filing an expedited appeal, include the following in addition to the list above:

- Specify that you want an expedited State Fair Hearing.
- Explain how any delay of services could seriously jeopardize your life; physical or mental health; or ability to attain, maintain, or regain maximum function.

You may designate someone to file the appeal for you, including your provider.

However, you must give written permission to name your provider or another person to file an appeal for you. ***For more information about how to appoint another person to represent you, refer to Section 2.13 of the Member Handbook (Other important information: You may designate an authorized representative or personal representative).***

What should I expect once I file my appeal?

- **For a standard appeal.** AmeriHealth Caritas New Hampshire will notify you of its decision in writing within 30 calendar days after receipt of your appeal request.
- **For an expedited appeal.** AmeriHealth Caritas New Hampshire must resolve your request as quickly as your health condition requires, but no later than 72 hours after the date the plan receives your request.

If the service(s) in question *were not provided* while the appeal was pending:

If AmeriHealth Caritas New Hampshire reverses its decision to deny, reduce, limit, suspend, or end services that **were not provided** while the appeal was pending, AmeriHealth Caritas New Hampshire will authorize the services **no later than 72 hours** from the date the plan reversed its decision.

If the service(s) in question *were provided* while the appeal was pending:

- If the decision is in your favor, the plan will pay for those services.
- If you lose your appeal and received continued benefits you may be responsible for the cost of any continued benefits provided by the plan during the appeal period.

(***For more information about filing a grievance or appeal, see Chapter 10 of the Member Handbook.***)

Important Resources

Fill out and keep the **List of Helpful Numbers** and the **Feeling Great Checklist** in a convenient location.

Review the **Rights and Responsibilities grid** to help you get the full picture of what rights are available to you under the AmeriHealth Caritas New Hampshire plan.

List of Helpful Numbers

Please fill in and use this sheet to remember important names and phone numbers for your health care.

My AmeriHealth Caritas New Hampshire ID number:

_____

Family members' AmeriHealth Caritas New Hampshire ID numbers:

Name _____ ID number _____

Name _____ ID number _____

Name _____ ID number _____

Name _____ ID number _____

My primary care provider (PCP) and/or medical home

Name: _____ Phone: _____

Address: _____

My child's PCP and/or medical home

Name: _____ Phone: _____

My behavioral health provider

Name: _____ Phone: _____

My child's behavioral health provider

Name: _____

Phone: _____

AmeriHealth Caritas
New Hampshire

List of Helpful Numbers

My dentist

Name: _____

Phone: _____

My child's dentist

Name: _____

Phone: _____

My AmeriHealth Caritas New Hampshire Care Manager

Name: _____

Phone: _____

Other helpful phone numbers

Member Services
1-833-704-1177
(TTY 1-855-534-6730)

NH Rapid Response Access Point (mental health and/or substance use emergency)
1-833-710-6477

Nonemergency medical transportation (CTS)
1-833-301-2264

24/7 Nurse Call Line
1-855-216-6065
(TTY 1-855-534-6730)

Pharmacy services
1-888-765-6383 (TTY 711)

Visit us on the web at:
www.amerihealthcaritasnh.com

You can write to Member Services at:

AmeriHealth Caritas
New Hampshire
Member Services
P.O. Box 7386
London, KY 40742-7386

This document is to help you easily locate important numbers for your health care. Remember to store this document in a safe place.

ACNH_211459662

AmeriHealth Caritas
New Hampshire

www.amerihealthcaritasnh.com

Feeling Great Checklist

If you have questions about any of the items on the checklist below, make a note of them and ask your primary care provider (PCP).

Asthma

- ☐ Talk with your PCP about an asthma action plan.
- ☐ Talk with your PCP if you use your fast-acting (rescue) inhaler more than two times a week.
- ☐ Take your controller medicine every day.
- ☐ Don't stop taking your controller medicine without first talking with your PCP.
- ☐ See your PCP when you have:
  - Wheezing or coughing that still bothers you one hour after using your fast-acting medicine.
  - Trouble doing normal activities because you are too weak or tired.
  - Trouble breathing or breathing very fast.

Your PCP can tell you if more treatment is needed to help you breathe better.

General dental health

- ☐ Brush your teeth two times a day.
- ☐ Make sure your children brush their teeth two times a day.
- ☐ Floss every day.
- ☐ Get dental checkups for yourself and your children.
- ☐ Limit foods with high amounts of sugar.
- ☐ Talk with your dentist about the foods you eat.

