



Neighborhood
Health Plan
OF RHODE ISLAND™

2025-2026

ACCESS

TRUST



Member Handbook

Here’s Where to Find Information You Need

Important Phone Numbers:

HealthSource RI	1-855-840-4774
RI Department of Human Services (DHS)	1-855-697-4347
UnitedHealthcare Dental/RIte Smiles	1-866-375-3257
RI Public Transit Authority (RIPTA)	1-401-784-9500, ext. 2012
Non-Emergency Transportation MTM Broker	1-855-330-9131 (TTY 711)
RI Department of Health	1-401-222-5960
RI Insurance Resource, Education, and Assistance Consumer Helpline (RIREACH)	1-855-747-3224
RI Legal Services	1-401-274-2652
Neighborhood Health Plan of Rhode Island Compliance Hotline	1-888-579-1551
Neighborhood Health Plan of Rhode Island Member Services	1-800-459-6019
Monday–Friday, 8:00 a.m.- 6:00 p.m.	

My Primary Care Provider:

Name: _____

Telephone: _____

Address: _____

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If we make any significant change to the information found in this Member Handbook, we will let you know at least thirty (30) days before we make the change. Things included would be changes in your benefits and how you get them.

Welcome to Neighborhood!

We are glad that you enrolled with Neighborhood
Health Plan of Rhode Island (Neighborhood).

We want to be sure you're off to a good start as a new member.
This handbook will be your guide to all of the health care benefits
and services that you get with Neighborhood.

To learn about your plan, ID cards, your health, and to get to know us better,
watch our welcome video at www.nhpri.org/welcome-to-neighborhood.
If you need any help at any time, call our Member Services team at
1-800-459-6019 (TTY 711).



How Managed Care Works

Many people get their health care benefits through managed care organizations (MCOs) like Neighborhood. MCOs provide health services from physicians, hospitals, and other providers to meet all of your health care needs. This means your medical care, prescriptions, specialty care, and behavioral health services are all available through Neighborhood.

The Rhode Island Executive Office of Health and Human Services (EOHHS) is the government office that oversees the Rhode Island Medicaid Program. Neighborhood has a contract with EOHHS to deliver health care coverage to our members. Neighborhood’s provider network—the doctors, specialists, hospitals, labs, and other health care facilities —work together to keep you healthy. You can find a list of all of our providers in the Neighborhood Provider Directory. Visit our website at www.nhpri.org/find-a-doctor or call Member Services at **1-800-459-6019 (TTY 711)** to find a provider near you.

When you join Neighborhood, you will need to choose a Primary Care Provider or PCP. Your PCP can help you manage your health. They can teach you ways to stay healthy, treat you when you’re sick and help you get special care when you need it. If you are not feeling well or have questions about your health, call your PCP.

If you need to talk to your PCP and their office is closed, always leave a message with your phone number so they can call you back. Your PCP, or another provider, will call you back as soon as they can. **If it is an emergency, call 911 or go to the hospital for help.**

Confidentiality

Neighborhood understands that your health information is private and should be protected. Neighborhood will never give out any of your health information without your consent. Neighborhood staff have all been trained on how to keep your information safe. We only share your health information with those who need it such as the providers who give you care and anyone you have asked us to talk to about your health care.

If your child is a Neighborhood member but you are not, you will need to fill out a consent form and have it signed by the Head of Household on your child’s account before we can speak with you about their health care. Call Neighborhood Member Services or visit www.nhpri.org/members/your-rights-and-privacy to get a copy of this form.

Transition of Care

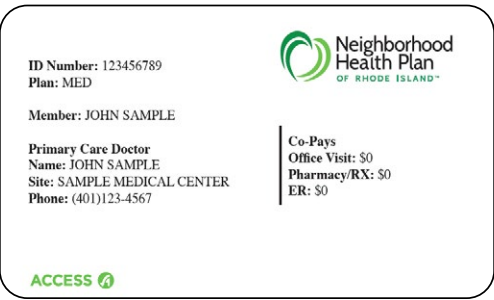
Neighborhood wants to make sure that you always get the care that you need. After you become a member, you can keep getting care from your current provider for up to one hundred and eighty (180) days—even if that provider is not in our network. After that time, Neighborhood will help you to get the same care from providers that are in our network.

You can also keep getting prescription drugs that were covered by your previous health plan for up to ninety (90) days after joining Neighborhood. After ninety (90) days, your provider may have to send a prior authorization request to Neighborhood’s Pharmacy Department so you can keep getting these medications. Our Pharmacy team will review the request and make sure you receive the medications that you need.

Member Services

Your Neighborhood Member ID Card

About ten (10) days after joining Neighborhood, you will get a member ID card in the mail. Check the card to make sure all of the information is right. If anything looks wrong, call Member Services at **1-800-459-6019 (TTY 711)** right away.



You will also get a Rhode Island Medicaid card —also known as an Anchor card—in another envelope from the State of Rhode Island. Each family member who is enrolled will get their own Neighborhood member ID card and Anchor card.



Always show both ID cards when you go to your provider, the hospital, or the pharmacy.

Update Your Information

To make sure that you always get important notices from Neighborhood and the RI Medicaid Program, **it’s very important that Neighborhood always has your most up-to-date mailing address in on file.**

Always contact Neighborhood:

- When you change your name, address, phone number, or email address
- If you become pregnant
- If you have other health insurance

HELPFUL TIP: Put the full name of everyone living in your home on your mailbox. The post office will not deliver mail if the last names on the mailbox do not match the last name on your mail.



How to Tell Us About Changes

You can update your address, phone number and email using the Contact Information Form on our website at www.nhpri.org/contact-information-update-form.

Members are required to report all changes to HealthSource RI or the Rhode Island Department of Human Services (DHS) within ten (10) days of the change.

To update your HealthSource RI account:

- Go to www.healthsourceri.com
- Call 1-855-840-4774
- Visit the HealthSource RI walk-in center at 401 Wampanoag Trail, East Providence, RI 02915 Monday–Friday, 8:00 a.m.–6:00 p.m.

Always contact HealthSource RI:

- If you move out of state.
- If you get married; if you change your last name.
- If your family size changes (adding a new baby or adopting a child, death of a family member who is enrolled, etc.).
- If there is a change in your income.

If you, your child, or another family member has Supplemental Security Income (SSI) or are eligible for Medicaid because of a disability, call **RI (DHS) at 1-855-697-4347** Monday–Friday, 8:30 a.m.–4 p.m. You can also contact your local DHS office to report changes.

Renew Your Medicaid Eligibility

Rhode Island Medicaid will send you notices in the mail when it is time to renew your Medicaid coverage. Reply to these notices right away so you do not lose your health coverage. If you have questions or need help renewing your Medicaid coverage, call **HealthSource RI at 1-855-840-4774 or DHS at 1-855-697-4347**.

We're Here For You!

Neighborhood Member Services can help you:

- Understand your benefits
- Get a member ID card, if lost
- Find a provider or urgent care clinic
- Make a complaint or file a grievance or appeal

You can call Member Services Monday through Friday from 8:00 a.m. to 6:00 p.m. at **1-800-459-6019 (TTY 711)**. After business hours, please leave a message and we will get back to you within two (2) business days.

You can also visit the Neighborhood website at www.nhpri.org to view plan details and other helpful tools:

- Find a provider or pharmacy
- Search for a drug on the Medicaid Searchable Formulary
- Access the Pharmacy Member Portal
- Get benefit details
- View or download your Member Handbook

We Know Your Language

Neighborhood offers interpreter and translation services for our members who do not speak English. When you call Member Services, you can talk to a team member or interpreter who knows your language.

