



Member Handbook

Here's Where to Find Information You Want

Important Phone Numbers:

HealthSource RI 1-855-840-4774

RI Department of Human Services.....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 Broker 1-855-330-9131 TTY: 711

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 Member Services 1-800-459-6019
Monday–Friday, 8:00am– 6:00pm

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 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 in Neighborhood Health Plan of Rhode Island (Neighborhood). This handbook will be your guide to the full range of health care services that you may get. We want to be sure you get off to a good start as a new member. To get to know you better, we will get in touch with you in the next two or three weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call you, however, just call Member Services at **1-800-459-6019 TTY/TDD 711**.



How Managed Care Works

The Plan, Our Providers, and You

You may have heard about the changes in health care. Many consumers get their health benefits through managed care, which provides a central home for your care. If you were getting behavioral health services using your Medicaid card, many of those services are now available through Neighborhood.

Neighborhood has a contract with the Rhode Island Executive Office of Health and Human Services to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs, and other health care facilities make up our provider network. You will find a list in our Provider Directory. If you do not have a Provider Directory, call Neighborhood Member Services at **1-800-459-6019** to get a copy or visit our website at **www.nhpri.org**.

When you join Neighborhood, one of our providers will take care of you. Most of the time, that person will be your Primary Care Provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it. In an emergency, call 911 and ask for help or go directly to the nearest hospital.

If you need to talk to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP, or the provider covering for him/her, will get back to you as soon as

Confidentiality

We respect your right to privacy. Neighborhood understands the trust needed between you, your family, your doctors, and other care providers. Neighborhood will never give out your medical or behavioral health information without your written approval. The only persons that will have your health information will be Neighborhood, your Primary Care Provider, other providers who give you care, and anyone who you have asked to talk about your care for you. Your PCP will always talk to you about referrals to other providers. Member Services staff has been trained in keeping your information private.

If your child is a Neighborhood member and you are not a Neighborhood member, you will need to fill out a consent form signed by your child's Head of Household before we can share any of your child's health information with you. To get a copy of the consent form, contact Neighborhood Member Services.

Transition of Care

Neighborhood is responsible for making sure that all its members can keep getting the care that they need. You can keep getting care from your provider for 180 days after joining Neighborhood. You can see that provider even if that provider is not in our network. After that time Neighborhood will work with you so you are referred to the right providers that are



Member Services

Member ID Cards

When you join Neighborhood, you will get a member ID card in the mail about 10 days after joining Neighborhood. Check to make sure the information on your ID card or your family member's ID card is right. If any information is wrong, please call Member Services at **1-800-459-6019**.



You will also get a RI Medicaid (anchor) card in a separate mailing from the State of Rhode Island. Each family member who is enrolled will have their own card.



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

Update Your Information

It's very important that we have your correct address, so you can receive mail from Neighborhood and the RI Medicaid Program. Be sure to have your full name on your mailbox (and other family members' last name if it is different than your own). The post office will not deliver mail if the last names on the mailbox do not match the last name on the letter/envelope.

It's very important to tell us if you have a change, in any of these:

- Name, address, phone number.
- If you move out of state.
- If you get married; if you change your last name.
- If you become pregnant.
- Family size (adding a new baby or adopting a child, death of a family member who is enrolled, etc.)
- Change in income that could affect eligibility for Medicaid.
- If you have other health insurance.

You are required to report changes to HealthSource RI or the RI Department of Human Services (DHS) within 10 days of the change.

How to Tell Us About Changes

Contact HealthSource RI to report any of these changes. If you have an account at HealthSource RI, you can go online at **www.healthsourceri.com** or call **1-855-840-4774** to make a change. You can also visit the HealthSource RI walk-in center at **401 Wampanoag Trail, East Providence, RI 02915**. Business hours are Monday–Friday, 8:00am–6:00pm.

If you, your child, or another family member has SSI or became eligible for Medicaid due to a disability, please call the RI Department of Human Services (DHS) at **1-855-697-4347**. You can also contact your local DHS Office to report changes. Business hours are Monday–Friday, 8:30am–4:00pm.

