

close friends



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QUARTERLY NEWSLETTER
WINTER 2015-2016

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Annual Member Notice

Thank you for choosing Neighborhood Health Plan of Rhode Island (Neighborhood). This issue of Close Friends has key information about the benefits, programs and services we offer you and your family. We want to make sure you know our services and are happy with them. Save this issue as a handy guide. Thanks for being a part of Neighborhood and stay well!



Contact Us



Neighborhood Member Services Monday through Friday, 8:30AM to 5PM

Local: 1-401-459-6020

Toll free: 1-800-459-6019

TDD/TTY 711

Website: www.nhpri.org

Beacon Health Strategies:

behavioral health/substance abuse services: 1-800-215-0058 (TDD/TTY 1-781-994-7660)

Communicable Diseases:

1-401-222-2577

Department of Human Services

Adults in Managed Care:

1-401-784-8877

Rhode Island Legal Services:

1-401-444-5727

Rhode Island Department of Health:

1-401-222-5960

Rhode Island Division of Elderly Affairs:

1-401-462-3000

The Point:

1-401-462-4444

Women, Infants and Children (WIC) Program:

1-800-942-7434

Poison Control Center:

1-401-444-5727

HIV / AIDS and STDs:

1-401-222-2320

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Neighborhood Health Plan of Rhode Island
299 Promenade Street, Providence, RI 02908

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Important Update: How to Get a Bus Pass



Medicaid members enrolled in RItE Care, RItE Share, Children with Special Health Care Needs, Katie Beckett, foster care or Medicaid Expansion are eligible to get a bus pass.

You can no longer get a bus pass at the market. You must call LogistiCare at 1-855-330-9131 (TDD/TTY 1-866-288-3133). You need to ask for a bus pass for each medical visit. Not all visits qualify for this service.

When requesting a bus pass:

- Tell LogistiCare the date and time of the medical visit.
- Tell them the name of the provider.
- Make your bus pass request at least seven business days before the visit.
- The bus tickets will be mailed to you. You will get one for each visit.
- Make sure LogistiCare has your correct address.
- Medicaid members who have many medical visits can plan more than one trip at a time.
- For more information, go to www.eohhs.ri.gov and type Transportation in the search box.
- Please try family and friends for rides first before calling LogistiCare.



Finding a Provider Is Easy!

The Neighborhood Provider Directory lists all the providers in our network. This includes primary care, specialty care and behavioral health doctors. It also lists hospitals and urgent care centers. This helps you choose where to get care. Go to www.nhpri.org or call Neighborhood Member Services at **1-800-459-6019 (TDD/TTY 711)** to get a copy.

Your Primary Care Provider (PCP)

Your primary care provider is called a PCP. Your PCP is the provider who knows you best. Your PCP wants to keep you healthy. Be sure to tell them about any health problems. Tell them about visits to other providers, urgent care clinics (walk-ins), or the emergency room. You can call your PCP's office 24 hours a day, seven days a week. Someone will be there to help you get the care you need. If no one can take your call, there is an answering service or an answering machine. It will tell you what to do in an emergency, how you can reach your PCP or refer you to another provider who can help.

Your PCP will:

- Help when you or your child has a medical problem.
- Give you routine check-ups and vaccinations (shots).
- Coordinate your care with a specialist.
- Order prescriptions or tests for you.
- Give you advice and answer questions about your health.

Choosing a PCP

When you join Neighborhood you will need to choose a PCP in our network. Each member of your family can have their own PCP. Choose a PCP whose office is near your home or is recommended by a friend. Our provider directory lists all of the providers in our network. It also tells you where their office is located, the telephone number and the languages they speak. It also lists office hours and if they are taking new patients. To see the directory, visit our website at www.nhpri.org. You can also ask for a copy by calling Neighborhood Member Services. Once you have chosen a PCP, call and let us know.

If you were seeing a PCP when you joined Neighborhood,



check to see if they are in our network. If they are not, please call and we will help you find a PCP who is in our network. If you do not choose a PCP, Neighborhood will choose one for you. Their name and phone number will be on your member ID card. The PCP office should be near where you live. They will speak your language.