Neighborhood also has interpreters who can go with you to your provider appointments. If you need an interpreter, call Member Services at **1-800-459-6019 (TTY 711)** at least seventy-two (72) hours before your appointment. If you need a sign language interpreter, please call at least two (2) weeks prior to your appointment.

To find a provider who speaks your language, visit Neighborhood's Provider Directory online at www.nhpri.org/find-a-doctor.

Need Print Materials in Other Formats?

Neighborhood can send you important health plan materials in other formats, such as large print, audio, or Braille. Please call Member Services at **1-800-459-6019 (TTY 711)** to request materials in other formats.

Your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is the health care professional who knows you best. They work with you to keep you and your family healthy.

A PCP can:

- Give you regular checkups and screenings
- Arrange tests
- Keep your medical records
- Recommend specialists
- Write prescriptions
- Help you get behavioral health services
- Answer questions about your health care

You can choose any type of PCP from Neighborhood's provider network such as:

- A family doctor or general practitioner
- An internal medicine doctor (internist, non-specialist)
- A pediatrician
- An obstetrician/gynecologist (OB/GYN)
- A nurse practitioner (NP)
- A physician's assistant (PA)

Choosing Your PCP

If you do not already have a PCP when you join Neighborhood, you can choose one from our network. Each member of your family can have their own PCP.

Our Provider Directory lists all the primary care providers in our network. It also tells you where the provider's office is, their phone number, languages they speak, the hours the office is open, if they are accepting new patients, and if their office is handicap accessible.

You can find the Provider Directory, online at www.nhpri.org/find-a-doctor or call Member Services at **1-800-459-6019 (TTY 711)**. A Member Services team member can help you find a PCP that is right for you.

Call Member Services at **1-800-459-6019 (TTY 711)** to let us know the name of your PCP. If you do not choose a PCP, Neighborhood will choose one for you.

Changing Your PCP

Staying with the same PCP over time gives that provider the chance to get to know you and your health care needs. However, if you want to change your PCP, you can do so at any time.

To change your PCP, call Neighborhood Member Services at **1-800-459-6019 (TTY 711)**.

If your PCP leaves the provider network, Neighborhood will send you a letter to let you know that you need to choose another PCP from our network.

You may be able to keep seeing your PCP for some time after they have left our network. This is called "continuity of care." For example, if you are pregnant or are being treated for an ongoing medical condition, Neighborhood will work with your provider to make sure they can keep treating you or to safely move your care to another provider.

Neighborhood may also change your PCP for you to make sure you are seeing the best provider for your health care needs.

To learn more about any of the providers you are seeing, such as the medical school they attended, license information, special certifications and more, visit the RI Department of Health website at health.ri.gov/find/providers.

Getting Care

Making an Appointment with Your PCP

Call your Primary Care Provider’s office to make an appointment for a check-up or when you are feeling sick.

Annual Checkups

Yearly checkups with your PCP are important to keep you healthy. At your appointment, your PCP will make sure you get the necessary screenings, tests, and shots you need. If you have a health problem, it’s easier to treat when found early. Talk to your PCP about what is right for you and your family.

Specialty Care

There may be times when your PCP needs to refer you to a specialist. Specialists are providers with training to work in a special field of medicine. Examples of specialists include cardiologists (heart doctor); obstetricians/gynecologists (for family planning and the health needs of women and pregnant people); ophthalmologists (eye doctor); podiatrists (foot doctor); dermatologists (skin doctor) and more.

You do not have to see the specialist your PCP picks. You can ask for the name of another specialist or pick one from Neighborhood’s provider network. This will not change your relationship with your PCP. You have the right to refuse the treatment a specialist recommends. If that happens, contact your PCP to talk about your options.

Urgent Care

Urgent care centers are available when you need care for a non-life-threatening issue but your PCP is not available. Urgent care centers can help to treat things like:

- Sore throat
- Ear infection
- Minor cuts or burns
- Flu
- Low-grade fever
- Sprains

If you or a family member has an urgent problem, call your PCP first. Your PCP can help you get the right kind of care. Your PCP may tell you to go to an urgent care center or even the emergency room. In an emergency, call 911 or go directly to the nearest hospital.

Emergency Services

An emergency is a life-threatening illness or injury. It can cause serious pain or harm to your health if you do not receive treatment right away. Some examples of emergency conditions include:

- Serious illness or trauma
- Broken bones
- Bleeding that will not stop
- Heart attack
- Poisoning
- Severe cuts or burns
- Behavioral health emergencies like a drug overdose or threats of harm to yourself or someone else

You can go to any hospital for emergency care. Neighborhood covers any emergency care you need throughout the United States and its territories. This kind of emergency care does not need a prior authorization. Call your PCP as soon as you can and let them know about your emergency visit. They can help you if you need follow-up care.

Prescription Drugs

Your prescription drugs are covered by Neighborhood through CVS Caremark. CVS Caremark is Neighborhood’s pharmacy benefit manager (PBM). This means Neighborhood and CVS work together to make sure that you have access to the medications you need.

You can go to almost any pharmacy in Rhode Island to get your prescriptions filled. The pharmacy must be enrolled with the Rhode Island Medicaid program and part of Neighborhood’s provider network. To find a pharmacy, visit the Provider Directory online at www.nhpri.org/find-a-doctor or call Neighborhood Member Services at **1-800-459-6019 (TTY 711)**.

Specialty medications are used to treat complex, chronic conditions, such as Rheumatoid Arthritis or Multiple Sclerosis. If you take a specialty medication, you must use a specialty pharmacy that is in our pharmacy network. Specialty pharmacies make it easy for you to pick up your medication at a location near you or can have your drugs delivered to your home. A specialty pharmacist can also answer any questions you may have about your medication.

To find a specialty pharmacy visit the provider directory online at www.nhpri.org/find-a-doctor or call Neighborhood Member Services at **1-800-459-6019 (TTY 711)**.

If the specialty medication you are taking is not available at one of our Specialty Pharmacies, please call Neighborhood Member Services.

The Neighborhood Drug Formulary is a list of drugs covered by your Neighborhood plan. This list tells you what prescription and over-the-counter (OTC) medications Neighborhood will pay for. Most medications are covered for a 30-day supply and some maintenance drugs are available for a 90-day supply. Please note that our Drug Formulary is subject to change at any time.

If a drug you take is not listed on the Drug Formulary or is restricted, you can ask your provider for a prior authorization for that drug. Neighborhood will review the prior authorization request and get back to your provider within twenty-four (24) hours with a decision.

HELPFUL TIP: If a medicine is listed on Neighborhood’s Drug Formulary, it does not mean that this drug is covered for you. Neighborhood only covers drugs or products made by companies that take part in the Medicaid Drug Rebate Program (MDRP).

You can find Neighborhood’s Drug Formulary on our website at www.nhpri.org. You can also get a printed copy of the Drug Formulary by calling Neighborhood Member Services at **1-800-459-6019 (TTY 711)**.

Early Periodic Screening Diagnostic Treatment (EPSDT)

As they grow, babies, children and teenagers should see their PCP often. It is important that they get regular check-ups and vaccines to be healthy as they grow. Early Periodic Screening Diagnostic Treatment (EPSDT) is a program that makes sure children receive all the care they need.

Children up to age 21 should have regular well visits with their PCP to check their physical and mental health. These check-ups can include:

- A physical exam to check their growth and development
- Behavioral health assessments
- Age-appropriate shots
- Vision and hearing tests
- A dental exam
- Laboratory tests
- Health education

Your child’s PCP will let you know how often you should bring your child in for a visit.