Renew Your Medicaid Eligibility

RI Medicaid will send you a notice about renewing your eligibility. If you receive this notice, please answer promptly so your health coverage is not stopped. Be sure to answer all notices. If you have questions about your notice, please call HealthSource RI or DHS.

Member Information

We want to make it as easy as possible for you to get the information and services you need from Neighborhood. Check our website or call Member Services for more information. We're here for you!

Member Services: 1-800-459-6019 (TTY 711), Monday–Friday 8:00am–6:00pm. After business hours, please leave a message and we will get back to you soon.

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

Website: Go to **www.nhpri.org** to view plan details and helpful tools.

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

We speak your language

If you speak a language other than English, we can provide an interpreter or print materials in your language. If you call Member Services we can connect you with a representative who speaks your language or an interpreter. If you need an interpreter for a medical or behavioral health appointment, we can arrange for one. Please call Member Services **1-800-459-6019** at least 72 hours before your appointment. If you need a sign language interpreter, please call at least 2 weeks prior to your appointment.

Neighborhood's Provider Directory indicates if a provider speaks other languages in addition to English. To check the Provider Director, visit **<https://www.nhpri.org/find-a-doctor/>**.

Need Print Material in Other Formats?

If needed, we can provide printed material in other formats, including print materials in a larger font, audio or Braille. Please contact Member Services **1-800-459-6019** 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. He/she works with you to keep you and your family healthy.

You have options.

You can choose your PCP from the following types of providers:

- Family doctor or general practitioner
- Internal medicine doctor (Internist, non-specialist)
- Pediatrician
- Obstetrician/Gynecologist (OB/GYN)
- Nurse Practitioner (NP)
- Physician's Assistant (PA)

Choosing your PCP

Check to see if your doctor is in Neighborhood's network. If you don't already have a PCP when you join Neighborhood, you can choose one from our network. Each member of your family can have his or her own PCP.

Our Provider Directory lists all the primary care providers in our network. It also tells you where the provider's office is, the phone number, the languages spoken, the hours the office is open, if they are accepting new patients and if their office is handicap accessible. To see the directory, go to our website at: www.nhpri.org or call Member Services to ask for a copy or for help picking a PCP. We also have a printed Provider Directory available upon request that lists all Neighborhood providers by specialty and location.

After you select a PCP, please call Member Services to let us know. If you do not choose a PCP, we will choose one for you.

What your PCP can do for you:

- 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

Changing your PCP

You can change your PCP or your child's PCP at any time, however, there's value in staying with the same PCP. As you get to know one another and develop trust, you can work through your health issues with your PCP. If you need to change your PCP, call Member Services at **1-800-459-6019**.

If your PCP leaves the Neighborhood network, we will send you a letter to let you know. You can choose another PCP from our network. There are times when Neighborhood will let you continue to get care from your PCP or specialist for some time after he/she has left our network. This is called "continuity of care." If you are pregnant or being treated for an ongoing medical condition, we can work with your provider, so he/she can continue to treat you longer. We will work with you and your provider to make sure you safely change to another provider. There are some cases based on PCP utilization when Neighborhood may change your PCP to better reflect the provider you are seeing.

To learn more about your provider, including the medical school they attended, license information, special certifications and more, visit the RI Department of Health website at <http://health.ri.gov/find/providers/>.

Getting Care

Making an Appointment with your PCP

Call your Primary Care Provider's office to schedule an appointment.

Annual Checkups

You don't have to be sick to go to your PCP (doctor). Yearly checkups with your PCP are important to keep you healthy. Plus, 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

Your doctor (PCP) may refer you to a specialist. Specialists are doctors with special training and work in a particular field of medicine. Specialists include: Cardiologist (heart doctor); obstetricians/gynecologists who treat women's health needs including family planning and pregnancy; Ophthalmologist (eye doctor); Podiatrist (foot doctor); Dermatologist (skin doctor).

You do not have to see the specialist your PCP suggests. You can ask your PCP for the name of another specialist. Or you are free to pick any network provider for specialty care. Not seeing the specialist will not affect your future treatment by your PCP. You have a right to refuse the treatment a specialist recommends. If that happens, contact your PCP to talk about other options.

