Welcome to Neighborhood Health Plan of Rhode Island!

Thank you for choosing our Neighborhood UNITY / Rhody Health Options (RHO) plan for your long-term services and supports. Neighborhood brings together home- and community-based services for its members. We are the secondary coverage to your Medicare.

Neighborhood is a Medicaid health maintenance organization (HMO). We offer health insurance to people who qualify for the state-funded Medicaid health care program.

Neighborhood is a local, 501c3 not-for-profit organization with a board of directors. We were founded by 13 community health centers in 1993. For more than 20 years we have helped Rhode Islanders get high-quality health care.

Our staff is committed to improving your health. One of your most valuable resources will be your case manager. A Neighborhood case manager will help you coordinate your care. They know health care can be confusing and will help guide you through the system. They will work with you, your family, and your providers to develop an individualized care plan and help you get the health care you need. They will be your partner every step of the way. Our goal is to help you live in your home and community. If you need emergency home- or community-based services, you can call Neighborhood Member Services for assistance 24/7.

This handbook explains how to get health care, home support, and community services. It tells you what you need to know about your health plan.

Anytime you need information about your plan, call Neighborhood Member Services at 1-855-996-4774 (TTY 711). Our team is available to answer your questions, Monday through Friday, from 8 am to 6 pm. You can leave a message after normal business hours and we will get back to you quickly.

Published July 2014
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Welcome to Neighborhood Health Plan of Rhode Island

How Your Health Plan Works With Medicare

As a Neighborhood UNITY / Rhody Health Options (RHO) member, you must be Medicaid eligible and also have Medicare Part A and Part B coverage. Medicare is a federally-funded health care program. Your primary medical coverage will be through Original Medicare or a Medicare Advantage plan. This means for your Medicare covered benefit, you can go to any provider who accepts Medicare or is in your Medicare Advantage provider network. Although your Medicare coverage is separate from your Neighborhood membership, we will pay your medical coinsurance and deductible from Medicare based on laws, rules, regulations, and if applicable, contract.

When seeing a provider, remember to show your Medicare and Neighborhood cards.

If and when your Medicare benefit is exhausted, you or your provider should call Member Services as coverage may change to Neighborhood. Depending on the service, a prior authorization or a change in provider may be necessary.

Please contact your Medicare Prescription Drug Plan for information on your Part D drugs.

Call Neighborhood Member Services with any coverage questions you have.

Neighborhood Member Services

Our Neighborhood Member Services team is available to answer your questions, Monday through Friday, from 8 am to 6 pm. Call us any time you need information about your Neighborhood UNITY / Rhody Health Options (RHO) plan at 1-855-996-4774 (TTY 711). You can also leave a message for us after normal business hours and we will get back to you quickly.

We can help you with:

- Questions about your benefits and coverage
- A bill you have received
- Arranging or canceling transportation for an appointment
- Scheduling an interpreter to go with you to an appointment
- Updating your address and phone number
- Changes in your marital status or family size
- Having member materials mailed to you in English or another language
- Filing a complaint or appeal

What You Pay in Cost Sharing

Cost sharing is when you pay part of the cost of your covered service. You do not have any cost sharing for Neighborhood covered benefits.

Call Neighborhood Member Services if a provider is billing you for your Rhody Health Options benefits.

Call the Long-Term Care Field Office to see if you need to pay any cost sharing to a provider based on your income.

Balance Billing

You should not be balanced billed by your provider. Call Neighborhood Member Services if you receive a bill.
• Reporting possible fraud and abuse
• Information about Neighborhood’s history, how we do business, and our organization

Other Insurance
Call Neighborhood Member Services if you or a family member has other insurance.

Member ID Card
When you join Neighborhood, you will receive a member ID card in the mail. You should receive it within 10 calendar days of Neighborhood being notified of your enrollment. You should use this card for covered over-the-counter drugs and your long-term services and supports (LTSS).

When you receive your ID card, make sure all the information is correct. Call Neighborhood Member Services if the information on your card is not correct. You can also call us if you need a replacement ID card. Do not let anyone use your member ID card. Letting someone borrow your card is against the law.

When to show your Medicare card(s)
Medicare is your primary coverage. Always carry your Medicare card and show it to your providers.

You may have separate coverage for your prescription drugs. This is called a Medicare Part D Prescription Drug Plan (PDP). Always carry your PDP card and show it when you are picking up your prescriptions at the pharmacy.

When to show your Rhode Island Medicaid card
You should use your Rhode Island Medicaid card for:

• Adult dental services
• Any services provided by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
• Any other services covered by Rhode Island Medicaid

Other Insurance
Call Neighborhood Member Services if you or a family member has other insurance.
Your Neighborhood UNITY / Rhody Health Options (RHO) plan member ID card should look like this:

![Image of a sample ID card.](image1)

Your Medicare card will look like this:

![Image of a sample Medicare card.](image2)

Your Rhode Island Medicaid card has a picture of a white anchor on it. It should look like this:

![Image of a sample Medicaid card.](image3)
Continued Care and Treatment

From the date of your enrollment, we will cover services you were previously receiving for six months or the length of the previous authorization, whichever is greater. You are also allowed to continue treatment with any out-of-network provider for six months from your enrollment date. These apply to services and benefits Neighborhood covers as your primary insurer. We will work with you to choose a provider in our network with similar or greater expertise in treating your needs.