Behavioral Health Services

Neighborhood covers behavioral health services like mental health and substance use treatment. To find a behavioral health provider, check Neighborhood’s Provider Directory or call **1-800-459-6019 (TTY 711)** Your call is confidential. If you are not sure what type of help, or the type of provider you need, a Member Services representative can help you.

Dental

Dental services for children are provided through the RItE Smiles Program. RItE Smiles is a dental plan for **children born after May 1, 2000**, and are eligible for Rhode Island Medicaid. To find a dentist visit www.uhc.com/ritesmiles or call UnitedHealthcare Dental at **1-866-375-3257 (TTY 711)**.

Other Neighborhood members must use their Anchor card when going to a Medicaid Dental provider.

Appointment Availability

The table below shows how long it should take for you to get the care you need.

Appointment	Access Standard
After Hours Care Telephone	Twenty-four (24) hours, seven (7) days a week
Emergency Care	Immediately or referred to an emergency facility
Urgent Care Appointment	Within twenty-four (24) hours
Routine Care Appointment	Within thirty (30) calendar days
Physical Exam	One hundred and eighty (180) calendar days
EPSDT Appointment	Within six (6) weeks
New Member Appointment	Thirty (30) calendar days
Non-Emergent or Non-Urgent Mental Health or Substance Use Services	Within ten (10) calendar days

Special Programs to Keep You Healthy

We want you to be well! Neighborhood has many benefits and programs to keep you and your family healthy.

Care Management

If you have a health condition for a long time, like diabetes or heart disease, you may benefit from our care management programs. Neighborhood’s Care Management team can help you understand how to stay healthy and have a better quality of life. Call Member Services at **1-800-459-6019 (TTY 711)** to be referred to our Medical Management Department.

Member REWARDS

As a Neighborhood member, you may be eligible for special perks and rewards for making healthy choices.* REWARDS include Walmart gift cards and much more. Visit our website at www.nhpri.org/rewards for more information about this program.

*Restrictions Apply

Preventive Care

Neighborhood covers:

- Wellness screenings
- Yearly well exams
- Immunizations for children, teens, and adults
- Lead screening tests for children
- Other health screenings

Lead Screening

It is important for every child to be screened for lead poisoning at least once by their second birthday. Neighborhood will send a postcard to the parents of children turning one (1) year old to remind them to have their child screened. You may be eligible for Neighborhood REWARDS for getting your child tested for lead.

Immunizations

Neighborhood covers immunizations—also called vaccines or shots—for children, teens, and adults living in Rhode Island. Getting vaccines that your provider recommends is an easy way to stay healthy. Ask your PCP if you are up to date with all of your shots. You can get some vaccines at your providers office or at your local pharmacy.

Children must have certain vaccines before they can go to school. Ask their pediatrician about the immunizations they may need. Your child may be eligible for Neighborhood REWARDS for getting certain immunizations.

The Bright Start Pregnancy Program

Neighborhood covers nutrition, childbirth, and parenting classes for our members. We also have a special program for members who are pregnant to help you have a healthy pregnancy. The Bright Start program gives support and information to help members have a healthy pregnancy. As part of the Bright Start Program, you can get:

- The Bright Start Guide with helpful tips and information to help you
- Rewards for going to your prenatal and postpartum check-ups

Visit our website at www.nhpri.org/your-health for more information on Bright Start.

Other Programs

As a member, you will get Neighborhood’s *Healthy You* newsletter sent to your home. In the *Healthy You* newsletter, you can learn about ways to stay healthy throughout the year. Neighborhood also provides a special online newsletter, *Be Well, Stay Well*, for members with chronic conditions to help them manage their health. Visit www.nhpri.org/members/member-newsletters/ to view *Be Well, Stay Well*.

Questions?

Call Neighborhood Member Services at **1-800-459-6019 (TTY 711)** if you have questions about any of Neighborhood’s health programs.

Getting a Second Opinion

A second opinion is when you want to see another provider to get their opinion on your health concern. You can get a second opinion from a network provider for any of your covered benefits. This is your choice and is not required for you to get treatment. If you’d like to get a second opinion from an out-of-network provider, you will need to get a prior authorization. .

Out of Network/Out of Area Care

Sometimes you may need care from a provider who is not in our network. This provider is known as an “out of network” provider. All covered benefits and services, including medications, provided out-of-network/area must be approved by Neighborhood first, except for:

- Emergency services
- Urgently needed care
- Family planning services

Before you make an appointment with an out-of-network provider, you need to get prior authorization from Neighborhood. Call Member Services to learn how to get prior authorization and if it will be covered in full. You may have to pay for those services.

Prior Authorizations

Sometimes, your provider needs permission from Neighborhood before giving you a certain service or medication. This is called prior authorization, or prior approval. You and your provider need to work together to get prior authorization requests sent to Neighborhood. If you have questions about the status of your prior authorization request, please work with your provider directly. If your provider does not get prior authorization, you will not be covered for the service or medication.

Neighborhood’s Medical Review Team

Neighborhood has a team of nurses and clinical staff who review requests for hospital admissions and other treatments. This is called utilization management (UM). Our UM decisions are based on what is safe and appropriate 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 coverage decisions, please call Neighborhood Member Services.

Some of the health care services you or your provider request will need prior authorization. Your provider will submit the request to our UM team before you receive the service. A Neighborhood 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 your health condition.

Neighborhood’s team will make a coverage decision within the time allowed by our contract regulations. If more information is needed to help us make a coverage decision, it will take longer and you will be notified.

We respond to urgent requests for scheduled services within seventy-two (72) hours.

Please call Neighborhood Member Services at **1-800-459-6019 (TTY 711)** 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 better care for our members. Our 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, may ask that a new or existing technology be used for your treatment. Neighborhood will look at your request and let you know if it’s covered within ninety (90) 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 at **1-800-459-6019 (TTY 711)**.

Non-Emergency Medical Transportation

If you need help getting to or from your medical, dental, or other health appointment, transportation may be available:

Rhode Island Public Transit Authority (RIPTA)

RIPTA has fixed-route bus services to most communities in Rhode Island. Routes are available online at www.ripta.com or by calling RIPTA Customer Support at **1-401-781-9400**. RIPTA also offers flex services and the ADA Disabled Program.

Non-Emergency Medical Transportation Vendor

Non-emergency transportation is a service that is covered by Neighborhood. To arrange for a ride, call MTM at **1-855-330-9131 (TTY 711)**, twenty-four (24) hours a day/seven (7) days a week.

For bus tickets, contact MTM seven (7) business days before your appointment.

Van or taxi rides may be available for members who qualify. Please call MTM forty-eight (48) hours before your appointment. For example:

- Call Monday for a ride on Wednesday
- Call Tuesday for a ride on Thursday
- Call Wednesday for a ride on Friday, Saturday, or Sunday
- Call Thursday for a ride on Monday
- Call Friday for a ride on Tuesday

Mileage Reimbursement

If you qualify for transportation but you or someone else can drive you to your appointment, you may be able to get money to spend on gas. There are several rules and requirements.

Call MTM at **1-855-330-9131 (TTY 711)** or Neighborhood Member Services **1-800-459-6019 (TTY 711)** for help with your transportation needs.

Covered Benefits

You are eligible to receive the benefits listed in the table below with your Neighborhood ID card. You do not have to pay for any of these services unless you get a service that a provider tells you is not covered by Neighborhood. There are some services that are not covered.

You should not be billed by your provider for a covered service. Call Neighborhood Member Services if you receive a bill.

Description of Benefits From Neighborhood

If you have questions about a specific service and would like to know if it is covered or not covered, call Member Services at 1-800-459-6019 (TTY 711).