Changing Your PCP

You can change your PCP or your child's PCP any time. Look at our provider directory to choose a PCP, or we can help you choose a new one that meets your needs. Call Neighborhood Member Services to change your PCP. Once you have a new PCP, call their office to make your first appointment right away.

If your PCP leaves our network, we will send you a letter to let you know. You can choose another PCP from our network or you will be assigned to one near your home. Please call Neighborhood Member Services if you need help choosing a new PCP.

Continued Care and Treatment

Providers sometimes leave our network because they have moved, retired, or want to leave our network. There are times when we will temporarily let you get care from your PCP or specialist after they leave our network. This is called continued care. Your relationship with your provider is important. If you are pregnant or being treated for an ongoing medical condition, we can work with your provider so they can keep treating you for a period of time. We will work with you and your provider to ensure a safe and comfortable transition of your health care to another provider. Call Neighborhood Member Services if your provider leaves our network and you need to keep seeing them for a while.

For Rhody Health Partners and Rhody Health Partners Expansion members previously covered by another health plan, Neighborhood will honor any prior authorizations for medical or behavioral health. We will cover these services for six months or the length of that authorization (whichever is greater) after your enrollment. You must have had these services within the last 90 calendar days of leaving your other plan. We will honor drug prior authorizations for 60 days after your enrollment date. You may also continue treatment with any out-of-network provider for six months after your enrollment date. We will work with your previous health plan to ensure a smooth transition and no stop in treatment. We will work with you to choose a provider in our network with similar or greater expertise in treating your needs.

Our Medical Review Team

Neighborhood has a team of nurses and clinical staff. This team reviews requests for services and other treatments. The process is called utilization management (UM).

Our UM decisions are based on what is right for our members and what is covered. We want to make sure you get the best health care possible.

Neighborhood does not give anyone money or other rewards for UM decisions that result in saying no to services, fewer services or less care. If you have questions about how we make care decisions, please call Neighborhood Member Services.

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

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

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

Please call Neighborhood Member Services if you:

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

Specialty Care and Referrals



A specialist is a provider who cares for a certain part of the body. They have special training and education about these areas of the body or certain diseases. Your primary care provider (PCP) is responsible for your routine care and annual check-ups. They will refer you to a specialist when you need one.

Your PCP may decide you should see a specialist. They will give you a referral. A referral means your provider recommends this specialist to diagnose and treat your health problem. Your PCP will let the specialist's office know you will be scheduling a visit. You do not have to see the specialist your provider recommends. You can ask your PCP to give you the name of another specialist. Not seeing the specialist will not affect your future treatment.

You can also refuse the treatment a specialty provider recommends. If you refuse medical treatment or a referral, contact your PCP to talk about other options, or call Neighborhood Member Services for the names of other providers.

Can I see a specialist who is not in Neighborhood's network?

Sometimes it may be necessary for you to see a specialist who is not in Neighborhood's network. Your PCP must get approval from Neighborhood before you get these services. If you get services from a provider who is not in our network and do not have approval from Neighborhood first, you may have to pay for the services.

Do I always need a referral?

A self-referral is when you make an appointment at a specialty care office without talking to your PCP first. If you make an appointment with a specialist without talking to your PCP first, choose a provider in Neighborhood's network. Make sure you tell your PCP about the visit. There are some services where a referral from your PCP is not needed.

You do not need a referral for:

- Emergency services in and out of Rhode Island
- Urgent care (walk-ins)
- Up to one annual exam and five GYN visits per year for testing and

treatment of sexually transmitted infections (STI)