Urgent Care

Urgent care centers are available when you need to see a provider for a non-life-threatening condition, but your PCP isn't available or it's after hours. Common health issues that may be treated in an urgent care center include:

- 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 the emergency room). In an emergency, call 911 and ask for help 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 emergency such as drug overdose, or threat of harm to self or others

You can go to any hospital for emergency care. Neighborhood covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, you should call your PCP and let them know about your visit. You may need follow-up care.

If you need emergency care, call 911 or go to the nearest hospital. Emergency care does not require prior authorization.

Prescription Drugs

There are some members who may have to pay a small amount (co-pay) for their prescriptions. If you have a co-pay, the amount you need to pay the pharmacy is listed on your member ID card. Look on the front side of the card where it says Rx.

You can go to almost any pharmacy in Rhode Island to get your prescription filled. Many of the pharmacies in our network are open 24 hours a day. That means you can get your prescriptions at a time that is right for you. To find a pharmacy in our network, look in our provider directory at www.nhpri.org or call Neighborhood Member Services.

A formulary is a list of drugs covered by your Neighborhood plan. This list tells you what medications we will pay for when ordered by your provider. If you believe it is medically necessary for you to take a drug that is not on the formulary, you can request that Neighborhood pay for this drug through an authorization. Your doctor can send this request to us for our review. If you need our assistance, you can ask us to help with the start of the process. The Neighborhood formulary is on our website at www.nhpri.org. You can also get a copy by calling Neighborhood Member Services.

Early Periodic Screening Diagnostic Treatment (EPSDT)

EPSDT stresses preventive and complete care. As they grow, infants, children and younger people should see their PCP often. It is important that they receive all suggested preventive services and any medical treatment needed to help healthy growth.

Children up to age 21 should receive regular well-child check-ups of their physical and mental health, growth, development, and dietary status. A well-child check-up includes:

A complete health and growing history, including:

- Both physical and behavioral health development assessments;
- Physical exam;
- Age-appropriate shots;
- Vision and hearing tests;
- Dental exam;
- Laboratory tests, including blood lead level assessments at certain ages; and
- Health education.

Your child's PCP will let you know how often you will need to bring your child in for a visit.

Behavioral Health Services

Behavioral health services include mental health and/or treatment for substance use problems. To find a behavioral health provider, call **1-401-443-5997 TDD/TTY 711**. This number is also on your Neighborhood member ID card. Member Services representatives are available 24 hours a day, seven days a week to help you. Your call is confidential. Check the Provider Directory for a list of behavioral health providers. If you are not sure what type of help you need or the type of provider, our Member Services representative can help you.

If Neighborhood does not cover counseling or referral services because of moral or religious objections, we will let you know that the service is not covered by us. We will also tell you how you can obtain information from the Executive Office of Health and Human Services (EOHHS) about how to get these services.

Dental

Dental services for children are provided through Rite Smiles. Rite Smiles is a dental plan for children who are eligible for RI Medicaid born after May 1, 2000. To find a dentist who participates with the UnitedHealthcare Dental/Rite Smiles program, check the website for UnitedHealthcare Dental/Rite Smiles (<https://www.uhc.com/rite-smiles>) or call UnitedHealthcare Dental at **1-866-375-3257 (TTY 711)**. All other

members should use their RI Medicaid card (Anchor card) when going to a Medicaid Dental provider.

Appointment Availability

Appointment	Access Standard
After Hours Care Telephone	24 hours 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	180 calendar days
EPSDT Appointment	Within 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

If you have a health condition for a long time, like diabetes or heart disease, you may benefit from our care management programs. Our staff can help you understand your options, how to stay healthy and keep a better quality of life. Call our Medical Management Department at **1-800-459-6019**.

Neighborhood has many benefits and programs to keep you and your family healthy.

Member REWARDS

We want you to be well, and as a Neighborhood member, you may be eligible for special perks and rewards for healthy living. Our many offerings include gift cards, and much more. Visit our website at www.nhpri.org/rewards for program information.

Preventive Care

Neighborhood covers:

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

Women's Health Reminders

Neighborhood sends annual reminders to our female members about the importance of regular screening for women's health issues.