Covered service/benefit	Coverage
Abortion care for pregnancy	Covered when provided by an in-network provider.
Adult day health	Covered for frail seniors and adults who need supervision and health services during the daytime when medically necessary. Please work with your provider to see if a prior authorization is needed.
Annual wellness check-ups, preventive screenings, and immunizations	Covered when provided by primary care providers (PCPs) in the MCO network.
Behavioral health services	Includes community-based mental health and substance use counseling and treatment services. Please work with your provider to see if a prior authorization is needed.
Behavioral health services (intensive)	Covered as needed. Behavioral Health and Substance Use Disorder treatment includes but is not limited to the following: community-based narcotic treatment, methadone, detoxification, emergency services intervention, observation/crisis stabilization, acute inpatient services, acute residential treatment, partial hospital programs, mental health psychiatric rehabilitation residences (MHPRR), day programs, intensive outpatient treatment programs, assertive community treatment (ACT), integrated health homes (IHH), community mental health center services, home-based treatment services (HBTS), applied behavior analysis (ABA), personal assistance services and supports (PASS) and respite. Residential treatment does not include room and board. Services also include administratively necessary days ordered by the Department of Children, Youth and Families. Please work with your provider to see if a prior authorization is needed.
Chiropractic services	Services are limited to twelve (12) visits that include treatment annually. Medically necessary chiropractic services beyond the annual limit of twelve (12) visits are subject to prior authorization requirements.

Covered service/benefit	Coverage
Court-ordered mental health and substance use services	Services are provided in-plan. The services include transitional care management services after court-ordered services end.
Doula services	Services are covered during the prenatal period, delivery, and up to twelve (12) months postpartum.
Durable medical equipment	Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology, and other medical supplies. Please work with your provider to see if a prior authorization is needed.
Early periodic screening, diagnosis, and treatment (EPSDT) services	Screening, diagnosis, and treatment services for children and young adults up to age 21. Includes the initial and follow-up visits. Includes inter-periodic screens as medically indicated.
Emergency room services	Emergency room services are covered both in and out of state for emergency situations. Prior authorization is not needed for emergency care.
Emergency transportation	Covered as medically necessary.
Eye care	Includes medically necessary treatment for illness and injury to the eye(s). For adults, routine eye exams and one pair of frames are covered once every twenty-four (24) months. Lenses are covered as medically necessary. For members with diabetes, eye exams are covered once every twelve (12) months. For children under age 21, eye exams and glasses are covered as needed.
Family planning services	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.
Foot care	Covered. Please work with your provider to see if a prior authorization is needed.
Gender dysphoria treatment	Covered. Please work with your provider to see if a prior authorization is needed.
Group/individual education classes	The following group classes are covered: childbirth education, parenting, smoking cessation, diabetes, asthma, nutrition, lactation consultant, etc.
Hearing aids	Covered. One pair of hearing aids every three years.

Covered service/benefit	Coverage
Home care services	Covered services provided under a home care plan authorized by a physician include full-time, part-time, or intermittent care by a licensed nurse or home health aide (certified nursing assistant) for patient care. And including, as authorized by a physician, physical therapy, occupational therapy, respiratory therapy, and speech therapy. Home care services include laboratory services and private duty nursing for a patient whose medical condition requires more skilled nursing than intermittent visiting nursing care. Home care services include personal care services, such as assisting the member with personal hygiene, dressing, feeding, transfer, and ambulatory needs. Home care services also include homemaking services that are incidental to the member's health needs such as making the member's bed, cleaning the member's living area, such as bedroom and bathroom, and doing the member's laundry and shopping. Homemaking services are only covered when the member also needs personal care services. Home care services do not include respite care, relief care, or day care. Please work with your provider to see if a prior authorization is needed.
Home health services	Home health care is supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met. For patients recovering from surgery or illness, home care may include rehabilitative therapies. Please work with your provider to see if a prior authorization is needed.
Home infusion services	You may receive specific provider-administered infusion and injectable drugs in the convenience of your own home through an in-network home infusion provider. Some infusion drugs may require the patient to be stable on therapy before home administration. Home infusion services require prior authorization. Please work with your provider to submit a request to us.
Hospice services	Covered when ordered by a network provider. Services are limited to those services covered by Medicare. Please work with your provider to see if a prior authorization is needed.
Hospital care (inpatient)	Covered as medically necessary. Includes Medicaid covered services delivered in an inpatient hospital setting. Please work with your provider to see if a prior authorization is needed.
Hospital care (outpatient)	Some prescription drugs may require a health care provider to administer, such as injectable or infusion drugs. Neighborhood lists covered infusion and injectable drugs online through the Searchable Medical Pharmacy Benefit HCPCS Listing. Some injectable and infusion drugs may require prior authorization and are covered when medically necessary. Also, Neighborhood requires certain infusion and injectable drugs to be administered at specific locations when clinically appropriate (i.e., home via home infusion, physician office or infusion suite).

Covered service/benefit	Coverage
Injectable or infusion drugs	Some prescription drugs may require a health care provider to administer, such as injectable or infusion drugs. Neighborhood lists covered infusion and injectable drugs online through the Searchable Medical Pharmacy Benefit HCPCS Listing. Some injectable and infusion drugs may require prior authorization and are covered when medically necessary. Also, Neighborhood requires certain infusion and injectable drugs to be administered at specific locations when clinically appropriate (i.e., home via home infusion, physician office or infusion translation).
Lab tests, diagnostic services, radiology services	Covered when ordered by a MCO physician/provider. Please work with your provider to see if a prior authorization is needed.
Lead program	Includes home assessment and non-medical case management. Services are provided by the state Department of Health or lead centers for lead-poisoned children.
Meal delivery for new moms	No-cost meal delivery service provided to new moms after delivery of a baby in the hospital. Moms receive twenty-eight (28) total healthy meals directly to their home. Limited to once per three hundred and sixty-five (365) days.
Non-prescription drugs (OTCs)	Covered when your MCO physician/provider writes a prescription for one of the OTCs listed on our formulary. They're also referred to as "over-the-counter" drugs. Includes family planning supplies and nicotine cessation supplies.
Nutrition services	Covered by licensed Registered Dietitian Nutritionists (RDNs) for certain medical conditions. Please work with your provider to see if a prior authorization is needed.
Nursing home care and skilled nursing facility care	Covered for Rhody Health Partners and Rhody Health Expansion members for thirty (30) consecutive days. All skilled and custodial care covered. Please work with your provider to see if a prior authorization is needed.
Prenatal and post-partum care	Covered by MCO physician/provider.
Prescription drugs	Covered when ordered by a MCO physician/provider. Must use generic drugs first. There are a limited number of brand name drugs that are available; most require prior authorization. Some generic drugs also require prior authorization. The Neighborhood Drug Formulary can be found on our website at www.nhpri.org . Specialty medications are only available when filled at an in-network Neighborhood specialty pharmacy (some exceptions may apply). To find a specialty pharmacy in our network, look in our provider directory at www.nhpri.org or call Neighborhood Member Services at 1-800-459-6019 (TTY 711).