Case Management

We want to help you get what you need to improve your health and stay healthy. Our case management program will give you the extra attention you need to get well. When you are part of this program you get a personal case manager. A case manager is your partner in health care. Case managers are nurses and other social support staff. They will work with you to develop a plan of care and help you get the medical, social, behavioral health, and long-term care services you need. Your case manager may need to work with you and members of your care team in person. We will work with you, your family, your providers, as well as community resource agencies.

A case manager is available to assist you, Monday through Friday, from 8:30 am to 5 pm.

To get more information or to participate in case management, you or your provider can call Neighborhood Member Services.

Beacon Health Strategies, our behavioral health partner, offers case management for mental health or substance use problems. No referral is needed from your provider for behavioral health services. Call Beacon at 1-800-215-0058 to ask any questions. This number is also listed on your Neighborhood member ID card. Beacon is available 24 hours a day, seven days a week to help you. Your call is confidential.

Call Your Case Manager

Call your case manager if you:

- Have a change in your health
- Are admitted to a hospital or nursing home
- Enroll in hospice
- Have a question or need help
- Move outside of Rhode Island
- Lose your Rhode Island Medicaid coverage
Your Primary Care Provider (PCP)

Your primary care provider is called a PCP. Your PCP is the provider who knows you best. He / she works with you to keep you healthy.

Your PCP will take care of most of your medical needs and will coordinate other services. Your PCP will:

- Help you when you have a medical problem.
- Give you routine checkups and vaccinations (shots).
- Order prescriptions or tests for you.
- Give you advice and answer questions about your health.

Your PCP wants to keep you healthy. Be sure to tell him / her about your medical problems, visits to other providers, urgent care clinics (walk-ins), or the emergency room. You can call your provider’s office 24 hours a day, seven days a week. Someone will be there to help you get the care you need. If no one can take your call, there will be an answering service or an answering machine. It will tell you what to do in an emergency, how you can reach your PCP or refer you to another provider who can help. If you have an emergency call 911 and ask for help or go directly to the nearest hospital emergency room.

Your PCP, specialists, other providers and case manager work together to provide you with services.

Provider Directory

You should use Neighborhood’s provider directory when you need a list of in-network providers for long-term services and supports (LTSS) that are covered by Neighborhood. Examples of LTSS services are nursing homes, assisted living, and home health providers.

To see the directory, visit our website at www.nhpri.org/CurrentMembers/ChooseYourPlan/Unity/LTSSProviders.aspx. You can also ask for a copy by calling Neighborhood Member Services. Your case manager can help you choose providers and to arrange services.
How to Get Care

Interpreter Services and Language Assistance

Many Neighborhood Member Services staff speak more than one language. If we do not speak your language when you call, we have interpreter services available that will translate to make sure all your questions are answered.

To arrange for an interpreter to be with you at your next scheduled visit, call your provider’s office or Neighborhood Member Services at least 48 to 72 hours before your appointment. Sign language interpreters should be requested two weeks in advance. The sooner you call us about your appointment, the more likely we are able to accommodate your request.

Transportation Services

Bus Transportation

Bus transportation is a benefit available to Neighborhood UNITY / Rhody Health Options members. We make it easy for you to get to your provider visits if you do not drive or have a car. You may be eligible for a no-fare RIPTA bus pass. To get the no-fare RIPTA bus pass, visit the RIPTA Identification Office at One Kennedy Plaza, Providence, RI 02903. You can also go to one of the Road Trip Community Outreach locations. No-fare RIPTA bus passes are good for five years and cost $25.00. Call RIPTA at 1-401-784-9500 ext. 604 for more information.

Other Options

If you are unable to use a RIPTA bus pass, Rhode Island Medicaid covers non-emergency transportation services. Their vendor is LogistiCare. They are available Monday through Friday, from 9 am to 5 pm, at 1-855-330-9131 (TTY 1-866-288-3133). Transportation requests must be scheduled at least two business days before your scheduled appointment. Urgent care transportation can be requested 24 hours a day, seven days a week.

Call LogistiCare at 1-855-330-9132 if:

- Your medical appointment is canceled.
- The driver is more than 15 minutes late or did not pick you up.
- The driver is driving dangerously, smoking, abusive to you, or asks you for money.
- The heat or air conditioning in the vehicle is not working.
- There is not a seat or seatbelt for you in the vehicle.
- It took too long to arrive at your appointment or back at your residence.
- You were in an accident while riding in the vehicle.