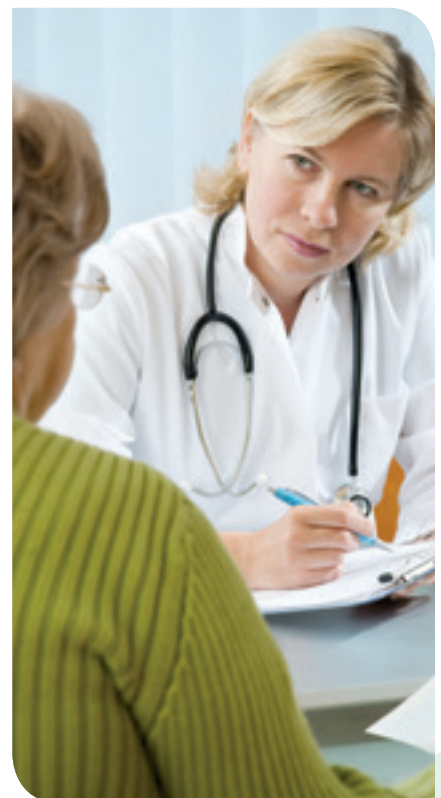
- STI treatment through the Rhode Island Department of Health
- Outpatient behavioral health and substance use services; call Beacon Health Strategies at **1-800-215-0058 (TDD/TTY 1-781-994-7660)** to coordinate your care
- Up to one routine eye exam per year
- Family planning, counseling or birth control visits
- Classes for childbirth, parenting and smoking cessation

Second opinions

As a Neighborhood member, you have the right to get a second or third opinion. This means you can see another provider if you do not think you should have the treatment or surgery your provider recommends. A second opinion is not required. If you choose to get a second opinion it does not cost you anything. You do not need a prior authorization to see another provider in our network. Call Neighborhood Member Services to find a provider for a second or third opinion.

Freedom of choice

Enrolled female members are free to choose any provider in- or out-of-network for family planning (visits, supplies, and drugs), counseling, or birth control visits.



Emergency Services

An emergency is a life threatening illness or injury. It can cause serious pain or harm to your body or health if you do not get treatment right away.

Some examples of emergencies are:

- Trauma
- Drug overdose
- Bleeding that will not stop
- Change in level of alertness
- Seizures (or a change in pattern of seizures)
- Complications of pregnancy like non-stop bleeding or very bad pain
- Poisoning or swallowing a dangerous substance
- Very bad pain or pressure
- Severe trouble breathing
- Bad head injury
- Thoughts of suicide



What to do in an emergency

If you have an emergency, call 911 and ask for help or go directly to the nearest hospital emergency room (ER). The hospital does not need to be a part of Neighborhood's network. Prior authorization is not needed to get emergency services. Call your PCP the next day to tell them about your ER visit. After you have been treated in the ER, you may need to stay in the hospital for more care. These are called post-stabilization services. These services are used to make sure you can go home safely and another emergency does not happen.

Hospital Services

Sometimes you may need services at a hospital. These may be inpatient services (overnight stays) for an illness or to have a baby. They can also be outpatient services like lab tests, X-rays or surgeries. Your PCP or specialist will give you a written copy of the outpatient tests or services that you will need. Bring this with you and show it to the hospital staff. Some outpatient services need approval from Neighborhood. Your provider can call Neighborhood Member Services for more information.

Inpatient services are when you have to stay at the hospital. The hospital will ask us for an authorization for your care. If the provider who admits you to the hospital does not participate with Neighborhood, you should call your PCP within 24 hours. If you cannot call, ask a friend or family member to call for you. You should only go to the hospital when you need emergency medical care or your provider has recommended that you go there. Call Neighborhood Member Services if you have any questions about hospital services.

Get Approval Before a Scan

Neighborhood has partnered with eviCore healthcare (formerly MedSolutions Inc.) for prior authorization of some outpatient radiology services. This means your provider needs to ask eviCore for approval for MRI, CT and PET scans, and for nuclear cardiology tests, before you get them. You cannot be billed for these radiology services if prior approval was given. If you have questions, call Neighborhood Member Services.

Urgent Care

Urgent care is when care is needed quickly, but it is not a life threatening emergency. This type of care is called urgent care. **Some examples of problems that need urgent care are:**

- A sore throat
- A skin rash
- Pink eye
- A low grade fever
- An ear infection

If you need urgent care, call your PCP and say you need to schedule a sick visit. Your PCP should give you an appointment within 24 hours or they will direct you to an urgent care center (walk-in) in Neighborhood's network. Search the Neighborhood Provider Directory online at www.nh-pri.org for a list of urgent care centers in our network.

You can also call Neighborhood Member Services. If you cannot reach your PCP you should go to an urgent care center (walk-in) Neighborhood's network and show your Neighborhood member ID card. A doctor or nurse will examine you, tell you what is wrong, and what treatment you may need. This exam will not cost you anything.

