

## Recipient Responsibilities

The NH Medicaid and Healthy Kids-Gold programs pay for certain medical items, supplies, and services to improve and maintain your health. For the program to work for you, it is important that you:

- Show your NH Medicaid or Healthy Kids-Gold identification card, and any other insurance or Medicare cards, to each provider you see at each visit **before** you receive any services
- Follow the rules of your other insurance, including use of in-network or participating providers, obtaining referrals, etc. NH Medicaid or Healthy Kids-Gold cannot pay if the rules of your other insurance are not followed
- Ask if the medical provider is participating with your other insurance plan(s) and if they are enrolled with NH Medicaid or Healthy Kids-Gold
- Ask the medical provider if the service(s) you need will be covered by your other insurance and NH Medicaid or Healthy Kids-Gold
- Keep records of all services you receive
- Inform your Family Services Specialist at your District Office (DO) immediately if your name, address, or other insurance changes (see back panel for district office contacts)
- Maintain access to health care and dental providers by keeping the appointments you make or giving advance notice of a need to cancel or reschedule an appointment. Providers may refuse to continue to treat patients who miss appointments or fail to provide advance notice of cancellations

If you do not follow these procedures you may incur bills, which **you will be required to pay**.

You are responsible for payment of all bills for services not covered by NH Medicaid or Healthy Kids-Gold, for services that would have been covered by other insurance if the rules of the insurance plan had been followed, for services received from providers not enrolled in NH Medicaid or Healthy Kids-Gold or not accepting new NH Medicaid or Healthy Kids-Gold patients, or for services which exceed any service limit.

If you have any questions about NH Medicaid or Healthy Kids-Gold services, please call Medicaid

Client Services at 1-800-852-3345 ext. 4344 (in-state only) or (603) 271- 4344.

## Transportation

**Ambulance Service** - is covered (1) in the case of a medical emergency, to and from the nearest acute care hospital with appropriate treatment facilities, and (2) to a medical provider when other methods of transportation are medically contraindicated and when it is certified as medically necessary by a physician or other qualified person. Ambulance service is **not** covered if used for the recipient's convenience.

**Wheelchair Van Service** - is covered for up to 24 trips per year, whether one way or round trip. This service is covered only if **all** of the following conditions are met:

- The use of the wheelchair van is certified as medically necessary by the recipient's physician or other qualified person
- The recipient is confined to a wheelchair for mobility
- The transportation is to and from a medical provider, returning directly to the recipient's home or nursing facility

**Private or Public Transportation to Medicaid-Covered Medical or Dental Services** may be reimbursed if you are enrolled in the transportation program. If you need help finding a ride to, or paying for gasoline to travel to, a Medicaid-covered service, please call the Medicaid Transportation Unit at: 1-800-852-3345 ext. 3770 (in-state only) or (603) 271-3770.

## Service Limits

The services below are limited. Limits are per person, per fiscal year (July 1 - June 30). Keep track of the medical services you use because if you go over these limits, you may have to pay the bills.

If medically necessary services are required after you have reached the service limit, your medical provider should contact Medicaid Medical Services for a possible approval to go over limits **PRIOR** to providing additional services. Refer also to pamphlet 77h, "Healthy Kids and Healthy Teens", for information about services available to persons under age 21.

It is important to let your Family Services Specialist know if you have other health insurance or if there are any changes in your insurance, because it may affect your limits.

The limits for each service are:

### X-Ray (Diagnostic) - 15 X-rays per year

Radiation therapy is not counted toward this limit.

### Outpatient Hospital - 12 visits per year

Outpatient visits are those visits to the outpatient department of a hospital, including emergency room services.

### Dental Services

For persons age 21 and over, coverage is limited to the treatment of acute pain or infection. For persons under age 21, most dental services are covered, such as regular check-ups every six (6) months, cleanings, fluoride treatment, x-rays, sealants, fillings, root canals, and extractions. Please refer to pamphlet 77o, "Dental Services for Children."

### Physical Therapy, Occupational Therapy, Speech Therapy - 80 units per year

A unit is fifteen (15) minutes of therapy. Units may be used for one type of therapy or in any combination of therapies.

### Podiatrist (Foot Doctor) - 4 visits per year

A visit means all podiatrist services provided on one day by one podiatrist.

**Community Mental Health Services** - Your Community Mental Health Center can explain any limits on their services.

**Psychotherapy** (provided by an APRN or non-physician provider):

- **18 visits per year for recipients age 21 and over**
- **24 visits per year for recipients under age 21**

### Vision Care Services

- One complete eye exam every 12 months to determine the need for glasses
- When certain prescription requirements are met, one pair of single vision or bifocal glasses or one pair each reading and distance glasses

- Only approved frames and lenses are covered
- **Replacement glasses** only when vision changes of 1/2 diopter or more occur in each eye
- One **repair** of glasses per year - replacement of broken parts only

### Prescription Drugs

There is no yearly limit on prescribed drugs. Certain maintenance medications may have supply limits. Your pharmacist will be able to identify these for you.

## Co-payments

### Prescription Drugs

In most cases, you must pay a co-payment. The pharmacy will collect this co-payment from you, and NH Medicaid or Healthy Kids-Gold will pay the rest of the bill.