You can arrange for transportation either through LogistiCare or Neighborhood Member Services.

Call at least two business days before your medical appointment to arrange for a ride. The two days includes the day of the call, but not the day of the appointment. For example, call Monday to request transportation on Wednesday. We can also help you set up a ride to same-day urgent care appointments.

Your Provider Appointments

To make a medical appointment or to change an appointment, please call your provider directly. Call your case manager if you need help scheduling appointments or arranging transportation.

Canceling Your Interpreter

If your appointment is canceled and you had interpreter services arranged, call Neighborhood Member Services. You must let us know to cancel and, if needed, reschedule.
How to Get Care (continued)

Medical Services

Services covered through your Medicare plan are covered according to that plan’s guidelines.

Neighborhood covered services are based on medical necessity. Some services require prior authorization and if approved will be paid according to the benefits of your plan. If you were not approved for a service, and you still get the service, you will be responsible for payment.

If you have questions, Neighborhood Member Services or your case manager can find out if the services you need will be covered through Medicare or Neighborhood.

Emergency Care

If you have an emergency, call 911 and ask for help or go directly to the nearest hospital emergency room. Show your Medicare ID and Neighborhood ID cards if you have them. Call your PCP and Neighborhood case manager the next day to tell them about your emergency room visit. After you have been treated in the emergency room, you may need to stay in the hospital for more care. These are called post-stabilization services. These services are used to make sure you can go home safely and another emergency does not happen.

Hospital Services

Please call your Neighborhood case manager if you receive hospital or rehabilitation services.

Second Opinions

As a Neighborhood UNITY / Rhody Health Options member, you have the right to get a second opinion. A second opinion is not required.

Prior Authorizations

Sometimes you may need approval from Neighborhood before receiving care. This is called prior authorization. A prior authorization may be needed for services when Neighborhood becomes your primary insurer. For these services prior authorization is needed if a provider is not in our network. Call your case manager to review your needs and to authorize services. It is your provider’s responsibility to get prior authorization from us when necessary. Prior authorization is not needed for emergency services. If you get a Neighborhood covered service without approval, you will have to pay for it. Before a scheduled service, call Neighborhood Member Services to check on authorizations.

Examples of services that require prior authorization from your case manager:

- Home adaptation
- Home health aide
- Household chores
- Nursing home services

Behavioral Health Services

Services for mental health and substance use are called behavioral health services. Refer to your Medicare coverage first for all behavioral health services. You can also call Beacon Health Strategies if you have questions about services that might be covered by Neighborhood or Rhode Island Medicaid.

Our Medical Review Team

Neighborhood has a team of nurses and clinical staff. This team reviews requests for services and other treatments. The process is called utilization management (UM).
Our UM decisions are based on what is right for our members and what is covered. We want to make sure you receive the best health care possible.

Neighborhood does not give anyone money or other rewards for UM decisions that result in denying services, fewer services, or less care. If you have questions about how we make care decisions, please call Neighborhood Member Services.

Some of the health care services you or your provider request will need prior authorization. Our nurse or doctor will gather information as quickly as possible from your providers to decide if the services are medically necessary. Medically necessary means the services requested are needed for the prevention, diagnosis, cure, or treatment of a health condition.

This includes services needed to maintain the status of your medical or mental health. Medically necessary services must be provided in the most cost effective and appropriate setting. They should not be provided solely for the convenience of members or their service providers.

Neighborhood’s Medical Management team will make a decision before the date of service or within 14 calendar days from when the request is received, whichever comes first. If more information is needed to help us make a care decision, it will take longer and you will be notified. We respond to urgent requests for scheduled services within 72 hours.

Please call Neighborhood Member Services if you:

- Want to know the status of an authorization request
- Have questions about our UM process
- Have questions about services that have been authorized or denied

Medical Technology Review

Neighborhood reviews new medical technology, tests, and treatments that could help care for our members. Our associate medical director and a team of our staff and doctors make decisions about how to use new technology and treatments and whether to cover them. You or someone acting on your behalf, such as a family or Neighborhood staff member, may request that a new or existing technology be considered. When a request is received, it is researched and reviewed within 90 calendar days. Requests for faster reviews are available for medical emergencies. If you would like more information about how we review new medical technology, please call Neighborhood Member Services.
Programs and Services

Disease Management

Chronic conditions like asthma, diabetes, and chronic obstructive pulmonary disease (COPD) can be difficult to manage. Our disease management program can help you live a healthy and active life.

As part of the program you will:

- Receive information about your condition such as special testing, medications, nutrition, and other things you can do to stay healthy and keep your condition under control.
- Get tips about important questions to ask your provider about your condition.
- Have access to nurses who can help if you need it to manage your condition.