Depression

Talk with your PCP to let them know if you:

- ☐ Feel sad a lot.
- ☐ Have a loss of interest in activities you once enjoyed.
- ☐ Feel tired, have little energy, or are unable to concentrate.
- ☐ Have trouble sleeping or are eating too little or too much.

If any of the statements above apply to you, you might have symptoms of depression. Your PCP can discuss treatment options with you. Just remember, depression is treatable. Talk to your PCP about ways to help you feel better.

Diabetes

- ☐ Check your blood sugar as your PCP tells you.
- ☐ Each year, or as your PCP tells you:
  - Get an HbA1c test.
  - Check your cholesterol.
- ☐ See your eye doctor each year.
- ☐ See your foot doctor each year.
- ☐ Ask your PCP about weight management and nutrition.
- ☐ Exercise every day.

AmeriHealth Caritas New Hampshire

19-0006

Heart health

- ☐ Take your medicines every day, or as your PCP tells you.
- ☐ Check your cholesterol each year or as your PCP tells you.
- ☐ Check your blood pressure as your PCP tells you.
- ☐ Ask your PCP about weight management and nutrition.
- ☐ Try to exercise for at least 30 minutes each day.

Lead and immunization

- ☐ Ask your child's PCP about a lead screening at each well-child visit up to age 6.
- ☐ Remember to schedule well-child visits for your child up to age 21.
- ☐ Ask your child's PCP which immunizations (shots) your child needs.
- ☐ Adults need immunizations, too. One of these is your annual flu shot. Ask your PCP about other immunizations you may need.

Maternity

- ☐ Call your OB/GYN for an appointment as soon as you think you may be pregnant.
- ☐ Take your prenatal vitamins as recommended by your OB/GYN.
- ☐ Keep all your appointments with your OB/GYN to help keep you and your baby healthy.
- ☐ Ask your OB/GYN about programs available to help you stop smoking, drinking alcohol, or using drugs.
- ☐ Ask your OB/GYN about the best foods for you and your baby to eat.
- ☐ Brush your teeth two times a day.
- ☐ See your dentist while you are pregnant.

Women's health

- ☐ Talk with your PCP about:
  - When you should get a mammogram.
  - Getting a Pap test every three years.
  - How to perform monthly breast exams on yourself.
- ☐ Call your PCP if you notice any changes in your breasts or menstrual cycle.

Weight management

- ☐ Ask your PCP about weight management and nutrition to keep you and your children healthy.
- ☐ Add fruits and vegetables to all your meals.
- ☐ Reduce sugar and unhealthy fats in the foods you and your family eat.
- ☐ Plan time for exercising as a family.
- ☐ Encourage playing outside.
- ☐ Reduce screen time (computer, TV, tablet, and phone).
- ☐ Encourage your child to go to after-school programs that offer physical activity.

These checklists are to help you and your family stay healthy. They are not intended to replace care by your health care providers. Please ask your PCP if you have any questions about your health conditions.

For more copies of this checklist, call Member Services at **1-833-704-1177 (TTY 1-855-534-6730)**.

AmeriHealth Caritas New Hampshire

AmeriHealth Caritas New Hampshire

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully**.

Your rights

You have the right to:	• Get a copy of your health and claims records. • Correct your health and claims records. • Request confidential communication. • Ask us to limit the information we share.	• Get a list of those with whom we've shared your information. • Get a copy of this privacy notice. • Choose someone to act for you. • File a complaint if you believe your privacy rights have been violated.

See page 2 for more information on these rights and how to exercise them.

Your choices

You have some choices in the way that we use and share information as we:	• Answer coverage questions from your family and friends. • Provide disaster relief.	• Communicate through mobile and digital technologies. • Market our services and sell your information with your written authorization.

See page 4 for more information on these rights and how to exercise them.

Our uses and disclosures

We may use and share your information as we:	• Help manage the health care treatment you receive. • Run our organization. • Pay for your health services. • Administer your health plan. • Coordinate your care among various health care providers. • Help with public health and safety issues.	• Do research. • Comply with the law. • Respond to organ and tissue donation requests and work with a medical examiner or funeral director. • Address workers' compensation, law enforcement, and other government requests. • Respond to lawsuits and legal actions.

See pages 5, 6, and 7 for more information on these uses and disclosures.

Please note information on **page 8** about your civil rights. You can learn about aids and services for those with disabilities. You can learn about language services.