Out-of-Area & Out-of-Network Care

You are covered for emergency care in the United States and its territories such as Puerto Rico. If you are outside of Rhode Island (out-of-area) and have an emergency, call 911 right away or go to the nearest emergency room. Be sure to show your insurance card when you are getting services, if possible.

When you return home, call your PCP and tell them what happened. If you get a bill for emergency services you received, contact the provider and provide them with your insurance information, if you have not already done so. If they still bill you for services, send it to us:

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

All other covered benefits, care and services provided out-of-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 to get approval from Neighborhood before you make an appointment. Your provider should submit the request for review. Call Neighborhood Member Services to learn more.

Neighborhood will review requests for non-emergency care and services from providers who are not in our network. One of the following conditions needs to be met:

- The services are not in our network.
- Providers with the same training are not in our network.
- Your provider leaves our network and you are getting treatment for a severe and sudden or lifelong medical condition; or are in your second or third trimester of pregnancy.
- You are getting follow-up care for emergency services.
- You have an established relationship with a PCP or specialist.

Children with Special Health Care Needs (CSN) members who have a relationship with an out-of-network provider can continue to get services for up to six months after enrollment. We will help you transition your care to a Neighborhood provider with the same or greater expertise to treat your needs.

Behavioral Health Services



Services for mental health and substance use are called behavioral health services. Neighborhood offers excellent behavioral health benefits through our partner Beacon Health Strategies.

To get the name of a behavioral health provider or benefits, call Beacon at 1-800-215-0058 (TDD/TTY 1-781-994-7660). This number is also listed on your Neighborhood member ID card. Beacon is available 24 hours a day, seven days a week to help you. Your call is confidential.

Children who need to be admitted to the hospital for behavioral health care have to work with Kid's Link RI. Call Kid's Link RI at 1-866-429-3979, your medical or behavioral health provider or Beacon to learn more.

Our provider directory lists all of the behavioral health providers in Beacon's network. It also tells you where the provider's office is located, how to contact them, and what type of services are provided (behavioral health or substance use). Call Beacon for help finding the provider that is right for you.

As a Neighborhood member, you are eligible for many behavioral health services. We cover many therapies. You are covered for intensive services such as inpatient stays and some residential treatment facilities. You are also covered for outpatient behavioral health services such as individual, family, and couples counseling. Call Beacon with any benefit questions.

Prior authorization is required for hospital stays, acute residential treatment facilities and day/evening program participation. Your medical or behavioral health provider will need to call Beacon to obtain this authorization. For outpatient appointments you can call the provider directly to schedule appointments. A prior authorization will be needed after 12 outpatient visits; your provider can call Beacon to make sure any additional appointments are covered.

Our Case Managers Can Help You

Case Management

We want to help you get what you need to improve your health and stay healthy. Our case management program will give you extra attention to help you get better. When you are enrolled in the case management program you get a personal case manager. A case manager is your partner in health care. Case managers are nurses, social workers and other support staff.



A case manager will work with you, your family, your providers, as well as community resource agencies. We will help to coordinate a plan of care that meets your needs. The goal of case management is to help you make choices about your plan of care. We can help by:

- Talking to your providers
- Teaching you about your plan of care and the importance of keeping your appointments
- Making sure you know what you need to do to be healthy
- Getting you the best care possible

A case manager is available to assist you Monday through Friday, from 8:30AM to 5PM. The case management program is voluntary. You can call Neighborhood Member Services to:

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

Beacon Health Strategies, our behavioral health partner, offers case management for mental health or substance use problems. No referral is needed from your provider for behavioral health services. Call Beacon at 1-800-215-0058 (TDD/TTY 1-781-994-7660) to ask any questions. This number is also listed on your Neighborhood member ID card. Beacon is available 24 hours a day, seven days a week to help you. Your call is confidential.

Disease management

Chronic conditions like asthma, diabetes, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF), can be hard to take care of. Our disease management program can help you live a healthy and active life.

As part of the program you will:

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

The disease management program is voluntary.

You can call Neighborhood

Member Services to:

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





Neighborhood Nurse Advice Line

Our Nurse Advice Line is available to all members. It has caring nurses available 24 hours a day, 7 days a week.