The disease management program is voluntary. You can call Neighborhood Member Services to:

- Get more information
- Join the program
- Stop getting information
- Leave the program

Quit for Life

Quit for Life is a program to help you quit smoking. We give you access to health and wellness specialists and send you educational mailings.
Your Benefits

Listed below are the Neighborhood UNITY / Rhody Health Options (RHO) benefits which may be included in your plan of care. Speak to your case manager about any of these services. Some of these services may require you to have prior authorization from your provider.

You will need to use Neighborhood contracted providers.

Home- and community-based services are not covered outside of Rhode Island.

Benefits Covered by Neighborhood

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Health</td>
<td>Covered.</td>
</tr>
<tr>
<td>Covered Medicare Claims</td>
<td>Neighborhood will process your medical copay, coinsurance and / or deductible from Medicare following laws, rules, and regulations, and if applicable, contract. Certain Medicare services have benefit limits. If a benefit is exhausted, Neighborhood may become the primary coverage for that benefit. <strong>In some cases, Neighborhood will pay for a DME service if Medicare does not cover it.</strong> Call Neighborhood Member Services for more information.</td>
</tr>
<tr>
<td>Drugs</td>
<td><strong>Over-the-Counter (OTC):</strong> Certain OTC drugs may be covered with a prescription from your provider. Call Neighborhood Member Services to find out which drugs are covered. Benefit limits and prior authorization rules may apply.</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Covered. Includes over-the-counter (OTC) family planning supplies including foam, condoms, spermicidal jelly or cream and sponges. Screenings for sexually transmitted infections (STIs) and HIV are covered. You can go to any provider, including out-of-network providers, for these services.</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Covered when ordered by your provider, once every three years. Benefit limits and prior authorization rules apply.</td>
</tr>
</tbody>
</table>
Your Benefits (continued)

Benefits Covered by Neighborhood

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreters</td>
<td>Covered. Call Neighborhood Member Services 48 to 72 hours in advance of the appointment to arrange services. Two weeks notice is required for sign language interpreters.</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>Non-emergency: Covered. See Page 7 of this handbook.</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Covered. Includes one eye exam with or without refraction and one pair of glasses every two years. Benefit limits and prior authorization rules apply.</td>
</tr>
</tbody>
</table>

Long-Term Services and Supports (LTSS)

Long-term services and supports (LTSS) are available to all Neighborhood UNITY / Rhody Health Options (RHO) members who need them. You should call your case manager if your medical condition changes and you need these services. If you need emergency home- or community-based services, you can call Neighborhood Member Services for 24/7 assistance.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Assisted Living</td>
<td>Covered.</td>
</tr>
<tr>
<td>Community Transition Services</td>
<td>Covered. Includes a one-time transitional living expense for members moving from an institution to a private home.</td>
</tr>
<tr>
<td>Day Supports</td>
<td>Covered. Includes assistance with self-help, social, and adaptive skills.</td>
</tr>
<tr>
<td>Environmental Modifications (Home Accessibility Adaptations)</td>
<td>Covered. Includes modification of the member’s private home. Prior authorization rules apply.</td>
</tr>
<tr>
<td>Financial Management Services</td>
<td>Covered when you are in the Personal Choice program. Includes a fiscal intermediary.</td>
</tr>
<tr>
<td>Benefits</td>
<td>Coverage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Homemaker</td>
<td>Covered.</td>
</tr>
<tr>
<td></td>
<td>Prior authorization rules apply.</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>Covered for home-delivery of hot meals.</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>Covered.</td>
</tr>
<tr>
<td>Participant Directed Goods and Services</td>
<td>Covered. Includes services, equipment or supplies that meet an identified need.</td>
</tr>
<tr>
<td>Personal Care Assistance</td>
<td>Covered. Includes support in the home or community to members with disabilities.</td>
</tr>
<tr>
<td>Personal Emergency Response System</td>
<td>Covered. A device used to get help in an emergency.</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Covered.</td>
</tr>
<tr>
<td></td>
<td>Prior authorization rules apply.</td>
</tr>
<tr>
<td>Rehab Services</td>
<td>Covered. Includes physical, occupational, speech, cardiac, and lung rehab services.</td>
</tr>
<tr>
<td></td>
<td>Prior authorization rules apply.</td>
</tr>
<tr>
<td>Residential Supports</td>
<td>Covered. Includes help given to members so they can live in their own home.</td>
</tr>
<tr>
<td>Respite</td>
<td>Covered. Includes short-term caretaking services for members when needed.</td>
</tr>
<tr>
<td></td>
<td>Prior authorization rules apply.</td>
</tr>
<tr>
<td>Rite @ Home (Supported Living Arrangements-shared Living)</td>
<td>Covered. Includes personal care and services given by a caretaker who lives in the home.</td>
</tr>
<tr>
<td>Senior Companion (Adult Companion)</td>
<td>Covered. Includes help and friendship for members who have difficulty with daily living.</td>
</tr>
</tbody>
</table>
Your Benefits (continued)