There are two (2) amounts of co-payment depending on the type of prescription product dispensed:

- The co-payment will be \$1.00 for each prescription or refill when a generic product is dispensed
- The co-payment will be \$2.00 for each prescription or refill when a brand name prescription, or a compound product prescription which the pharmacist mixes him/herself, is dispensed

### There is no co-payment required:

- If recipient is under the age of 18
- If recipient resides in a nursing facility
- If recipient participates in a Home and Community Based Care waiver program
- If recipient receives services that relate to pregnancy or any other medical condition that might complicate the pregnancy
- For family planning products
- For Clozaril (Clozapine) prescriptions

**Services Not Covered By NH Medicaid  
or Healthy Kids-Gold (Partial List)**

Ask the provider before receiving a service if it will be covered by NH Medicaid or Healthy Kids-Gold.

The following services are **non-covered**:

- Acupuncture and Biofeedback
- Experimental or investigational procedures as determined by Medicare guidelines
- Experimental or investigational medication not approved by the FDA
- Reversal of voluntary sterilization
- Sex change operations
- Operations for erectile dysfunction
- Operations, devices, medications, and procedures for the purpose of contributing to fertility or procreation
- Cosmetic surgery or procedures
- Chiropractic services
- Hypnosis - except when performed by a psychiatrist as part of an established treatment plan
- Services or items that are free to the public
- Physician care in a non-medical government or public institution
- Services for work related ailments or injuries
- Visual or auditory training (auditory trainer devices are covered)
- Dietary services including commercial weight loss and exercise programs
- Homemaker services, except for HCBC-CFI recipients as part of an authorized HCBC-CFI support plan.
- Academic performance testing not related to a medical condition
- Detoxification services provided outside an acute care facility or medical services clinic
- Halfway houses
- Hospital inpatient care or any service which is not medically necessary
- Respite services and child care

- Services directly related to non-covered services, procedures, or items

**Services That Need Prior Authorization**

These services need prior authorization **BEFORE** you receive the service.

The provider must contact the Department of Health and Human Services, Medicaid Medical Services, 129 Pleasant Street, Concord, NH, to obtain Prior Authorization for the following services:

- **Out-of-State Inpatient Hospitalization** (except for emergencies)
- **Private Duty Nursing**
- **Durable Medical Equipment**, such as hospital beds, power wheelchairs, and CPAP machines
- **Incontinence Supplies for Adults**
- **Organ Transplant Services**, except kidneys, even in emergency situations
- **Certain Dental Services for Recipients Under Age 21** - Comprehensive and interceptive orthodontic treatment, dental orthotic devices, surgical periodontal treatment, and extractions of asymptomatic teeth
- **Prescription drugs** – Prescription drugs require prior authorization in some circumstances. Providers have been instructed on the prescription drug prior authorization process
- **X-rays** – The provider must obtain prior authorization for certain x-rays. Providers have been instructed on the x-ray prior authorization process
- **Nursing Facility Services** - The provider must contact the Department of Health and Human Services, Bureau of Elderly and Adult Services, 129 Pleasant St. Concord, NH, to obtain prior authorization
- **Communication Devices** - The recipient or provider must contact the Augmentative Communication Equipment Services Consultant at 1-800-397-0191 for requirements regarding coverage and prior authorization.

**Department of Health and Human Services  
District Office Contact Information**

**Berlin**, 650 Main St, Suite 200, Berlin, NH 03570;  
(603) 752-7800 or (800) 972-6111

**Claremont**, 17 Water St, Suite 301, Claremont NH 03743; (603) 542-9544 or (800) 982-1001

**Concord**, 40 Terrill Park Dr, Concord, NH 03301;  
(603)271-6200 or (800) 322-9191

**Conway**, 73 Hobbs St, Conway, NH 03818;  
(603) 447-3841 or (800) 552-4628

**Keene**, 809 Court St, Keene, NH 03431;  
(603) 357-3510 or (800) 624-9700

**Laconia**, 65 Beacon St., W, Laconia, NH 03246;  
(603) 524-4485 or (800) 322-2121

**Littleton**, 80 N Littleton Rd, Littleton, NH 03561;  
(603) 444-6786 or (800) 552-8959

**Manchester**, 195 McGregor St, So Tower, Suite 110, Manchester, NH 03102;  
(603) 668-2330 or (800) 852-7493

**Rochester**, 150 Wakefield St., Suite 22, Rochester, NH 03867; (603) 332-9120 or (800) 862-5300

**Seacoast**, 50 International Dr, Portsmouth, NH 03801; (603) 433-8300 or (800) 821-0326

**Southern NH**, 3 Pine St Ext, Suite Q, Nashua, NH 03060; (603) 883-7726 or (800) 852-0632

TDD Access: Relay NH 1-800-735-2964

Form 77L  
10/11  
SR 11-xx

# New Hampshire Medicaid and Healthy Kids-Gold Services

## Recipient Information About:

### Recipient Responsibilities

### Transportation

### Service Limits

### Co-payments

### Non-Covered Services

### Prescription Drugs

### Prior Authorization

## Department of Health and Human Services

**Medicaid Client Services**  
129 Pleasant Street  
Concord, New Hampshire 03301

800-852-3345 ext.4344 (in-state only)  
603-271-4344 (out of state)

TDD Access: Relay NH 1-800-735-2964