To speak to a nurse, call the toll free Neighborhood Nurse Advice Line at **1-844-617-0563 (TDD/TTY 711)**.

The nurses can help you with:

- Choosing the best place to go for care, like your doctor, urgent care or emergency room
- Questions about your health concerns
- Questions about medications
- What you can do at home to take care of your health

The Nurse Advice Line is not an emergency service. Call 911 if you think you are having an emergency.

Neighborhood has a Member Advocate

Call our trusted, confidential, problem solver at **1-401-459-6172 (TDD/TTY 711)** to learn more.

My Neighborhood Health Guide

Neighborhood has an online tool to help you manage your health. With this tool you can:

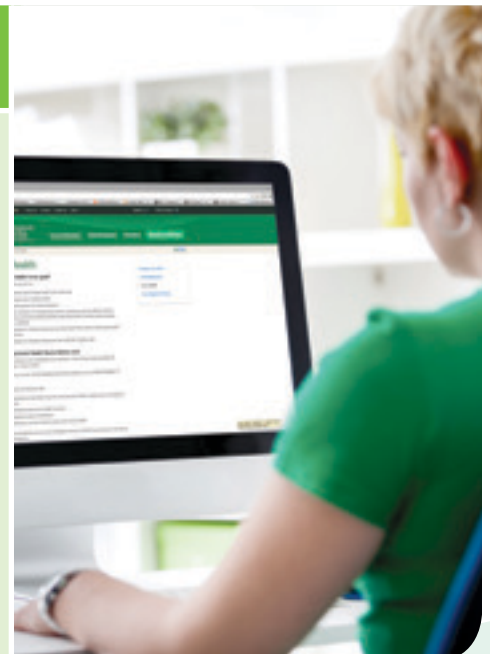
- Answer questions about your health
- Get a summary of your health risks
- Access resources, education, and self-management tools
- Lower your health risks

A Neighborhood Care Manager may call and offer to help you manage your health.

To get started, visit www.nhpri.org/CurrentMembers/YourHealth.

This tool is for all Neighborhood members 18 years old and older and is available in English and Spanish.

You will need your Neighborhood ID number to register.



Healthy Reminders



Breast health: the importance of mammograms

Breast health is important. Here are some things you can do.

Have a breast exam every year with your provider, who uses their hands to feel for lumps or other changes.

Talk with your provider about your family's history of breast cancer, when you should have your first mammogram and how often you should have them.

Have your provider show you how to check your own breasts for lumps or other unusual changes. This is called a breast self-exam.

About mammograms

A mammogram is an X-ray picture of the breast and is used as a screening test for breast cancer or to find out more about a lump that is felt.

Your provider may order a mammogram based on your age, your health and your family's health.

Mammograms can help providers find breast cancer early.

The best thing to do for breast health is talk to your provider about what is best for you.

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.

Attention Members with Extended Family Planning (EFP) Coverage

Members with EFP coverage have limited services that are covered by Neighborhood. They include exams, family planning visits and family planning prescriptions. The community health centers provide these services as well as those primary care services not covered under this benefit.

**For more information
about the flu shot, call your
provider or visit
www.health.ri.gov/flu.**

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 call Rhode Island's Health Insurance Consumer Support at **1-401-462-9517**.

