



## 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:	<u>City:</u>	State: <u>Zip:</u>
Telephone:	Email:	
Enrollee Date of birth:	Provider (if applicable):	
Step 2		
<b>Please tell us the type of Grievance:</b>		
<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	<input type="checkbox"/> Service Request, Claim Payment	
Determination & Redetermination Process	Issue/Appeal	
Step 3		
<b>Please provide a brief description of your concerns. If more space is needed, please write on separate sheet or back of this form.</b>		

**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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. 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 holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.

ATENÇÃO: Se fala português, estão disponíveis serviços de assistência linguística gratuitamente. Ligue para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711), das 8h às 20h, de segunda a sexta-feira; e das 8h às 12h, ao sábado, domingos e feriados. Nas tardes de sábado, domingos e feriados, pode ser convidado a deixar uma mensagem. A sua chamada será devolvida no dia útil seguinte. A chamada é gratuita.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសា  
ដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY  
711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។  
នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។  
ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។  
ការទូរស័ព្ទគឺឥតគិតថ្លៃ។

**For Administrative Use Only**

Issue Number: \_\_\_\_\_

Date Received: \_\_\_\_\_