Covered service/benefit	Coverage
Preventive services	Covered when ordered by a MCO physician/provider. Prior authorization may be required. Services include homemaker services, minor environmental modifications, physical therapy, and personal care services.
Provider services	Includes the services of primary care physicians, specialists, obstetrician-gynecologists (OB/GYN) and other network providers.
Rehabilitation services	Physical, occupational, and speech/language therapy provided in licensed outpatient rehabilitation centers. Must be ordered by a MCO physician. Please work with your provider to see if a prior authorization is needed.
School-based clinic services	Covered if medically necessary at all designated sites.
Services for members with HIV/AIDS or at high-risk for HIV	Medical and non-medical case management services. Benefits/entitlement counseling and referral activities to help members to get access to public and private programs.
Services of other practitioners	Includes the services of practitioners certified or licensed by the State of Rhode Island (i.e., nurse practitioners, physician's assistants, social workers, registered dietitian nutritionists, psychologists, and nurse midwives).
Special education	Services covered for children with special needs or developmental delays as stated in the child's Individual Education Plan (IEP) are covered but not provided by Neighborhood.
Therapies	Covered as medically necessary. Includes physical therapy, occupational therapy, speech and language therapy, hearing therapy, and respiratory therapy. Please work with your provider to see if a prior authorization is needed.
Transplant services	Covered when ordered by a network provider. Please work with your provider to see if a prior authorization is needed.

Benefits from RI Medicaid

Covered service/benefit	Coverage
Dental services	Includes routine dental check-ups and treatment for adults and children. Children born after May 1, 2000 receive dental benefits through UnitedHealthcare Dental & the RIte Smiles program. Emergency dental services are covered in-plan by Neighborhood. For older children and adults, dental services are provided using the Medicaid (anchor) card.
Non-emergency medical transportation	Includes coverage for bus tickets, van or taxi ride to Medicaid contracted medical, dental, or other health care provider appointments if no other transportation is available. Must be scheduled in advanced.

Extended Family Planning Benefits

This benefit is for women who:

- Qualified for RIte Care
 - Were pregnant and are now twelve months post-partum or twelve months post-loss of pregnancy
 - Are subject to losing eligibility for Medicaid
- Eligible women may receive up to twenty-four (24) months of the family planning benefits listed in the table below.

For more information on specific benefits, visit our website at www.nhpri.org.

Covered service/benefit	Coverage
Certain prescription and non-prescription family planning methods	Covered, including: emergency contraceptive pills, specific oral and injectable contraceptives, contraceptive patches, cervical caps, diaphragms, and specific antibiotics. Over-the-counter (OTC) family planning supplies, including foam, condoms, spermicidal jelly or cream and sponges, are covered with a prescription from your provider.
Outpatient hospital services and surgery-related services	Tubal ligation (sterilization), and treatment of major complications (including anesthesia) arising from a family planning related procedure.
Outpatient procedures (in the office or clinic) – office visit	One comprehensive gynecological visit and additional family-planning related office visits, tubal ligation (sterilization), IUD insertion and removal, and colposcopy.
Referrals to free clinics for other medical services	Referral for other services as needed. For example, referrals to the State's sexually transmitted disease clinic for treatment, confidential HIV testing, and/or counseling sites. Contact the Rhode Island Department of Health at 1-401-222-2320 for a list of clinics and counseling locations that can provide these services to you.
Laboratory	Includes pregnancy testing, annual pap smear, sexually transmitted disease testing, anemia testing, dipstick urinalysis, and urine culture.

Out-of-Network Services

Some out-of-network services are covered. Please review the table below.

Covered service/benefit	Coverage
Urgent and emergent care	Covered in the United States and its territories. No prior authorization needed.
Family planning services	Members can see Neighborhood's providers or out-of-network providers for family planning services. No referral is needed.
All other services	Prior authorization from Neighborhood is required. Please work with your provider to get prior authorization request sent to us. If you do not get prior authorization for out-of-network services, you will have to pay for those services.

Non-Covered Services

This is only a sample, not a complete list, of non-covered services. If you have a question about a service and need to know if it is covered, call Member Services at 1-800-459-6019.

- Experimental procedures and medications
- Private rooms in hospitals, unless medically necessary
- Cosmetic surgery and medications
- Infertility treatment services
- Medications, surgical procedures, imaging, or devices for sexual or erectile dysfunction
- Drugs or products whose manufacturer does not participate in the Medicaid Drug Rebate Program (MDRP)

For more information about what Neighborhood does not cover, please visit our “Non-Covered Services Payment Policy” on our website at www.nhpri.org.

Member Rights and Responsibilities

As a member of Neighborhood, you have the right:

- To receive information about Neighborhood, its services, and providers and members' rights and responsibilities
- To be treated with respect and with due consideration for your dignity and privacy
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your ability to understand
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- To include length of stay following childbirth for mothers and newborns
- 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 providers and/or agencies
- To make recommendations about Neighborhood's Member Rights and Responsibilities policies
- To request and receive a copy of your medical records, and request that they be amended or corrected
- To be furnished 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

You have a responsibility:

- To report changes such as, address, income, family size, etc. to the State (HealthSource RI or the Department of Human Services) within ten (10) days of the change
- To choose a PCP and primary care site. Your PCP will coordinate all your medical care. You may change your PCP at any time by calling Neighborhood Member Services.
- To have all of your medical care provided by, or arranged by, a provider in the Neighborhood network
- To carry your Neighborhood member ID and your Rhode Island Medicaid card with you
- To provide, to the extent possible, information that Neighborhood and its practitioners and providers need to care for you
- To treat Neighborhood providers, other patients, and Neighborhood representatives with respect
- To learn about your health problems and help plan treatment you and your provider agree on
- To follow the plans and instructions for care that you have agreed on with your providers
- To talk with your PCP about all specialty care. If you need a specialist, your PCP will work with you to make sure you get quality care.
- To call your PCP first for help if you have an urgent medical condition. If an emergency is life threatening, call 911 right away or go to the nearest emergency room.

Call Neighborhood Member Services if you have any questions about your rights and responsibilities.

Advance Directives

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 and durable power of attorney.

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 more information and related forms at the Rhode Island Department of Health website, www.health.ri.gov/lifestages/death/about/endoflifedecisions.



Complaints, Grievances, and Appeals

You have a right to make a complaint, file a grievance or an appeal. If you are unhappy about the care or services you receive, we want to know about it, so we can help fix the problem.

Can someone else complain or file a grievance or appeal for me?

Yes. Your doctor, another provider, friend, family member, or anyone you want, can file for you. First, you must let us know in writing that you are allowing that person to work with us. Members can complete an *Authorized Representative form* that gives the person permission to help with your complaint, grievance or appeal. Neighborhood must get the completed form before we can talk to the person you have identified. Keep a copy of your Authorized Representative form. The form is valid for one year from the date you sign it unless you tell us you no longer want to allow someone to act on your behalf. To get an Authorized Representative form, call Member Services.

What is the difference between a patient grievance and a complaint?

A complaint is made because of minor issues that may be resolved by health plan staff at the time the member notifies the plan. A grievance is a formal complaint expressing dissatisfaction about a matter including but not limited to, quality of care, health plan process, or if your member rights are not respected.

Complaints

You or your authorized representative have the right to file a complaint at any time. Please call Neighborhood Member Services. We can address your questions or concerns about benefits, services, access to appointments, wrong bills you receive, 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 thirty (30) calendar days after your complaint is filed. At any time, we may ask you for more information.

You, or your authorized representative, can also file a complaint in writing.

Send written complaints to:

Neighborhood Health Plan of Rhode Island
Attn: Grievance and Appeals Unit
910 Douglas Pike
Smithfield, RI 02917

Grievances

A grievance is a dissatisfaction about any matter other than a service not being covered. Examples of a grievance include:

- You are not satisfied with the way we responded to your complaint
- You disagree with us asking for more time to make an authorization decision
- You have concerns of quality of care or services provided
- You feel a provider or their employee was rude
- You feel a provider did not respect your member rights

You may file a grievance at any time. We will respond to your grievance within ninety (90) calendar days. Sometimes we need more information or time to decide. If we need more time, we will contact you to let you know.

