



# Sample 'Heads Up' Letter

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/updatedaddressyellowletter.pdf>

# “Heads Up” End of Continuous Coverage Letter

Bureau of Family Assistance  
Claremont District Office  
17 Water Street  
Claremont, NH 03743-2280



NH DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

January 17, 2023

JOHN A DOE  
123 MAIN ST  
SOMETOWN NH 11111-0001

\*\*\*\*\*  
Aviso importante acerca de sus beneficios. Por  
favor llame a la Oficina del Distrito si tiene alguna  
duda o pregunta. También puede solicitar servicios  
gratuitos de un intérprete.  
\*\*\*\*\*

If you have questions or need help with reading or understanding this letter, please contact the Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447)** and **select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

## Continuous Medicaid Coverage is Ending

You or a member of your household have been receiving continuous Medicaid coverage due to the COVID-19 federal public health emergency, even if you did not complete a redetermination when it was due or provide us with the required documents. **This continuous coverage is ending on March 31, 2023. You must complete a redetermination or respond to Department requests for information to keep your Medicaid coverage.**

### What do I need to do?

DHHS will be sending requests for redeterminations to people who are currently covered by Medicaid. To keep your coverage, you must either complete a redetermination or provide information requested by DHHS. These requests will be on yellow paper or posted to your NH EASY account, highlighted in yellow.

**When you get a yellow notice, please follow the instructions included in the notice and complete a redetermination and/or provide the requested verifications.** We are asking you to do this so we can determine if you are still eligible for, and will be able to keep, your Medicaid coverage.

If you receive “Spenddown” Medical Coverage, you will get a letter explaining when you will need to start sending us unpaid medical bills that you still owe to meet your deductible and open your Medicaid.

### Ways to complete your redetermination or provide requested information:

1. **Online:** Through your NH EASY account <https://nheasy.nh.gov> if you do not have an NH EASY account, you can create one today using this same link.
2. **By mail:** Centralized Scanning Unit, PO Box 181, Concord, NH 03302.
3. **In person:** Visit one of our District Offices, locations can be found at <https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations>

Once you complete your redetermination and/or all requested information is provided, you will receive a notice of decision informing you of the status of your Medicaid eligibility.

### What should I do if I no longer need Medicaid coverage?

If you no longer need Medicaid coverage, you can voluntarily request to end your coverage by using one of the three options above or by calling the Customer Service Center at one of the numbers listed at the top and bottom of this letter.

### Options for those who are no longer eligible for Medicaid:

If you are no longer eligible for Medicaid and still need insurance, you can contact the New Hampshire Navigators to explore other health insurance options. New Hampshire has two Health Insurance Navigators that provide health insurance enrollment assistance in person, virtually, and by phone, at no cost to you.

New Hampshire's Navigators are:

- First Choices Services; 1-877-211-NAVI or (603) 931 3858; <https://acanavigator.com/nh/home>
- Health Market Connect; 1-800-208-5164; <https://hmcnh.com>

You can also visit the Federal Health Insurance Marketplace at <https://www.healthcare.gov/>, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

### Need Help?

Visit one of our District Offices in person or contact the DHHS Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447)** and **select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

# PIN Letter

Family Services Specialist  
Bureau of Family Assistance  
Manchester District Office  
1050 Perimeter Road  
Manchester NH 03103



## NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 03, 2023

JOHN DOE  
123 MAIN ST  
CONCORD NH 01234

\*\*\*\*\*  
Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.  
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### **Your Medicaid Redetermination is due in April 2023.**

A request to complete your redetermination will be sent to you at least 30 days before it is due. This request will be on YELLOW paper. Please read the entire form and follow the instructions. You must complete your redetermination and respond to the Department's requests for information, **by the 15th of your redetermination month to see if you are still eligible for Medicaid.**

**If you do not complete your redetermination or respond to the Department's requests for information by the end of April 2023 your Medicaid will close and your benefits will end.**

Make it "NH EASY" on yourself

Many people use NH EASY because it is a fast and easy way to complete redetermination, upload verifications, and more using their phone, desktop, or tablet.

To activate your personal account, use your PIN and follow the instructions below:

Your PIN: **I3KSM**, which is valid for the next (15) days.

Go to the NH EASY URL at <https://nheasy.nh.gov>

From there, select the "Create Account" button and follow the instructions on each screen.

### **NH EASY can help you manage your benefits online with these features:**

- Complete redeterminations
- Add new benefits and report changes

- Take pictures of your proofs, upload them, and check on processing status
- Opt in for important text message reminders such as upcoming appointments
- Find important information on your benefit status
- Reschedule appointments if you have a conflict
- "Go Green" to get Notices online, much faster than waiting for "snail mail" delivery
- Enroll in your health plan, if eligible
- Apply for WIC
- Get information about becoming a foster or adoptive parent
- Search for DHHS forms
- Explore other programs and services offered by DHHS.