Your rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. • Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, a home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. • We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Your rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us at **1-833-704-1177**. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling **1-877-696-6775**, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints.** • **We will not retaliate against you for filing a complaint.**

Your choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care. • Share information in a disaster-relief situation. • Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app). If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so. The use of mobile and digital technologies (such as text message, email, or mobile app) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply.
In these cases we never share your information unless you give us written permission:	• Marketing purposes. • Sale of your information.

Our uses and disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive	We can use your health information and share it with professionals who are treating you.	**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.	**Example:** We use health information about you to develop better services for you.
Pay for your health services	We can use and disclose your health information as we pay for your health services.	**Example:** We share information about you to coordinate payment for your health services.
Administer your plan	We may disclose your health plan information for plan administration.	**Example:** We share health information with others who we contract with for administrative services.
Coordinate your care among various health care providers	Our contracts with various programs require that we participate in certain electronic health information networks (HINs) and/or health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you are receiving from various health care providers. If you are enrolled or enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.	**Example:** We share health information through an HIN or HIE to provide timely information to providers rendering services to you.

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease. • Helping with product recalls. • Reporting adverse reactions to medications. • Reporting suspected abuse, neglect, or domestic violence. • Preventing or reducing a serious threat to anyone's health or safety.
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims. • For law enforcement purposes or with a law enforcement official. • With health oversight agencies for activities authorized by law. • For special government functions, such as military, national security, and presidential protective services.
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Additional restrictions on use and disclosure	• Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance abuse, genetic testing, sexually transmitted diseases, and reproductive health.

Our responsibilities

AmeriHealth Caritas New Hampshire takes our members' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas New Hampshire creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, and other health care services providers. This information, called protected health information, can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims, or health care operations maintain the privacy and security of your protected health information in the same way that we protect your information.
- We are also required by law to ensure that third parties who assist us with treatment, payment, and operations abide by the instructions outlined in our Business Associate Agreement.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request and on our website, and we will mail a copy to you.

Effective date of this notice: September 2019

If you have any questions about this Notice, our privacy practices related to your protected health information, or how to exercise your rights, you can contact us in writing or by phone using the contact information listed below.

AmeriHealth Caritas New Hampshire
Attn: Compliance Director
25 Sundial Avenue, Suite 130W
Manchester, NH 03103

Phone: **1-603-263-6701**

AmeriHealth Caritas New Hampshire

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; color; 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, including sex stereotypes, sex characteristics including intersex traits; pregnancy or related conditions; 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
1557 / Civil Rights Coordinator
P.O. Box 7389
London, KY 40742-7389

Phone: **1-833-704-1177 (TTY 1-855-534-6730)**
Email: **acfcgrievances@amerihealthcaritas.com**

- You can also file a grievance by phone. 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)**.

Multi-language interpreter services

English — 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)**.

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

French — Attention : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-704-1177 (TTY 1-855-534-6730)**.

Chinese — 注意：如果您使用中文，我们可为您提供免费语言援助服务。请致电 **1-833-704-1177 (TTY 1-855-534-6730)**。

Nepali — ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छन् । फोन गर्नुहोस्: **1-833-704-1177 (TTY 1-855-534-6730)**।

Vietnamese — Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-704-1177 (TTY 1-855-534-6730)**.

Portuguese — Atenção: Se você fala português, serviços de assistência linguística estão disponíveis gratuitamente. Ligue para **1-833-704-1177 (TTY 1-855-534-6730)**.

Greek — Προσοχη: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-833-704-1177 (TTY 1-855-534-6730)**.

Arabic — ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-704-1177 (TTY 1-855-534-6730)**.

Serbo-Croatian — Pažnja: Ako govorite srpskohrvatski, besplatno su vam dostupne usluge jezičke pomoći. Nazovite **1-833-704-1177 (TTY 1-855-534-6730)**.

Indonesian — Perhatian: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi **1-833-704-1177 (TTY 1-855-534-6730)**.

Korean — 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-833-704-1177 (TTY 1-855-534-6730)**번으로 전화해 주십시오.

Russian — Внимание: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-704-1177 (TTY 1-855-534-6730)**.

French Creole — Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-704-1177 (TTY 1-855-534-6730)**.

Kirundi — Uragaba: Nimba uvuga Ikirundi, uzohabwa serivisi zigufasha mu ndimi ku buntu ata kiguzi. Terefona **1-833-704-1177 (TTY 1-855-534-6730)**.

Polish — Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-704-1177 (TTY 1-855-534-6730)**.

www.amerihealthcaritasnh.com

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, color, 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.

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

For the full nondiscrimination notice, go to **www.amerihealthcaritasnh.com**.

ACNH_254364000