You or your authorized representative can file a grievance in writing or over the phone at any time. Filing a grievance will not affect your health coverage.

Appeals

An appeal is a request to change a decision made by Neighborhood for medical care, services, or drugs that you or your provider believe you should receive. It could also be a request for services or supplies that are not included in your covered benefits that you or your provider believe you should receive. You or an authorized representative can file an appeal in writing, in person, or by calling Neighborhood Member

Services. Requests to review services that were denied by us must be made within sixty (60) calendar days of our decision. We will review the care or services that were denied or the coverage decision that was made.

Send written appeals to:

Neighborhood Health Plan of Rhode Island
Attn: Grievance and Appeals Unit
910 Douglas Pike
Smithfield, RI 02917

Qualified Neighborhood staff decide on appeals that are not about medical issues. Qualified health care professionals decide on appeals about medical issues. We will give you a decision about your appeal within thirty (30) calendar days of receiving it.

You have the right:

- To ask for and get copies of all documents related to your appeal. You may add information about the appeal to your file in writing or in person.
- To continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call or tell us within ten (10) calendar days of the denial. If your appeal is denied, you may have to pay for the cost of any continued benefits you received. If your appeal is approved and you did not request that your services be continued while your appeal was being processed, we will authorize or provide services within seventy-two (72) hours.
- To a fast (expedited) appeal if your provider feels a delay in your care or treatment might be a risk to your life or cause you severe pain. You or your provider should call Neighborhood Member Services to request a fast appeal.

Urgent (Fast) Appeals

You can ask us for an urgent, or “fast,” appeal if waiting up to thirty (30) days for a decision would cause severe pain or could be a risk to your life without immediate medical attention. 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. We will respond to your fast appeal within seventy-two (72) hours of receiving it. If more information is needed, we will contact you within two (2) calendar days to let you know that we need more time to review your appeal. We may extend our review time for up to fourteen (14) calendar days. If you disagree with our decision to take more time, you may file a *grievance* with us.

If we deny your request for a fast appeal, we will decide on your appeal within thirty (30) calendar days of receiving your appeal.

External Appeals

After you complete the appeal process with your plan, and you are still not satisfied with the result, you can request that an Independent Review Organization (IRO) review your appeal for medical services. Requests for external appeals must be received within four (4) months from the date of your appeal decision. Call Neighborhood’s Member Services for help or for written directions on how to file an external appeal.

State Fair Hearing

If you are not satisfied with the outcome of the MCO’s appeal decision, you may also request a State Fair Hearing. Your request must be made within one hundred and twenty (120) calendar days from the date of your appeal decision. The State Fair Hearing is facilitated by the Executive Office of Health and Human Services (EOHHS). You have a right to have Medicaid covered services continue while you are going through a State Fair Hearing. If the State Fair Hearing appeal is denied, you may be responsible for the cost of any continued benefits you have received. To ask for a State Fair Hearing contact the Executive Office of Health and Human Services (EOHHS), you may either:

- Call **1-401-462-2132 (TTY 711)**, after you have finished Neighborhood's internal appeal process
- Fax your request to **1-401-462-0458**
- Email your request to:
OHHS.AppealsOffice@ohhs.ri.gov
- Mail your request to:
**EOHHS Appeals Office, Virks Building,
3 West Road
Cranston, RI 02920**

Complaints About the Appeal Process

You can file a complaint at any time during the appeal process with the Office of the Health Insurance Commissioner (OHIC) through the consumer helpline:

**RI Insurance Resource, Education, and Assistance
Consumer Helpline (RIREACH)**
**300 Jefferson Blvd, Suite 300
Warwick, RI 02888**
Telephone: **1-855-747-3224**
Website: **www.rireach.org**
Email: **rireach@ripin.org**

For help with your complaint, grievance, or appeal, you may also call RI Legal Services at **1-401-274-2652**.

Neighborhood Health Plan of Rhode Island's 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 send our members and providers reminders about lead tests and shots that prevent diseases like polio, mumps, measles, and chicken pox.

We want to make sure you have:

- Easy access to quality medical and behavioral health 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

One of the ways we measure how well we are doing is through HEDIS® measures. HEDIS stands for Healthcare Effectiveness Data and Information Set. HEDIS data help us track things like how often our members see their primary care provider, take their asthma medications, or have important health screenings.

We also want to make sure you are happy with the services you get from your provider and from us. To do this, we look at CAHPS® survey results. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care you receive. If you get a member survey in the mail, it is important that you fill it out and send it to us because your opinion matters.

Neighborhood looks at the results of HEDIS and CAHPS. Then we share our findings with our providers. We work with them to make sure the care and services they give you and the services we give you add to your health care in a positive way.

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.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



Other Health Plan Information

How To Disenroll From Neighborhood

You may change your health plan during the state’s annual open enrollment period or within ninety (90) calendar days of joining Neighborhood. If you wish to disenroll at any other time, you may do so for any of the following reasons: poor quality of care, poor continuity of care (such as lack of access to your PCP or necessary specialty services), discrimination, lack of access to transportation, moving out of state, or for other good reasons. Visit www.eohhs.ri.gov to get a Request to Change Health Plans form. The Rhode Island Executive Office of Health and Human Services (EOHHS) will decide if you can change plans.

Coordination of Benefits (COB)

If you or any member of your family have another health plan, that plan is your primary insurance. Neighborhood would be your secondary health plan. Call Member Services if you have other insurance or if that coverage has ended.

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**. There is no cost to join.

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 family’s 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 a question or want to learn more, email riapcd@ohic.ri.gov.

Fraud, Waste and Abuse

If you suspect or know that fraud, waste, or abuse is occurring, report it immediately. 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. Waste happens when there is an overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system. Abuse happens when appropriate business and medical practices are not followed, and the result is an unnecessary cost to the Medicaid program. Reporting fraud, waste, and abuse will not affect how you will be treated by Neighborhood. You have the choice to remain anonymous when you make the report. Provide as much information as possible; this will assist those investigating the report.

Some examples of fraud, waste, or abuse are:

- Sharing, loaning, changing or selling a health plan or Rhode Island Medicaid ID card so someone else can get health care services

- Using someone else’s health plan or Rhode Island Medicaid ID card to get health care services
- Using a provider’s prescription pad to alter or forge a provider’s prescription to receive drugs
- Receiving benefits in both Rhode Island and another state
- Lying about how much money you make or where you live to become eligible for benefits
- Selling or giving prescriptions to others that were prescribed to you
- Providers or hospitals that bill you or your health plan for services that were never provided

There are many ways to report fraud, waste, and abuse. You may either:

- Call Neighborhood Member Services or write Neighborhood a letter
- Call the Neighborhood Compliance Hot line at **1-888-579-1551**
- Contact the RI Office of Program Integrity at **1-401-462-6503**
- Call RI Department of Human Services Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at **1-401-415-8300**
- Call Department of RI Attorney General for reports on Medicaid fraud, Patient Abuse or Neglect, or Drug Diversion at **1-401-222-2556** or **1-401-274-4400 ext. 2269**



Notice of Privacy Practices

Effective as of 9/19/2013 compliant with Health Insurance Portability and Accountability

(HIPAA) Omnibus Privacy Rules

THIS NOTICE TELLS YOU HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED. IT ALSO TELLS YOU HOW TO GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Neighborhood Health Plan of Rhode Island (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 includes health information like medical records that have your name, your member number or other information that can identify you. Forms of PHI include verbal, written, or electronic information. Neighborhood will not use or disclose information regarding an individual's race, ethnicity, language, sexual orientation, and gender identity except as permitted or required by the HIPAA Privacy Rule and applicable state law. Neighborhood will not deny services, coverage and/or benefits based on your race, ethnicity, language, sexual orientation or gender identity.