# Pending Ineligible - Financially Ineligible #1

Bureau of Family Assistance  
Claremont District Office  
17 Water Street  
Claremont, NH 03743-2280



## NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 24, 2023

JOHN A DOE  
123 MAIN ST  
SOMETOWN NH 11111-0001

\*\*\*\*\*  
Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.  
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### **\*\*IMPORTANT\*\* \*\*IMPORTANT\*\* \*\*IMPORTANT\*\***

You are receiving this letter because we reviewed your case and based on your previously reported wages you are no longer eligible for Medicaid.

**If you believe this is incorrect or your income has changed please provide verification of your gross wages by 3/7/2023.** This information is needed to determine if you are still eligible for Medicaid. If you do not give us this proof, your medical assistance will end on 3/31/2023.

Gross wages means your pay before deductions. It must include all your tips, bonuses, commissions, overtime, and any other cash or in-kind benefits you got from your employer or through self-employment.

#### **If you work for someone:**

- Enclosed is an Employment Verification form. You may have your employer complete this form or have your employer give us a letter, on letterhead, giving us the hours you worked with your gross wages for the last 4 weeks; OR
- You may give us copies of your last 4 weeks of pay stubs. Your pay stubs must show the week dates, the number of hours worked per week, and your gross wages.

**If you are no longer working for the employer you previously reported,** you must still have the enclosed form completed by your former employer to verify the employment ended and return it to us.

#### **If you are self-employed:**

- Provide all pages of your most recently filed income tax return, or
- Profit and loss statements for the past 3 months.

Case# 12345678  
ID : CN9996

#### **Ways to send us the proofs requested:**

1. **Online:** Through your NH EASY account <https://nheasy.nh.gov>. If you do not have an NH EASY account, you can create one today using this same link.
2. **By mail:** Centralized Scanning Unit, PO Box 181, Concord, NH 03302.
3. **In person:** Visit one of our District Offices, locations can be found at <https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations>.

***If you no longer need Medicaid coverage, you can voluntarily request that your coverage end, using any of the ways above or by calling our Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) or (603) 271-9700 and select option #3.***

#### **Options for those who are no longer eligible for Medicaid:**

If you are no longer eligible for Medicaid and still need insurance, you can contact the New Hampshire Navigators to explore other health insurance options. New Hampshire has two Health Insurance Navigators that provide health insurance enrollment assistance in person, virtually, and by phone, at no cost to you.

New Hampshire's Navigators are:

- First Choices Services; 1-877-211-NAVI or (603) 931 3858; <https://acanavigator.com/nh/home>
- Health Market Connect; 1-800-208-5164; <https://hmcnh.com>

You can also visit the Federal Health Insurance Marketplace at <https://www.healthcare.gov/>, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

#### **Need Help?**

If you have questions or need help with reading or understanding this letter, please contact the Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447) and select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

Case# 12345678  
ID : CN9996

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# Pending Ineligible - Financially Ineligible #2

Bureau of Family Assistance  
Claremont District Office  
17 Water Street  
Claremont, NH 03743-2280



## NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 23, 2023

JOHN A DOE  
123 MAIN ST  
SOMETOWN NH 11111-0001

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Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.  
.....

### **\*\*IMPORTANT\*\* \*\*IMPORTANT\*\* \*\*IMPORTANT\*\***

We reviewed your case and your previously reported wages do not match our new income records so we need more information.

**You must give the Department proof of your gross wages by 3/6/2023**, so we can determine if you are still eligible for Medicaid. If you do not give us this proof, your medical assistance will end on 3/31/2023.

Gross wages means your wages before deductions. It must include all your tips, bonuses, commissions, overtime, and any other cash or in-kind benefits you got from your employer or through self-employment.

#### **If you work for someone:**

- Enclosed is an Employment Verification form. You may have your employer complete this form or have your employer give us a letter, on letterhead, giving us the hours you worked with your gross wages for the last 4 weeks; OR
- You may give us copies of your last 4 weeks of pay stubs. Your pay stubs must show the week dates, the number of hours worked per week, and your gross wages.

If you are no longer working for the employer you previously reported, you must still have the enclosed form completed by your former employer to verify the employment ended and return it to us.

#### **If you are self-employed:**

- Provide all pages of your most recently filed income tax return, or
- Profit and loss statements for the past 3 months.

