

Enrollee Grievance Request

Neighborhood Health Plan of Rhode Island (Neighborhood) will have a resolution to most Grievances within thirty (30) calendar days. If we need more information and the delay is in your best interest, or if you ask for more time, we can take up to fourteen (14) more calendar days to answer your Grievance. However, if we take this extension, we will notify you or your representative in writing.

If you are making a Grievance because we denied your request for a “fast coverage decision” or a “fast appeal”, we will automatically give you a “fast” Grievance. If you have a “fast” Grievance, it means we will give you an answer within 24 hours.

If you are filing on behalf of an Enrollee please complete the **Appointment of Representative Form**.

As a reminder, you may also call Member Services at 1-844-812-6896 to file your grievance. TTY users should call 711. We are open 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Step 1		
Enrollee ID:	Name (First and Last):	
Address:	City:	State: Zip:
Telephone:	Email:	
Enrollee Date of birth:	Provider (if applicable):	
Step 2		
Please tell us the type of Grievance:		
<input type="checkbox"/> Abuse, Neglect Exploitation	<input type="checkbox"/> Access to Services	<input type="checkbox"/> Customer Service <input type="checkbox"/> Fraud/Abuse
<input type="checkbox"/> Marketing	<input type="checkbox"/> Privacy Issues	<input type="checkbox"/> Quality of Care
<input type="checkbox"/> Prescription Drug Request or Issue/Coverage Determination & Redetermination Process	<input type="checkbox"/> Service Request, Claim Payment Issue/Appeal	
Step 3		
Please provide a brief description of your concerns. If more space is needed, please write on separate sheet or back of this form.		

Step 4

Please send this form and supporting documentation to:

Neighborhood Health Plan of Rhode Island
Grievances and Appeals Department
910 Douglas Pike
Smithfield, RI 02917
Fax: (401) 709-7005

Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.

You can get this information for free in other languages. Please call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Esta información está disponible de forma gratuita en otros idiomas. Por favor llame a nuestro Departamento de Servicios para Miembros al 1-844-812-6896 (TTY 711) de 8 am a 8 pm, lunes-viernes; sábados de 8 am a 12 pm. Los sábados por la tarde, domingos y días festivos federales, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día laborable. La llamada es gratuita.

Estas informações estão disponíveis gratuitamente noutros idiomas. Por favor telefone para os Serviços dos Membros em 1-844-812-6896 (TTY 711), das 8 às 20 horas, de Segunda a Sexta-feira; e das 8 às 12 (meio-dia) aos Sábados. Nos Sábados à tarde, Domingos e feriados federais, poderá ser-lhe pedido que deixe uma mensagem. A sua chamada será respondida no próximo dia útil. Esta chamada é grátis.

For Administrative Use Only

Issue Number: _____

Date Received: _____