WellSense HEALTH PLAN

We want you to know about your rights and benefits as a member of WellSense.

We want to keep you aware of important information about your rights and benefits as a WellSense Health Plan member.

For hard copies of your Member Handbook, you can visit the Benefits page for your plan under Members at wellsense.org or call the number above to request that we send you a paper copy at no cost to you.

How to get care

- Your rights and responsibilities as our member
- Benefits and services included and excluded from your coverage
- Pharmacy (medication); where to find the list of covered drugs; processes and details for prior authorization, step therapy, quantity limits, and generic substitution; how to get exceptions for using certain medications; and how we tell you about any changes to the items listed above
- How to get primary care (including where that care can be obtained), specialty care, behavioral health services, hospital services, women's health services and second opinions
- Prior authorization requirements for certain treatments and services
- How to access services, including transportation to scheduled medical appointments; maternity and family planning services; and preventive care for children, such as early and periodic screening, diagnostic and treatment (EPSDT) services
- Getting care if you change health plans or if your provider no longer serves members on our plan
- How to renew your benefits each year
- How and when you may select a new plan
- Rules for using out-of-network and out-of-area services, including how to access care when you're traveling outside the areas that we serve
- A notice stating that WellSense Health Plan will only pay for services which are authorized by us
- Co-payments and other charges you may be responsible for

What to do if you have a problem

- What to do if you get a bill from a provider
- How to get care after normal business hours
- How to get emergency care and when to call 911
- How to voice a complaint and file an appeal, including the right to an independent external review of your appeal
- How you can leave our plan (disenroll) if needed and your disenrollment rights as described below in this letter

Finding information

- How your protected health information is kept private (see Notice of Privacy Practices in Section 12.2 of the Member Handbook)
- How we decide if we will cover new technology
- How we work to improve the quality of the care we offer and review certain health services to understand whether or not they are medically necessary (utilization management)
- How to contact us for questions about utilization management
- How to access TDD/TTY services
- How to get information about network providers and pharmacies (including name, address, phone number, professional qualifications, specialty, medical school attended, residency completion and board certification status)
- How to access our online and printed provider directory
- Translation services and how to get member information in different languages, if needed
- Care management services and how members are identified for care management enrollment, how to self-refer, how our health plan works with you once enrolled in these programs, the notification that you will also be provided with your care manager's direct phone line and how to opt out of the program
- How to get information about the structure of our health plan and information about how we pay our providers
- Information about advanced directives, which are legal documents that allow someone to make medical decisions for you if you are too sick
- How to report fraud, waste and abuse, including our toll-free compliance hotline number at 888-411-4959

Online resources to boost your wellness

If you need another copy of your Member Handbook, you can find it online at wellsense.org/members/nh/new-hampshire-medicaid. While you're on our website, you

can click Login to access our member portal for information and tools to help you achieve your personal health goals.

We also use digital tools like email and text messaging to reach our members. If your email address or mobile phone number was provided to WellSense, we may use it to send emails and text messages with important plan information. This may include benefit updates, health tips, handbook updates, and more. If you prefer not to receive information this way, you may opt out of these messages at any time directly via the email or text that was sent to you. If you prefer digital information and are not currently receiving it, please call member services and provide an email address or mobile phone number for your file.

Need a hard copy?
Call us at 877-957-1300 if you need a printed copy of this year's Member Handbook, provider directory or our processes for protecting your protected health information. These materials are provided to you at no cost.

Getting you the right care at the right time
Utilization management is the process we use to make sure you get the right healthcare when you need it. We follow certain guidelines to encourage the right use of services and help ensure positive health outcomes. We base all utilization management decisions on how appropriate the care or service is and whether or not it is covered. We don't reward decision makers for denying services, and there aren't any financial incentives for discouraging the use of services.

Helping you travel to the doctor
We can help arrange transportation to your non-emergency medical appointments. We can also pay you back for the miles that you or your friend or family member drove to get you to an appointment if you're eligible. You must complete and submit a reimbursement form from our website within 30 days after your appointment. Click on the "Benefits and Extras" button at wellsense.org/members/nh/new-hampshire-medicaid for more information.

Our focus on quality
We are committed to ensuring you receive high-quality care. We have objectives and programs focused on improving care and services for our members.