Why does Neighborhood use or share your PHI?

- For your **treatment**. For example, information can be shared with your doctors to decide what's best for you.
- To **pay for your care**. For example, your benefit information can be shared with a doctor so claims can be paid.
- For health care **operations**. For example, Neighborhood 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 verbal, written, or electronic PHI. They are not allowed to use your PHI other than as per our contract with them.

Neighborhood may use your PHI to remind you

of appointments. Neighborhood may also give you information about other treatment or health related benefits and services.

When can Neighborhood use or share your PHI without your written approval?

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.

Examples of when Neighborhood may use or share your PHI:

- **When required by law.**
- **For public health activities.** This may be to prevent disease outbreaks.
- **In cases of abuse, neglect, or domestic violence.** Neighborhood may only share with entities who are allowed by law to get this information.
- **For health oversight activities.** This may be for things like audits or fraud and abuse investigations.
- **For court and administrative proceedings.** Such as to answer a court order or a subpoena.
- **For law enforcement purposes.** Such as to help find a missing person or report a crime, subject to any limitations set forth in the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule).
- **To give information on decedents.** PHI may be shared with medical examiners. This may be to identify a deceased person, find out the cause of death, or as allowed by law. Your PHI may also be shared with funeral directors.
- **For organ, eye or tissue donation.** Such as with an organ collection agency to help with an organ transplant.
- **For research.** Such as to study a disease, as allowed by law.
- **For health and safety.** Such as to prevent danger to public health or safety in an emergency.

- **For government functions.** Such as for military or veteran use, national security, or protective services.
- **For workers' compensation.** Such as to obey workers' compensation laws.
- **To correctional institutions.** For persons in custody: (1) to give health care, (2) to protect your health and the health of others, and (3) for the security of the institution.

Federal and State laws may limit the use and sharing of PHI, including highly private information about you. This may include Federal laws about:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug use;
5. Sexually transmitted infections and reproductive health information; and
6. 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

When does Neighborhood need your approval to share your PHI?

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 to cancel your approval.

What are your health information rights?

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 persons involved

in your care. Neighborhood will try to honor your request, but we do not have to do so.

Ask to have your PHI communicated privately.

You may 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 copy your PHI.

You have a right to review and get a copy of your PHI. In certain cases, we may deny the request. Important: Neighborhood does not have complete copies of your medical records. Please contact your Primary Care doctor to request a copy of your medical chart.

Make changes to your PHI.

If you think your health information is wrong or incomplete, you can ask to change it. 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.

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 (6) 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.
- With you about your own PHI.
- For reasons allowed or required by law.
- With your approval.
- To persons involved in your care.
- In the interest of national security.
- To correctional institutions or law enforcement officials having custody of an inmate.
- As part of a limited data set.
- Before April 14, 2003.

Ask for a paper copy of this notice from Neighborhood.

You can always request a paper copy of this notice. You can also get a copy from our website, 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. You are not required to give up your rights to privacy to file a complaint and your benefits will not change.

To file a complaint, please call 1-888-579-1551 or write to Neighborhood’s Privacy Official at:

Neighborhood Health Plan of Rhode Island
Attn: Compliance & Privacy Officer
910 Douglas Pike
Smithfield, RI 02917

Instructions are available to file a complaint with the United States Department of Health and Human Services, Office for Civil Rights (OCR) at: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

To file a complaint:

1. Use the OCR Portal: U.S. Department of Health & Human Services – Office for Civil Rights (hhs.gov)
2. Email: OCRComplaint@hhs.gov
3. Mail:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue
S.W. Room 509F HHH Bldg.
Washington, D.C. 20201

Neighborhood will not retaliate against you for filing a complaint.

What are Neighborhood’s duties?

Neighborhood protects your verbal, written and electronic PHI from illegal use or sharing. Neighborhood is 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.

Not only do all the physicians and providers in our network know that your information is private and confidential, but Neighborhood’s employees

know that too. We use training programs and policies and procedures supported by management oversight to make sure employees know the procedures they need to follow so your information—whether in verbal, written or electronic format—is secure and safeguarded.

Neighborhood has the right to change the terms of this notice. Neighborhood can also make new terms effective for all PHI that is kept. This notice is available on our web site www.nhpri.org, and you can request a copy at any time.

Contact Information

If you have any questions about this notice or would like more information, please contact Neighborhood’s Member Services Department by calling:

Medicaid Plans: 1-800-459-6019 (TTY 711)

Neighborhood INTEGRITY (Medicare–Medicaid Plan): 1-844-812-6896 (TTY 711)

Commercial Plans: 1-855-321-9244 (TTY 711)

If you suspect a violation of this Notice of Privacy Practices, please call Neighborhood’s Compliance Hotline at 1-888-579-1551.

Parity

Behavioral health and substance use disorder services are considered essential health benefits. Neighborhood ensures that financial requirements (such as co-pays and deductibles) and treatment limitations (such as limits on visits) that apply to mental-health or substance use disorder benefits are no stricter than the limits that insurance plans place on medical or surgical benefits. If you think that your ability to get behavioral health services is different than getting medical services, call Neighborhood Member Services and tell them you have a parity complaint.

Definitions

Appeal: An appeal is a special kind of complaint you make if you don’t agree with a decision to deny a request for health care services. You may also file an appeal if you disagree with a decision to stop or reduce services that you are receiving. For example, you may ask for an appeal if Neighborhood does not pay for an item or service you think you should be able to get. There is a specific process that we must use when you ask for an appeal.

Complaint: a concern about benefits, services, access to appointments, wrong bills you receive or other issues. If possible, we will resolve your problem at the time of your call.

Coordination of Benefits (COB): If you have another health plan, that plan is your primary insurance. Neighborhood would be your secondary health plan. Call Member Services if you have other insurance or if that coverage has ended.

Copayment: a payment made by a member for health services in addition to that made by an insurer.

Durable Medical Equipment (DME): Bought or rented items such as hospital beds, oxygen equipment, seat lift equipment, wheelchairs, and other medically necessary equipment ordered by a health care provider to be used in a patient’s home.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a lay person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Also known as ambulance services or paramedic services, are emergency services which treat illnesses and injuries that require an urgent medical response and transport to acute care facility.

Emergency Room Care: Care given for a medical emergency when you believe that your health is in danger.

Emergency Services: An emergency is a potential life-threatening illness or injury. It can cause serious pain or harm to you if you do not receive treatment right away.

EPSDT: Early, Periodic, Screening, Diagnostic and Treatment

Excluded Services: Items or services that Neighborhood does not cover.

Grievance: A complaint about the way your health plan is giving care or dissatisfaction about anything other than a service not being covered. Examples of a grievance include: dissatisfied with the way your health plan responded to your complaint; your health plan asking for more time to make an authorization decision; you have concerns about quality of care or services you got; you feel a provider, or their employee was rude, or you feel a provider did not respect your member rights. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered (see Appeal).

Habilitation Services & Devices: Health care services that help you keep, learn, or improve skills needed for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-therapy, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance: A contract that requires your health insurer to pay some or all your health care costs in exchange for a premium.

Home Health Care: Skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services supplied in the home.

Managed Care Organization (MCO): A health plan who works with the State to provide you with medical and behavioral health services.

Medically Necessary: Direct care, services or supplies that are needed for the diagnosis or treatment of your medical condition, behavioral health, or prevention of worsening of your condition. They must meet the standards of good medical practice and aren't for the convenience of you or your doctor.