Lead Screening

It is important for every child to be screened for lead poisoning at least once by their second birthday. We send a postcard to the parents of children turning 1 year old to remind them to have their child screened.

Immunizations

Immunizations (shots) are an important part of staying healthy. Children, teens and adults who live in Rhode Island are covered for immunization shots. Children must have certain shots before going to school. Ask your child's pediatrician about immunizations. Ask your provider if you are up to date with all of your shots.

Other Programs

Neighborhood covers nutrition, childbirth, and parenting classes to our members. All members receive our Healthy You newsletter,

which shares information about preventive services and wellness. We also send our Be Well, Stay Well newsletter to members with chronic conditions to help them manage their health.

Call Neighborhood Member Services if you have any questions about these programs.

Getting a Second Opinion

A second opinion is when you want to see another provider to get his or her opinion or recommendation for your health concern or problem. You can get a second opinion from a network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion. A second opinion from an out-of-network provider is available with a prior authorization.

Out of Network/Out of Area Care

Other than emergency services, urgently needed care, and family planning services, all covered benefits, care, and services provided out of network/area need to be approved by Neighborhood first. Sometimes you may need care from a provider who is not in our network. This provider is out-of-network. To see an out-of-network provider you will need prior authorization from Neighborhood before you make an appointment. Your provider should submit the request for review. Call Member Services to learn more and if it will be covered in full. You may have to pay for those services.

Prior Authorizations

Sometimes your provider must get permission from us before giving you a certain service. This is called prior authorization or prior approval. This is the provider's responsibility. If they do not get prior authorization, you will not be able to get the service.

Neighborhood's Medical Review Team

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

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

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

Neighborhood's Medical Management 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 72 hours.

Please call Neighborhood Member Services if you:

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

Medical Technology Review

Neighborhood reviews new medical technology, tests, and treatments that could help care for our members. Our medical director and

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

Non-Emergency Medical Transportation

Transportation may be available for medical, dental or other health-related appointments. If family, friends or neighbors cannot drive you to appointments, you have several options.

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 Customer Support at **1-401-781-9400**. RIPTA also offers flex services and the ADA Disabled Program.

Non-Emergency Medical Transportation Broker

Non-Emergency Medical Transportation is a covered benefit in RI Medicaid. The contracted

vendor for these services is MTM, Inc. Please contact MTM at **1-855-330-9131 (TTY 711)**, Monday– Friday, 5:00 am to 6:00 pm to arrange for rides to medical, dental or other health-related appointments. Bus tickets for appointments need to be requested seven (7) business days prior to the appointment.

Van or taxi rides to medical appointments may be available for members who qualify. Please allow 48 hours prior to 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 for Friday for a ride on Tuesday.

Mileage Reimbursement

If you qualify for transportation and you or someone else can drive you, you may get money for gas. There are several rules and requirements.

Please contact MTM for more information. Neighborhood Member Services can also help with setting up or coordinating transportation if you need it.



Covered Benefits

You are eligible to receive these benefits with your Neighborhood ID card. You do not have any cost sharing responsibilities. However, if a provider tells you a service is not covered by Neighborhood, and you still get the service, you will have to pay for it. There are some services that are not covered.

You should not be balanced 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.

Covered service/benefit	Coverage
Adult day health	Covered for frail seniors and other adults who need supervision and health services during the daytime when medically necessary. Prior authorization may be required.
Annual wellness check-ups and preventive screenings, 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.
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.
Court-ordered mental health and substance use services	Services are provided in-plan; includes transitional care management services after court-order services end.
Durable Medical Equipment	Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and other medical supplies. Prior Authorization may be required.

Covered service/benefit	Coverage
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. For adults: Routine eye exams and one pair of glasses are covered once every 24 months; Prior Authorization may be required. For members with diabetes, eye exams are covered once every 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. Prior Authorization may be required.
Gender Dysphoria Treatment	Covered. Prior Authorization may be required.
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.
Home Care services	Covered services provided under a home care plan authorized by a physician including 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. Prior Authorization may be required.