Our Quality Program helps us enhance:

- The services we provide
- The quality care members receive
- How we communicate with our members

Our goals are to:

- Deliver services that support members' overall health
- Partner with providers to ensure members receive the care they need
- Respect and address members' cultural and language needs
- Reduce barriers to care, such as challenges with transportation or language
- Share health information and reminders about important preventative checkups

Quality Improvement Program
Our Quality Improvement Program is designed to strengthen quality of care, member safety and service delivery. We consider the diverse cultural and linguistic needs of our members and provide coordinated care for those with complex health needs.

To gather input and guide improvements, we use the following tools:

Consumer Assessment of Healthcare Providers and Systems (CAHPS)
The CAHPS survey asks individuals and families about the health care they are receiving from WellSense. The survey informs us whether members are happy with their care and their WellSense doctors and where we can improve.

Healthcare Effectiveness Data and Information Set (HEDIS)
HEDIS measures both clinical and non-clinical quality of care and services each year. Maintained by the National Committee for Quality Assurance (NCQA), HEDIS also helps identify areas where health plans can improve. Our goal is to perform better than at least 50 percent of other Medicaid health plans nationwide.

Our Medicaid Plan is provisionally accredited by NCQA, a nonprofit organization dedicated to advancing healthcare quality.

As part of our Quality focus, we make sure you receive appropriate care and information about preventive services.

For more information on how we support providers to deliver appropriate care visit wellsense.org/providers/nh/patient-care.
For more information on preventive services, visit wellsense.org/your-health/wellness-programs.

Ending your plan membership
The times when your plan membership may end are:

- When you no longer qualify for New Hampshire Medicaid.
- If you decide to switch to another plan during the annual open enrollment period:
- When is the annual open enrollment period? The annual open enrollment period is described in the open enrollment notice sent to you each year by NH DHHS. The notice will provide instructions on when and how to switch health plans if you choose to do so, including when your membership ends in your current plan.
    - For information on care transitions between plans, refer to Section 5.3 Continuity of care, including transitions of care.
- 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 the network and when receiving services separately would subject you to unnecessary risk.
    - 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.

Refer to Section 10.7 (How to file a grievance and what to expect after you file).

- You may also be eligible at other times of the year to leave the plan without cause, including:

    - Once during the 90 calendar days following the date of your initial Medicaid eligibility.
- During the first 12 months of enrollment for members who are auto-assigned to a plan and have an established relationship with a PCP that is only in the network of a non-assigned health plan.
- During open enrollment related to NH DHHS's new contracts for New Hampshire Medicaid managed care plans.
- For 60 calendar days following an automatic re-enrollment if the temporary loss of Medicaid has caused you to miss the annual open enrollment period (This does not apply to new applications for New Hampshire Medicaid.).
- When NH DHHS grants members the right to terminate enrollment without cause and notifies affected members of their right to disenroll from the plan.
- When your plan chooses not to provide a service you need due to moral or religious reasons.
- When members are involuntarily disenrolled from the plan as described in the next section.

To find out if you are eligible to disenroll from your plan, call or write to NH DHHS. Contact the NH DHHS Customer Service Center at 844-ASK-DHHS (844-275-3447) (TDD Access Relay: 800-735-2964), Monday through Friday, 8 a.m. to 4 p.m. ET.

Until your new coverage begins you must continue to get your health care and prescription drugs through our plan.

There are times when a member may be involuntarily disenrolled from the plan, including:

- When a member no longer qualifies for New Hampshire Medicaid as established by NH DHHS
- When a member is ineligible for enrollment in the plan as established by NH DHHS
- When a member has established out of state residence
- When a member uses their plan membership card fraudulently
- Upon a member's death
- When a member is threatening or abusive
    - Under the terms of the plan's contract with NH DHHS, the plan may request a member's disenrollment in the event of the member's threatening or abusive behavior that jeopardizes the health or safety of

other members, plan staff or providers. If such a request is made by the plan, NH DHHS will be involved in the review and approval of such a request.

WellSense Health Plan cannot ask you to leave the plan for any reason related to your health.

If you feel that you are being asked to leave the plan because of a health reason, contact the NH DHHS Customer Service Center at 844-ASK-DHHS (844-275-3447) (TDD Access Relay: 800-735-2964), Monday through Friday, 8 a.m. to 4 p.m. ET.

For additional information on any of the information above, please call us Monday through Friday from 8 a.m. to 6 p.m.:

- Member Services: 877-957-1300
- TTY/TDD: 711

Thank you,

WellSense Health Plan

WellSense HEALTH PLAN

Multilanguage Interpreter Services

Important! This is about your WellSense Health Plan benefits. We can translate it for you free of charge. Please call **877-957-1300 (TTY: 711)** for translation help.