Long-Term Services and Supports (LTSS)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing (LPN) Services</td>
<td>Covered. Prior authorization rules apply.</td>
</tr>
<tr>
<td>Special Medical Equipment (Minor Assistive Devices)</td>
<td>Covered. Includes items which make members’ daily living easier. Prior authorization rules apply.</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Covered. Includes help for members with waivers to keep their jobs. Includes supervision, transportation, and training.</td>
</tr>
<tr>
<td>Supports for Consumer Direction</td>
<td>Covered. Includes help for members to be an active participant in their care.</td>
</tr>
</tbody>
</table>
Benefits Covered by Rhode Island Medicaid

These are the services covered for Neighborhood UNITY / Rhody Health Options members through Rhode Island Medicaid. Call Neighborhood Member Services or the state Executive Office of Health and Human Services at 1-401-462-5300 to ask question about your benefits.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Case Management</td>
<td>Covered. Includes non-medical case management.</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td>Covered. Includes:</td>
</tr>
<tr>
<td></td>
<td>• Court-ordered mental health and substance use services</td>
</tr>
<tr>
<td></td>
<td>• Residential services for intellectually and developmentally disabled (I/DD) members</td>
</tr>
<tr>
<td></td>
<td>• Psychiatric rehabilitation day programs</td>
</tr>
<tr>
<td></td>
<td>• Community psychiatric supportive treatment (CPST)</td>
</tr>
<tr>
<td></td>
<td>• Crisis intervention for individuals with severe and persistent mental illness (SPMI) enrolled in the community support program (CSP)</td>
</tr>
<tr>
<td></td>
<td>• Clinician’s service delivered at a community mental health organization (CMHO) for individuals with SPMI enrolled in CSP</td>
</tr>
<tr>
<td></td>
<td>• Mental Health Psychiatric Rehabilitation Residence (MHPRR)</td>
</tr>
<tr>
<td></td>
<td>• RI-Assertive Community Treatment I and II</td>
</tr>
<tr>
<td></td>
<td>• Community-based narcotic treatment</td>
</tr>
<tr>
<td></td>
<td>• Community-based detoxification</td>
</tr>
<tr>
<td></td>
<td>• Substance use residential treatment</td>
</tr>
<tr>
<td>Dental Care</td>
<td>Covered. Includes routine dental checkups and treatment from any dentist in the state who accepts Rhode Island Medicaid. Call Neighborhood Member Services for help to find a dental provider.</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>Covered. See Page 7 of this handbook.</td>
</tr>
</tbody>
</table>
Your Benefits (continued)

Non-Covered Services

Certain services are not covered by Neighborhood or Rhode Island Medicaid. If you choose to get a non-covered service, you will be responsible for the cost. Below are some services that are not covered. Call Neighborhood Member Services before getting a service to make sure it is covered.

- Abortion, except to preserve the life of the woman, or in cases of rape or incest
- Any out-of-country services
- Cosmetic surgery
- Experimental procedures
- Infertility treatment
- Medications for sexual or erectile dysfunction
- Private rooms in hospitals (unless medically necessary)

How We Pay Our Providers

Neighborhood pays our network providers every time they see one of our members. This is known as fee for service. If you have any questions about provider payments or incentive programs call Neighborhood Member Services.
Complaints, Grievances, and Appeals

We want you to be happy with the care and services you receive. If you are unhappy, we want to know about it so we can resolve the problem.

Complaints

You have the right to file a complaint at any time. Please call Neighborhood Member Services and we will address your questions or concerns about benefits, services, access to appointments, wrong bills you received, or other issues. If possible, we will resolve your problem at the time of your call. If that is not possible, we will ask for more information and get back to you within 30 calendar days after your complaint is filed. At any time we may ask you for more information.

You can also file a complaint in writing. An authorized representative – someone you choose in writing – can help you. Send written complaints to:

Neighborhood Health Plan of Rhode Island
Attn: Grievance and Appeals Coordinator
299 Promenade Street
Providence, RI 02908

Grievances

If you are not satisfied with the way Neighborhood responded to your complaint, you have the right to file a grievance. A grievance is a formal expression of dissatisfaction. For example, if you have filed a complaint about an interpreter assisting you at your appointment and are not happy with the resolution of the complaint, you can file a grievance. You or your authorized representative can file a grievance in writing or over the phone. After we receive your grievance, we may ask you for more information. We will send you a letter to let you know we received your grievance and get back to you within 90 calendar days. Filing a grievance will not affect your Neighborhood coverage.

Appeals

An appeal is a request to change a decision made by Neighborhood for medical care, coverage, or drugs requested by your provider. You or an authorized representative can file an appeal in writing, in person, or by calling Neighborhood Member Services within 90 calendar days. We will review the care or services that were denied or the decision that was made. Send written appeals to:

Neighborhood Health Plan of Rhode Island
Attn: Grievance and Appeals Coordinator
299 Promenade Street
Providence, RI 02908

You have the right to:

• Ask for and get copies of all documents related to the appeal. You may add information about the appeal to your file in writing or in person.

• Continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call or tell Neighborhood within 10 calendar days of being notified. If the appeal is denied, you may be liable for the cost of any continued benefits you received.

Qualified Neighborhood staff decide on appeals that are not about medical issues. Qualified health care professionals decide on appeals about medical issues. We will make a fair decision about clinical appeals within 15 calendar days and all other appeals within 30 calendar days.

Second-Level Appeals

If you are not satisfied with the decision, you may submit a second-level appeal in writing, in person or by calling Neighborhood Member Services.

A second-level appeal must be filed within 60 calendar days of the decision of your first appeal. Different health care professionals, in the same or
similar specialty as the provider who recommended your care, will make a decision. Second-level appeals are also decided within 15 calendar days.

External Appeals
If you are still not satisfied, you can request that an independent review organization look at your appeal. Requests for external appeals must be received within 60 calendar days of the decision of your second appeal. Call Neighborhood Member Services for help or written instructions on how to file an external appeal.

Urgent Appeals
When your provider feels a delay in your care or treatment might be a medical emergency, you or your provider should call Neighborhood Member Services to request a fast appeal. This means the absence of immediate medical attention could be a risk to your life or cause you severe pain. We will make a decision about urgent appeals within one business day or 72 hours of receiving your request. If more information is needed, Neighborhood will contact your provider and make a decision within 72 hours of receiving your request. If you make a second urgent appeal, we will make a final decision within 72 hours of the date of your original request.

Medicaid Fair Hearing
Members who are not satisfied with the outcome of Neighborhood’s decision on a complaint or appeal may request a Fair Hearing. You can request a Fair Hearing with the Executive Office of Health and Human Services. You have the right to have Medicaid covered services continued while you are seeking a Fair Hearing. To have these Medicaid covered services continue, you must call or tell Neighborhood within 10 calendar days of being notified. To request a Medicaid Fair Hearing, call 1-401-462-5300 (English or Spanish) or 1-401-462-3363 (TTY), after you have finished Neighborhood’s internal process. They have 30 calendar days to respond to your request.

You can also file a complaint at any time during the appeal process with the state Department of Health at 1-401-222-6548 and the Office of the Health Insurance Commissioner (OHIC) at 1-401-462-9517. You or your authorized representative may also call the Adults in Managed Care Helpline at 1-401-784-8877 to ask them to review your complaint.

For help with your complaint, grievance or appeal, you may also call Rhode Island Legal Services at 1-401-274-2652.
Our Commitment to Quality

We want to make sure you have access to high quality health care. Our Quality Improvement Program tracks important aspects of your care. We check the quality of care and services you receive. We are always working to improve quality.

We want to make sure you have:

- Easy access to quality medical and behavioral care
- Preventive health programs that meet your needs
- Help with any chronic conditions or illnesses you have
- Support when you need it most, such as after hospital visits or when you are sick
- High satisfaction with your providers and the health plan

Go to our website at www.nhpri.org if you want to learn more about this program. Call Neighborhood Member Services to request printed copies of this information.

Your Feedback Matters

Neighborhood always welcomes your feedback about the care and service you receive as a member. Do you have opinions on how we can do better? Consider the following:

1. Join our Advisory Committee
   Neighborhood conducts focus groups and has member committees that talk about how we can improve. If you have ideas or suggestions on how we can improve our services, policies or the care you receive, join the team!
   
   Call Neighborhood’s Member Advocate at 1-401-459-6172 to learn more.

2. Call Neighborhood’s Member Advocate
   Neighborhood’s Member Advocate is always available to hear and address your concerns and experiences when accessing health care services. Our Member Advocate helps Neighborhood members to file complaints and works with health plan staff, consumer advisory groups, and local community-based organizations that interact with Neighborhood members to make sure your needs are addressed. If you would like to speak with Neighborhood’s Member Advocate, call 1-401-459-6172.

Fraud and Abuse

Neighborhood has an obligation and is committed to reporting cases of fraud and abuse. To protect the availability of health care services, we work to ensure the appropriate use of money for the Medicaid program. We want you to report suspected cases of fraud and abuse. These are situations you think may not be right.

Fraud happens when a member or provider does something that is not honest so that he/she or another person experiences positive results or some type of benefit or incentive. Abuse happens when appropriate business and medical practices are not followed and the result is an unnecessary cost to the Medicaid program. Below are some examples of fraud and abuse:

- Sharing, loaning, changing or selling a Neighborhood or Rhode Island Medicaid ID card so someone else can get health care services.
- Using someone else’s Neighborhood or Rhode Island Medicaid ID card to get health care services.

Fraud and Abuse
Our Commitment to Quality (continued)

• Using a provider’s prescription pad. Altering or forging a provider’s prescription to receive drugs.

• Receiving benefits in both Rhode Island and another state.