Case# 12345678

#### **Ways to send us the proofs requested:**

1. **Online:** Through your NH EASY account <https://nheasy.nh.gov>. If you do not have an NH EASY account, you can create one today using this same link.
2. **By mail:** Centralized Scanning Unit, PO Box 181, Concord, NH 03302.
3. **In person:** Visit one of our District Offices, locations can be found at <https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations>.

Please keep your original documents and give us copies.

Remember, you must report *any* changes that might affect your medical coverage. You must report the change within 10 calendar days of when the change happens. Please report changes for both you and other people in your household, for example, if someone moves, or if someone's income changes. Or if your household changes, for example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child. Delays in reporting and verifying changes may result in your household getting benefits or services in error. You must pay back any benefits or services received in error, regardless of whether you made a mistake in the information you gave, or if you failed to provide it.

If you are having trouble getting the proofs, don't understand what is needed, or need help getting the proof, contact us before the due date. Our contact information is above.

***If you no longer need Medicaid coverage, you can voluntarily request that your coverage end, using any of the ways above or by calling our Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3447) or (603) 271-9700 and select option #3.***

#### **Options for those who are no longer eligible for Medicaid:**

If you are no longer eligible for Medicaid and still need insurance, you can contact the New Hampshire Navigators to explore other health insurance options. New Hampshire has two Health Insurance Navigators that provide health insurance enrollment assistance in person, virtually, and by phone, at no cost to you.

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- Health Market Connect; 1-800-208-5164; <https://hmcnh.com>

You can also visit the Federal Health Insurance Marketplace at <https://www.healthcare.gov/>, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

#### **Need Help?**

If you have questions or need help with reading or understanding this letter, please contact the Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447) and select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

Case# 12345678  
ID : CN9996

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# Pending Ineligible - Failure to Verify

Department of Health and Human Services  
Bureau of Family Assistance  
PO Box 181  
Concord, NH 03302



## NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 24, 2023

JOHN DOE  
123 MAIN ST  
HOOKSETT NH 03106

.....  
Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.  
.....

If you have questions or need help with reading or understanding this letter, please contact the Medicaid Service Center (NH only) toll-free at **1-844-ASK-DHHS** (1-844-275-3447) or (603) 271-9700 **and select option #3**, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

### **IMPORTANT REQUEST FOR INFORMATION. PLEASE READ THIS ENTIRE FORM**

You or a member of your household have been receiving continuous Medicaid coverage due to the COVID-19 federal public health emergency, even if you did not complete a redetermination when it was due or provide us with the required documents. ***This continuous coverage is ending on March 31, 2023. You must complete a redetermination or respond to Department requests for information to keep your Medicaid coverage.***

**Now that the continuous coverage period is ending, you must respond to all requests from the Department to keep your medical coverage.**

Our records show that as of the date of this letter you failed to provide requested verification. Please provide the proofs listed in the box below. If you do not understand what is needed, or need help getting them, please contact us. Our contact information is listed at the top and bottom of this letter.

The individuals(s) listed below are pending ineligible.

**John Doe**

Program	Reason
Granite Adv.	You did not give us enough information or proof for us to decide if you are eligible.

Case# 12345678  
ID : CN0036

Telephone: (603) 271-9700 or (800) 852-3345 (NH Only)  
TDD Access: (800) 735-2964 (NH Only)

**Failure to provide the proofs listed in the box below by March 6, 2023 will result in the termination of your medical coverage.** If you do not understand what is needed, or need help getting them, please contact us. Our contact information is listed at the top and bottom of this letter.

We did not receive proof of:	Examples of what to send	For the following people:
Net profit/loss of self-employment	Fed/state tax returns with all schedules, business records	John Doe

You must give us the proofs shown above before the end of the continuous coverage period.

There are four ways to send us the proofs requested or to make updates to the information you told us:

- Online:** Go to <https://nheasy.nh.gov> and make the updates using your NH EASY account. The majority of individuals use NH EASY because it is a fast and easy way to complete redetermination, upload verifications, and more using their phone, desktop or tablet. If you don't have an account, you can create one at <https://nheasy.nh.gov>.
- By mail:** Send a copy to the Central Scanning Unit, PO. Box 181, Concord, NH 03302.
- In person:** Bring a copy to any District Office that is convenient to you.
- By phone:** Call (603) 271-9700 or 1-844-275-3447 (ASK-DHHS) (NH Only).

If you do not want to keep getting medical assistance, please let your District Office know.

Remember, you must report *any* changes that might affect your medical coverage. You must report the change within 10 calendar days of when the change happens. Please report changes for both you and other people in your household, like if someone moves, if someone's income changes, or if your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child. Delays in reporting and verifying changes may result in your household getting benefits or services in error. You must pay back any benefits or services received in error, regardless of whether you made a mistake in the information you gave, or failed to give, to us.

Case# 12345678  
ID : CN0036

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