¡Importante! Esta información es sobre sus beneficios de WellSense Health Plan. Podemos traducirlo para usted de forma gratuita. Llame al **877-957-1300 (TTY: 711)** para obtener ayuda de traducción. (ESA)

Important! Cela concerne vos prestations WellSense Health Plan. Nous pouvons traduire ce contenu gratuitement pour vous. Veuillez appeler le **877-957-1300 (TTY: 711)** pour obtenir de l'aide concernant la traduction. (FRC)

重要提示！此信息与您的 WellSense Health Plan 福利有关，我们可免费提供翻译。如需获得翻译服务，请拨打 **877-957-1300 (TTY: 711)**。(CHS)

هام! هذا حول مزايا WellSense Health Plan الخاصة بك. يمكننا ترجمتها لك مجانا. يرجى الاتصال **877-957-1300 (TTY: 711)** للمساعدة في الترجمة. (ARA)

Wichtig! In diesem Dokument geht es um Ihre WellSense Health Plan-Vorteile. Wir können es kostenlos für Sie übersetzen. Bitte rufen Sie uns unter **877-957-1300 (TTY: 711)** an, um Übersetzungshilfe zu erhalten. (DEU)

Importante! Esta comunicação é sobre os benefícios da WellSense Health Plan. Podemos traduzir para você gratuitamente. Ligue para **877-957-1300 (TTY: 711)** para obter ajuda com a tradução. (PTB)

Σημαντικό! Πρόκειται για τις παροχές του WellSense Health Plan. Μπορούμε να σας το μεταφράσουμε δωρεάν. Καλέστε στο **877-957-1300 (TTY: 711)** για βοήθεια σχετικά με τη μετάφραση. (ELG)

Важно! Здесь содержится информация о преимуществах вашего медицинского страхового плана WellSense Health Plan. Мы можем перевести для вас этот документ бесплатно. За помощью в переводе позвоните по телефону **877-957-1300 (TTY: 711)**. (RUS)

Quan trọng! Đây là thông tin về quyền lợi trong WellSense Health Plan của quý vị. Chúng tôi có thể dịch thông tin này miễn phí cho quý vị. Vui lòng gọi số **877-957-1300 (TTY: 711)** để được trợ giúp dịch thuật. (VIT)

ముఖ్యమైనది! ఇది మీ WellSense Health Plan ప్రయోజనాల గురించి.
మేము దానిని మీ కోసం ఉచితంగా అనువదించగలము. అనువాద సహాయం
కోసం దయచేసి **877-957-1300 (TTY: 711)** కు కాల్ చేయండి. (TELG)

중요! 이것은 WellSense Health Plan 혜택에 대한 내용입니다. 무료로 번역해 드릴 수 있습니다. 번역 도움이 필요하면 **877-957-1300 (TTY: 711)**번으로 문의하십시오. (KOR)

Enpotan! Sa a se sou avantaj WellSense Health Plan ou an. Nou ka tradui li pou ou gratis. Tanpri relel **877-957-1300 (TTY: 711)** pou jwenn èd ak tradiksyon. (HRV)

Ważne! To dotyczy Twoich świadczeń w ramach planu zdrowotnego WellSense Health Plan. Możemy nieodpłatnie przetłumaczyć dla Ciebie te informacje. Zadzwoń pod numer **877-957-1300 (TTY: 711),** aby uzyskać pomoc w tłumaczeniu. (POL)

Important! This material can be requested in an accessible format by calling 877-957-1300 (TTY: 711).

Notice About Nondiscrimination and Accessibility

WellSense Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, limited English proficiency, or moral or religious grounds (including limiting or not providing coverage for counseling or referral services). WellSense Health Plan provides:

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).

- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language.

Please contact WellSense if you need any of the services listed above.

If you believe we have failed to provide these services or discriminated in another way on the basis of any of the identifiers listed above, you can file a grievance or request help to do so at:

Civil Rights Coordinator
100 City Square, Suite 200
Charlestown, MA 02129
Phone: 877-957-1300 (TTY: 711)
Fax: 617-897-0805

You can also file a civil rights complaint with the U.S. DHHS, Office for Civil Rights by mail, by phone or online at:

U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019 (TDD: 800-537-7697)

Complaint Portal:
hhs.gov/ocr/office/file/index.html