• Lying about how much you make or where you live to become eligible for benefits.

• Lying about services received under self-directed care.

• Selling or giving prescriptions to others that were prescribed to you.

• Providers or hospitals that bill you or Neighborhood for services that were never provided.

• Providers or hospitals that bill Neighborhood more than once for services that were provided only once.

• Providers who submit false records to Neighborhood so you may receive services that are only provided when medically necessary.

To report potential fraud or abuse, please call Neighborhood’s Compliance Hotline at 1-800-826-6762 or Neighborhood Member Services. Your call is free and confidential. You can also call the state Executive Office of Health and Human Services Fraud Unit at 1-401-415-8300, Monday through Friday, from 8:30 am to 4 pm. You may leave a message after hours and on weekends.

You may also call the Rhode Island Office of Program Integrity at 1-401-462-6503 to make a report about suspected fraud and abuse in Medicaid or any other state programs.
Member Rights and Responsibilities

Your Rights

As a Neighborhood member, you have the following rights:

• To receive information about Neighborhood, its services, practitioners and providers, and members’ rights and responsibilities.
• To be treated with respect and recognition of your dignity and right to privacy.
• To participate with your practitioners in decision-making about your health care.
• To privacy of all records and communications as required by law. (Neighborhood employees follow a strict confidentiality policy regarding all member information.)
• To respectful, personal attention without regard to your race, national origin, gender, age, sexual orientation, religious affiliation, or preexisting conditions.
• To an open discussion of appropriate home and community services or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
• To get a second medical opinion for medical and surgical concerns.
• To voice complaints or appeals about Neighborhood or the care provided by its practitioners and/or agencies.
• To make recommendations about Neighborhood’s Member Rights and Responsibilities policies.
• To refuse treatment, and if you do, it will not affect your future treatment.
• To receive information on available treatment options and alternatives.
• To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
• To request and receive a copy of your medical records and request that they be amended or corrected.
• To be given health care services.

• To exercise your rights, and that the exercise of those rights does not negatively affect the way Neighborhood and its providers treat you.
• To understand the requirements and benefits of the plan.
• To receive member materials in a manner that can easily be understood, including formats that take into consideration members with special needs.
• To include length of stay following childbirth for mothers and newborns.

Your Responsibilities

As a Neighborhood member, you have the following responsibilities:

• To carry your Neighborhood, Medicare, Medicare Part D prescription drug plan, and your Rhode Island Medicaid member ID cards with you.
• To provide, to the extent possible, information that Neighborhood and its practitioners and providers need to care for you.
• To follow the plans and instructions for care that you have agreed on with your providers.
• To let Neighborhood know about any changes to your name, home address, telephone number, or if you have other insurance coverage.
Member Rights and Responsibilities (continued)

Rhode Island All-Payer Claims Database

Neighborhood is required by law to report data about its members’ health care use and costs. This information will be put in the Rhode Island All-Payer Claims Database. It will be used by policy makers to make better health care decisions.

You have the choice:

1. If you want your data in the records, you do not have to do anything.

2. If you want to have your data left out, please go to www.riapcd-optout.com. If you cannot get online, please call Rhode Island’s Health Insurance Consumer Support at 1-855-747-3224.

If you have question or want to learn more, email riapcd@ohic.ri.gov.

CurrentCare®

The more information your providers have about your medical history, the better they can care for you. You may see more than one provider. You may have had visits to a hospital, provider’s office, or community clinic. Each of these providers can do a better job caring for you if they have access to all of your medical records in one place. CurrentCare® is a database that can give them those records. It is Rhode Island’s electronic health network. If you sign up, you give permission to your providers to see your health information in the database. This keeps all of your providers informed and allows them to easily coordinate your health care. If you want to sign up for CurrentCare, call 1-888-858-4815. It is free to join.

Plan for Your Care

You have the right to make decisions about your health care. You can refuse treatment or procedures anytime. When you can no longer make health care decisions for yourself, there are documents that will help make your wishes known. These are called living wills, durable power of attorney, and advance directives.

- **A living will** is a set of instructions. It says what should happen if you become seriously ill and are unable to communicate.

- **Durable power of attorney** lets another person make health care decisions for you. You choose who this person will be. It could be your spouse, a family member, or a friend.

- **Advance directives** explain the treatment you want if you become seriously ill or injured. Advance directives can be written or spoken.

Ask your primary care provider about these options. You also can find related forms at the Rhode Island Department of Health website, www.health.state.ri.us/hsr/directives.php.
Privacy Practices

Neighborhood uses and shares protected health information (PHI) for your treatment, to pay for care, and to run our business. We may also use and share your information for other reasons, as allowed and required by law.

PHI is information that can be used to identify you. It must relate to your health. Medical records that have your name, member number, or other information that can identify you are examples of PHI. PHI can be spoken, written, or electronic.