Network: A group of doctors, hospitals, pharmacies, and other health care experts hired by a health plan to take care of its members.

Non-covered Services: Items or services that Neighborhood does not cover.

Non-participating Provider: A health care provider or supplier who is not contracted with your health plan.

Physician Services: Services provided by an individual licensed under state law to practice medicine or osteopathy.

Plan: Managed care entity that manages the delivery of health care services.

Prior Authorization: Health plan approval necessary before you get care.

Participating Provider: A health care provider or supplier who is contracted with the Plan and agrees to accept health plan members. Also known as network or in-network provider.

Premium: The amount paid for health insurance every month.

Prescription Drug Coverage: Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs: Drugs and medications that, by law, require a prescription.

Primary Care Physician/Provider: A doctor (MD or DO), nurse practitioner, physician assistant who is trained to give you basic care. Your primary care provider (PCP) is the person you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy.

Referral: request from your PCP to your health plan for approval of an appointment and/or treatment by a specialist

Rehabilitation Services & Devices: Services ordered by your PCP to help you recover from an illness or injury. These services are given by nurses and physical, occupational, and speech therapists. Examples include working with a physical therapist to help you walk and with an occupational therapist to help you get dressed.

Skilled Nursing Care: A level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).

Specialist: A doctor who treats only certain parts of the body, certain health problems, or certain age groups. For example, some doctors treat only heart problems.

Urgent Care: Care that you get for a sudden illness or injury that needs medical care right away but is not life threatening. Your primary care doctor generally provides urgently needed care.

We do not discriminate

Neighborhood Health Plan of Rhode Island (Neighborhood) does not discriminate or treat people differently because of race, color, national origin (including people who do not speak English as their primary language), age, disability, religion, or sex (such as sexual orientation, sexual stereotypes, gender identity, pregnancy or related conditions).

We're here for you!

Neighborhood offers FREE assistance such as:

- aids and services for people with disabilities
- » qualified interpreters, translation services, and sign language interpreters
- » written information in large print, braille, electronic and audio format

If you need any of these services, call the Member Services phone number on the back of your Neighborhood ID card. If you are not a Neighborhood member, please call us at **1-800-963-1001 (TTY 711)**.

Discrimination Complaints

If you feel like Neighborhood has failed to provide these services or has discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a grievance in person, by phone, mail, fax or email. Need help? Call your Neighborhood Civil Rights Coordinator at the phone number below.

Phone: 1-401-427-7646 (TTY 711)

Mail or in person:

Neighborhood Health Plan of Rhode Island
Attn: Civil Rights Coordinator
910 Douglas Pike
Smithfield, RI 02917

Fax: 1-401-709-7005

Email: OCRCoordinator@nhpri.org

Online: <https://www.nhpri.org/non-discrimination-language-assistance>

You can also file a complaint with the U.S. Department of Health and Human Services:

Phone: Call 1-800-368-1019 (TTY 1-800-537-7697)

By mail:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-963-1001 (TTY 711) or speak to your provider.

أنا اجم كل قحاتم قى وغل لا قءءاسم لا تامءخن نوك تسف ، قى ب رعل ا قغل لا بشءحت ت نك اذا : **هېب ن ت**
هلى كى ب اقى سن ت بى ت ام وى ل ا رى فو ت ل ه ب س ا ب ل ا قءاسم ل ا اءام وى ل ا و ت اءءاسم ل ا اءى : فو ت
م قو م ي ل ا ب ءء ت و ا (711 ع م س ن ا ف ا ع و م ص ل ا ف ت ا ه) 1-800-963-1001 قى ل ع ل ص ت ا : ا ن ا ج م ت ا ق ا ع ا ل ا ب ا ح ص ا ل
ك ب ص ا خ ا ل ا م ء خ ل ا

注意：若您使用粵語，我們將為您提供免費的語言協助服務。此外，我們也提供適當的輔助設備與服務，為您提供免費且易於閱讀的資訊。致電 1-800-963-1001 (TTY 711) 或與您的供應商商討。

请注意：如果您说普通话，我们可以为您提供免费的语言援助服务。还会以通俗易懂的形式，免费提供相应的辅助性帮助和服务。请致电 1-800-963-1001 (TTY 711) 或直接联系您的供应商。

À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-963-1001 (ATS 711) ou parlez à votre fournisseur.

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-800-963-1001 (TTY 711) oswa pale ak founisè w la.

ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlose Sprachassistenzdienste nutzen. Geeignete unterstützende Hilfen und Services, die Informationen in barrierefreien Formaten bereitstellen, sind ebenfalls kostenfrei. Rufen Sie 1-800-963-1001 (TTY 711) an oder kontaktieren Sie Ihren Anbieter.

ध्यान दें: यदि आप हर्दी बोलते हैं, तो आपके लए नःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लए उपयुक्त सहायक सहायता और सेवाएं भी नःशुल्क उपलब्ध हैं। 1-800-963-1001 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

ATTENZIONE: Se parlate italiano, avete a disposizione dei servizi di assistenza linguistica gratuiti. Sempre gratuitamente, sono disponibili anche supporti e servizi ausiliari appropriati per fornivi informazioni in formati accessibili. Potete chiamare il numero 1-800-963-1001 (TTY 711) o parlare con il vostro fornitore.

注意：日本語を話せる場合には、無料の言語サービスをご利用いただけます。利用できる形式で情報を提供するための適切な補助器具：サードレスも無料でご利用いただけます。1-800-963-1001(テキスト電話(TTY)711)にお電話でお問い合わせになるか、提供者にご相談ください。

ការយកចិត្តទុកដាក់៖ បរសិនបើអ្នកនិយាយភាសាខ្មែរ សំដៅនូវភាសាភិគ្គតិប្បិលមានផ្ទាល់ជូនដល់អ្នក។ ក៏មានការផ្ទាល់ការគាំទ្រ និងសំដៅកម្មជំនួយសមស្របដល់ យុគឥតគិតថ្លៃក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដ៏ងាយស្រួលបំប្លែងផងដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-963-1001 (TTY 711) ឬព័ត៌មាន៖ យោបល់ជាមួយអ្នកផ្តល់សំដៅបស្ចុគ។

참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이해 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료 이용하실 수 있습니다. 1-800-963-1001(TTY 711)로 전화하시거나 서비스 제공업체에 문의하세요.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne pomoce i usługi, które zapewniają informacje w zrozumiałym formacie. Zadzwoń pod numer 1-800-963-1001 (TTY 711) lub skonsultuj się ze swoim świadczeniodawcą.

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-963-1001 (TDD 711) ou fale com o seu prestador

ВНИМАНИЕ! Если вы говорите по-русски, то вам доступны бесплатные услуги языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по телефону 1-800-963-1001 (телетайп 711) или обратитесь к своему поставщику услуг.

ATENCIÓN: Si habla español, se ofrecen servicios gratuitos de asistencia con el idioma. También se ofrecen ayudas y servicios auxiliares apropiados para brindar información en formatos accesibles sin cargo alguno. Llame al 1-800-963-1001 (TTY 711) o consulte con su proveedor.

PANSININ: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng tulong serbisyo sa lengguwahe. Ang mga naaangkop na dagdag na mga pantulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na porma ay magagamit din nang walang bayad. Tumawag sa 1-800-963-1001 (TTY 711) o makipag-usap sa iyong tagapagbigay.

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các biện pháp hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số 1-800-963-1001 (TTY 711) hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị.



Neighborhood Health Plan

OF RHODE ISLAND™