AmeriHealth Caritas New Hampshire

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Addendum to the Member Handbook
Effective December 14, 2020

This is important information on how your coverage has changed from that described in your AmeriHealth Caritas New Hampshire Member Handbook effective September 1, 2019. 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 to your Member Handbook. Below you will find information describing these changes. Please keep this information for your reference.

If you have any questions please call Member Services at 1-833-704-1177 (TDD/TTY 1-855-534-6730.)

Changes to your Member Handbook:

Where you can find the change in your 2019 Member Handbook	Original Information	Corrected Information	What does this mean for you?
Page 26, Section 3.4 (*What happens when a PCP, specialist or another network provider leaves our plan*)	When possible, we will notify you when your PCP or other provider who you receive routine treatment from leaves the plan's network. We will notify you the earlier of 15 calendar days after the plan receives notice of your provider leaving the network, or 15 calendar days prior to the effective	When possible, we will notify you 30 calendar days prior to the effective date of the termination **or** 15 calendar days after the receipt or issuance of a termination notice, whichever date is later.	The plan needs to give you more notice when they find out your provider is leaving the network.

Where you can find the change in your 2019 Member Handbook	Original Information	Corrected Information	What does this mean for you?
	date of the provider termination so that you have time to select a new provider.		
On page 82, under Chapter Chapter 10 (*What to do if you want to appeal a plan decision or "action", or file a grievance*), Section 10.1 (*About the appeals process*)	Plan "actions" that may be appealed include (*Bullet 3*): • A decision to deny a member request to dispute a financial liability, including cost-sharing, copayments, and other member financial liabilities. This includes denial for payment of a service, in whole or in part; and	Plan "actions" that may be appealed include (*Bullet 3*): • A decision to deny a member request to dispute a financial liability, including cost-sharing, copayments, and other member financial liabilities. This includes denial for payment of a service, in whole or in part (except when payment for a service is solely because the claim includes defects or lacks required documentation necessary for timely payment of the claim); and	The plan's action is not appealable when the plan denies payment of a service, in whole or in part, when the claim is defective or lacks necessary supporting documentation to pay the claim.
On page 83, under Chapter Chapter 10 (*What to do if you want to appeal a plan decision or "action", or file a grievance*), Section 10.2 (*How to file a standard appeal and what to expect after you file (standard first level appeal)*)	• You must file your standard appeal with AmeriHealth Caritas New Hampshire over the phone or in writing within 60 calendar days of the date of the plan's written notice to you. Your oral request for a standard appeal must be	• You must file your standard appeal with AmeriHealth Caritas New Hampshire over the phone or in writing within 60 calendar days of the date of the plan's written notice to you.	When you make an oral request for a standard appeal, you are no longer required to send the plan a written, signed request for appeal.

Where you can find the change in your 2019 Member Handbook	Original Information	Corrected Information	What does this mean for you?
	followed by a written and signed appeal request from you.		
On page 90, under Chapter Chapter 10 (*What to do if you want to appeal a plan decision or "action", or file a grievance*), Section 10.6 (*How to request continuation of benefits during appeal and what to expect afterward*) in the first bullet of the table that reads, *To file a standard appeal (first level appeal) with the plan*	• Within 10 calendar days of the date you receive the notice of action from the plan or the intended effective date of the plan's action, you file your first level appeal orally or in writing (oral appeals must be followed up in writing) AND you request continuation of benefits pending the outcome of your first level appeal, orally or in writing; and	• Within 10 calendar days of the date you receive the notice of action from the plan or the intended effective date of the plan's action, you file your first level appeal orally or in writing AND you request continuation of benefits pending the outcome of your first level appeal, orally or in writing; and	When you make an oral request for a standard appeal, you are no longer required to send the plan a written, signed request for appeal.
Page 93, Chapter 11 (*Ending your plan membership*), Section 11.1 (*There are only certain times when your plan membership may end*)	• In certain situations, you may also be eligible to leave the plan at other times of the year for cause. These situations include: ○ When you move out of state. ○ When you need related services to be performed at the same time and not all related services are available within	• In certain situations, you may also be eligible to leave the plan at other times of the year for cause. These situations include: ○ When you move out of state. ○ When you need related services to be performed at the same time and not all related services are available within	Before you request disenrollment from the plan for an eligible reason described in the previous column (except when you move out of state), you must first file a grievance with the plan to allow the plan to resolve your concern. New language also clarifies that a disenrollment reason due to lack of access to services is limited to

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	the network; and when receiving services separately would subject you to unnecessary risk. o For other reasons, such as poor quality of care, lack of access to services, violation of your rights, or lack of access to network providers experienced in dealing with your needs.	the network; and when receiving services separately would subject you to unnecessary risk. o For other reasons, such as poor quality of care, lack of access to NH Medicaid covered services, violation of your rights, or lack of access to network providers experienced in dealing with your needs. When you request disenrollment from the plan for a reason above (except when you move out of state), you must first file a grievance with the plan to seek a decision about your grievance. If you are dissatisfied with the plan's response and still want to request disenrollment, you may call NH DHHS to learn if you are eligible to disenroll from the plan.	New Hampshire Medicaid covered services.

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 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 (TDD 1-800-537-7697)

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

Multi-language interpreter services

English — Attention: If you 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 निःशुल्क 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)**.