How We Use or Share PHI

- For your treatment. For example, we can share information with your providers to decide what is best for you.
- To pay for your care. For example, we can share your benefit information with a provider so claims can be paid.
- For health care operations. For example, we may contact you about health programs that could help you.

Neighborhood shares your PHI as needed with business associates. Business associates agree to protect your PHI. They are not allowed to use your PHI as stated in our contract with them. Neighborhood may use your PHI to remind you of appointments. We may also give you information about other treatments or health related benefits and services.

Neighborhood is allowed or required by law to share your PHI in ways that help the public good. In some cases, there are many requirements Neighborhood must meet before we can share your PHI. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We may use or share your PHI as follows:

- When required by law.
Privacy Practices (continued)

Federal and state laws may limit the use and sharing of PHI. This includes highly private information about you. This may include federal laws about:

- HIV/AIDS
- Behavioral health
- Genetic tests
- Alcohol and drug use
- Sexually transmitted infections and reproductive health information
- Child or adult abuse or neglect, including sexual assault

If stricter laws apply, Neighborhood will meet the requirements of the stricter law.

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

Neighborhood must have your approval to:

- Use and share psychotherapy notes
- Use and share PHI for marketing reasons
- Sell your PHI

Except as stated in this notice, Neighborhood uses and shares your PHI only with your written approval. You may cancel your approval at any time unless we have already acted on it. You will need to write to us in order to cancel your approval.

Neighborhood Health Plan of Rhode Island
Attn: Member Services
299 Promenade Street
Providence, RI 02908

You have the right to:

- Ask for limits on how Neighborhood uses and shares your PHI. You may ask that your PHI not be used or shared for the use of treatment, payment, and operations. You may also ask Neighborhood not to share your PHI with family, friends, or other people involved in your care.

We will try to honor your request, but we do not have to do so.

- Ask to have your PHI communicated privately.
- Ask to be contacted in a specific way (for example, by cell phone) or at a different location. Neighborhood will follow reasonable requests when sharing your PHI could put you in danger.
- Review and get a copy of your PHI. In certain cases we may deny the request. Neighborhood does not have complete copies of your medical records. Please contact your PCP to request a copy of your medical records.
- Make changes to your PHI if you think it is wrong or incomplete. You must ask in writing and give reasons for the change. These changes would only be made to your Neighborhood member records. If we deny your request, you may file a letter disagreeing with us.
  
  o Ask for a record of when your PHI has been shared. You may ask for a list of the times Neighborhood has shared your PHI during the six years prior to the date of your request. The list will include who we shared it with and why. The list will not include PHI that has been shared: for treatment, payment, or health care operations.
  
  o With you about your own PHI.
  
  o For reasons allowed or required by law.
  
  o With your approval.
  
  o To persons involved in your care.
  
  o In the interest of national security.
  
  o To correctional institutions or law enforcement officials having custody of an inmate.
  
  o As part of a limited data set.
  
  o Before April 14, 2003.

- Ask for a paper copy of this notice from Neighborhood at any time. You can also get a copy from our website at www.nhpri.org.
- Get notified when there is a breach of your PHI. Neighborhood will notify you of any unauthorized access or sharing of your PHI.
• File a complaint if you believe your privacy rights have been violated. Neighborhood will not take any actions against you if you file a complaint. Your benefits will not change. To file a complaint, call Neighborhood’s privacy official at 1-855-966-4774. You can also file a complaint in writing to:

**Neighborhood’s Privacy Official**
Attn: Corporate Compliance
299 Promenade Street
Providence, RI 02908

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

**In writing:**
Office for Civil Rights, DHHS
JFK Federal Building, Room 1875
Boston, MA 02203

**By phone:**
1-617-565-1340
1-617-565-1343 (TTY)

**By fax:**
1-617-656-3809

**Our Duties**

Neighborhood protects your PHI from illegal use or sharing. We are required by law to:

• Keep your health information private.

• Provide you with notice of our legal duties and privacy practices about PHI.

• Notify you when there has been a breach of your PHI.

• Follow the terms of this notice.

Neighborhood has the right to change the terms of this notice. We can also make new terms for all PHI that is kept. This notice is available on our web site www.nhpri.org. If you have any questions about this notice, would like a copy or more information, please call us at 1-401-459-6000 (local) or 1-800-963-1001 (toll free).
Disenrollment and Termination

Voluntary Disenrollment

You may change your health plan or disenroll from Neighborhood at any time. If you want to disenroll, you need to call the Adult Managed Care Line at 1-401-784-8877.

Loss of Eligibility

Anyone may lose his / her Medicaid eligibility (or coverage) for a variety of reasons, such as moving or missing a scheduled recertification. If you lose Medicaid eligibility, Neighborhood cannot cover your services. Financial eligibility is decided by the state of Rhode Island.

Termination of Benefits

Grounds for termination include:

- Permitting unauthorized use of a Neighborhood member ID card
- Disruptive or abusive behavior
- Loss of eligibility