Covered service/benefit	Coverage
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. Prior Authorization may be required.
Hospice services	Covered when ordered by a network provider. Services are limited to those services covered by Medicare. Prior Authorization may be required.
Hospital care, inpatient	Covered as medically necessary. Includes Medicaid covered services delivered in an inpatient hospital setting. Prior Authorization may be required.
Hospital care, outpatient	Covered as medically necessary. Includes Medicaid covered services delivered in an outpatient hospital setting. Includes physical therapy, occupational therapy, speech therapy, language therapy, hearing therapy, respiratory therapy, and other Medicaid covered services delivered in an outpatient hospital setting. Prior Authorization may be required.
Lab tests, diagnostic services, radiology services	Covered when ordered by a MCO physician/provider. Prior Authorization may be required.
Lead Program	Covered — includes home assessment and non-medical case management. Services are provided by the state Department of Health or lead centers for lead-poisoned children and not Neighborhood.
Non-prescription drugs (OTCs)	Covered when your MCO physician/provider writes a prescription for one of the OTCs listed on our formulary. Also referred to as “over-the-counter” drugs. Includes family planning supplies, and nicotine cessation supplies.
Nursing home care, skilled nursing facility care	Covered for Rhody Health Partners and Rhody Health Expansion members for 30 consecutive days. All skilled and custodial care covered. Prior Authorization may be required.
Nutrition services	Covered by licensed Registered Dietitian Nutritionists (RDNs) for certain medical conditions. Prior Authorization may be required.
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 drugs that are approved; most require prior authorization. Check the drug formulary at www.nhpri.org .
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.

Covered service/benefit	Coverage
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 and ordered by a MCO physician. Prior Authorization may be required.
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, respiratory therapy. Prior Authorization may be required.
Transplant services	Covered when ordered by a Health Plan physician. Prior Authorization may be required.

Benefits from RI Medicaid

Covered service/benefit	Coverage
Dental Services	Includes routine dental check-ups and treatment for adults and children. Children born before May 1, 2000 receive dental benefits through United-Healthcare 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 have:

- Qualified for RItE Care;
- Were pregnant and are now sixty days postpartum or sixty days post-loss of pregnancy;
- Are subject to losing eligibility for Medicaid.
- Eligible women may receive for up to twenty-four months of the following schedule of family planning-related benefits:

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 these drugs: emergency contraceptive pills, specific oral contraceptives, contraceptive patches, Depo-Provera, cervical caps, and diaphragms. Over-the-counter (OTC) family planning supplies, including foam, condoms, spermicidal jelly or cream and sponges, are covered with a prescription from your doctor.
Outpatient Hospital Services and Surgery-related Services	Tubal ligation (sterilization). Treatment of major complications (including anesthesia) arising from a family planning related procedure.
Outpatient Procedures (in the office or clinic) – Office Visit	One comprehensive GYN visit and additional family-planning related office visits, Tubal ligation (sterilization), IUD insertion and removal, Colposcopy
Referrals to Free Clinics for Other Medical Services 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	Referral for other services as needed. For example, referrals to the state's: Sexually transmitted disease clinic for treatment Confidential HIV testing and counseling sites
Laboratory	Includes pregnancy testing, annual pap smear, sexually transmitted disease testing, anemia testing, dipstick urinalysis, and urine culture

Out-of-Network Services

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	Require prior authorization from Neighborhood. Call Member Services at 1-800-459-6019.

Non-Covered Services (this is a sample, not an all-inclusive 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
- Abortion, except to preserve the life of the woman or in cases of rape or incest
- Private rooms in hospitals, unless medically necessary
- Cosmetic surgery
- Infertility treatment services
- Medications or devices for sexual or erectile dysfunction



Member Rights and Responsibilities

As a member of Neighborhood, You have a RIGHT:

- To receive information about Neighborhood, its services, providers and members' rights and responsibilities
- To be treated with respect and dignity and right to privacy.
- To participate with your providers in decision-making about your health care, including the right to refuse treatment.
- To receive member materials in a manner that can easily be understood, including formats that take into consideration members with special needs.
- To include length of stay following childbirth for mothers and newborns.
- 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, gender identity, 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 refuse treatment, and if you do, it will not affect your future treatment.
- To receive information on available treatment options and alternatives.
- To be free from any form of coercion, discipline, or retaliation.
- To request and receive a copy of your medical records, and request that they be amended or corrected.
- To be given health care services.
- To exercise your rights, and that the exercise of those rights does not negatively affect the way Neighborhood and its providers treat you.

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 10 days of the change.
- To choose a PCP and primary care site. Your PCP will coordinate all of 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 ask 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've 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.

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 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
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 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 60 calendar days of our decision to deny a service or supply. We will review the care or services that were denied or the coverage decision that was made.

Send written complaints to:

**Neighborhood
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 30 calendar days of receiving it.

You have a 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 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 decided, we will authorize or provide services within 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 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 72 hours of receiving it. If more information is needed, we will contact you within 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 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 30 calendar days of receiving your appeal.

External Appeals

After you complete the appeal process with your MCO, and you are still not satisfied, you can request that an Independent Review Organization (IRO) review your appeal for medical services. Requests for external appeals must be received within four 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 request a State Fair Hearing. Your request must be 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 received. To request a State Fair Hearing, you can either:

Call **1-401-462-2132 (TDD 1-401-462-3363)**, after you have finished the MCO’s internal appeal process, or

Fax your request to **1-401-462-0458**, or

Email your request to:

OHHS.AppealsOffice@ohhs.ri.gov, or

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)

1210 Pontiac Avenue, Cranston, RI 02920

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, Pap tests, mammograms, 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 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

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 counts.

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



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 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 ever provided.

There are many ways to report fraud, waste, and abuse:

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**;

RI Department of Human Services Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at **1-401-415-8300**;

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**.



Privacy Practices

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. Types of PHI include verbal, written, or electronic information.

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.
- 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, (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. Behavioral health;
3. Genetic tests;
4. Alcohol and substance 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 in order 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 Note: 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 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.**

Neighborhood will not take any actions against you if you file a complaint. Your benefits will not change.

To file a complaint, contact Neighborhood's Privacy Official at **1-800-459-6019** or by writing to:

**Neighborhood's Privacy Official
Attn: Corporate Compliance
910 Douglas Pike
Smithfield, RI 02917**

You may also file a complaint with the United States Department of Health and Human Services, Office for Civil Rights via email, on their portal, via fax, or by writing to:

**Office for Civil Rights, DHHS
JFK Federal Building - Room 1875
Boston, MA 02203
1-617-565-1340; 1-617-565-1343 (TDD)
1-617-565-3809 FAX**

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 oral, 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 Health Plan of Rhode Island
**1-401-459-6020 (local)
1-800-459-6019**

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 behavior 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.

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 healthcare 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 complies with applicable Federal civil rights laws and does not discriminate or treat people differently on the basis of race, color, national origin, age, disability, or sex.

Neighborhood Health Plan of Rhode Island provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, contact Neighborhood Member Services at 1-800-459-6019.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917
Phone: 1-800-459-6019 (711 TTY)
Fax: 1-401-709-7005
Email: GAUMailbox@nhpri.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Neighborhood Member Services is

available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.
Room 509F, HHH Building,
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you speak [English], language assistance services, free of charge, are available to you. Call 1-800-459-6019 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-459-6019 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-459-6019 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-459-6019 (TTY: 711)。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-459-6019 (TTY: 711).

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិត លុយនោះ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-459-6019 (TTY: 711)។

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-459-6019 (ATS : 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-459-6019 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 1-800-459-6019 (TTY: 711).

Arabic: Árabe:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-459-6019 (رقم هاتف الصم والبكم: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-459-6019 (телетайп: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-459-6019 (TTY: 711).

Kru: Dè dɛ nìà kɛ dyédé gbo: ɔ̃ jũ ké n̄ [Bàsɔ̀ò-wùdù-po-nyò] jũ ní, n̄í, à wuɖu kà kò dò po-poò b̄èin n̄ gbo kpáa. Dá 1-800-459-6019 (TTY: 711)

Ibo: Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-459-6019 (TTY: 711).

Yoruba: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-459-6019 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-459-6019 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-459-6019 (TTY: 711)번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-459-6019 (TTY: 711).



Neighborhood
Health Plan
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