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

Tips for Using Your Pharmacy Benefits

- 1 Neighborhood offers prescription and over-the-counter drug benefits.** 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.
- 2 The prescription drugs your health plan covers are listed in your formulary.** There are many medicines in Neighborhood's formulary. A small number of them need approval from Neighborhood before we will cover them. Your provider can call Neighborhood Member Services to get approval. Our formulary describes how we approve medicines. It also has other information about our pharmacy services.
- 3 Neighborhood covers many over-the-counter products, too.** These items, such as ibuprofen, are on the shelf at your pharmacy. They still require a prescription from your provider.
- 4 Extended Family Planning (EFP) members have to pay co-payments for medications.** Co-payments are usually \$1 for generic prescriptions and \$3 for brand-name prescriptions. If you have co-payments, the amount you must pay is on your Neighborhood member ID card. Look on the front side of the card, at the bottom near "Rx."
- 5 Neighborhood members are required to use a generic medication first, before receiving the brand-name version.** There are a limited number of brand name drugs that are covered, and the state updates this list on a regular basis. Most brand name drugs require prior authorizations. Some generic drugs may also require prior authorization. For a complete list of formulary medications or covered over-the-counter medications, visit www.nhpri.org or call Neighborhood Member Services.
- 6 If you believe that it is medically necessary for you to take the brand name drug, you must contact your provider that prescribed the medicine.** They are aware of the criteria and the process to request approval of brand name drug coverage.
- 7 To make your pharmacy visit a safe and successful one, follow these steps:**
 - Bring your Neighborhood member ID card. Make sure you have the card of the family member who needs the prescription, if it is not you. Show your card to the pharmacist.
 - Give your prescription to the pharmacist.
 - Ask the pharmacist how to take the medicine, if you are not sure.
 - Take all your medicines as prescribed. Tell your provider if you experience any side effects.
 - Do not share medicines with family members.
 - Put your medicines in a safe place and keep them away from children.



Plan for Your Care

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



- A living will is a set of instructions. It says what should happen if you become seriously ill and are unable to communicate.
- Durable power of attorney lets another person make health care decisions for you. You choose who this person will be. It could be your spouse, a family member, or a friend.
- Advance directives explain the treatment you want if you become seriously ill or injured.
- Advance directives can be written or spoken.
- Ask your primary care provider about these options. You also can find related forms at the Rhode Island Department of Health website: www.health.ri.gov/lifestages/death/about/livingwill

Your Neighborhood Member Handbook

Your Neighborhood handbook provides detail about the benefits of your plan, your rights and protections, your disenrollment rights, any applicable cost sharing and how to get more information about structure and operation of Neighborhood Health Plan of Rhode Island. It also explains how to get benefits covered by Rhode Island Medicaid. The handbook is available at www.nhpri.org or by calling Neighborhood Member Services.

Top Reasons to Call Member Services

Call Neighborhood Member Services at **1-800-459-6019 (TDD/TTY 711)**, Monday through Friday, 8:30AM to 5PM, for these reasons:

- 1 You get a bill or need to submit a claim.** Providers and hospitals in our network should send bills directly to Neighborhood. Members do not pay these bills. If you get a bill or pay for covered services, we will help you fix the issue. This includes emergency services received out-of-area. Neighborhood will reimburse you when appropriate:
**Neighborhood Health Plan of Rhode Island
Attn: Member Services
299 Promenade Street Providence, RI 02908**
- 2 You need to find a provider.** Search our Provider Directory online at www.nhpri.org or call to get a copy of it if you need to find a provider or change primary care providers. We can help you find a provider near you who speaks your language. We can answer questions about a provider's history and skills. This information is also on the Department of Health website at www.health.ri.gov/hsr/professions/license.php.
- 3 Your family size changes.** If there is a change in the number of people in your home, such as a new baby, call Neighborhood Member Services. Also call HealthSourceRI at **1-855-840-4774 (TDD/TTY 711)** so that they may review your account for any needed changes.
- 4 You have questions about transportation services available to you.** Bus transportation is a benefit available to members. We make it easy for you to get to your provider visits if you do not drive or have a car.
- 5 You are moving.** We need your most up-to-date contact information so we can send you our newsletter and call you about important changes. Tell us if your address or phone number changes, or if you move out of state.
- 6 You are covered by more than one plan.** Coordination of benefits is a way to decide how medical, dental or other types of care will be paid when you are covered by more than one health plan. The primary plan must pay its part of the claim first. The secondary plan pays the rest. To get coverage for services, you must follow the rules of coverage in your Member Handbook. This is true even if Neighborhood is not your primary plan.



- 7 You have questions about your plan.** Neighborhood Member Services can help you understand the benefits and services available to you. We can also answer questions you have about Neighborhood.
- 8 You have a complaint.** If you experience difficulty or are unhappy with the services you or a family member received, call us. We will work to fix the issue. You also can contact us if you need help filing an appeal.
- 9 You suspect fraud or abuse.** Fraud happens when a member or provider does something dishonest to get a benefit. Abuse is when rules are broken and Medicaid has to pay extra money. Tell us if you notice fraud or abuse. Call the Neighborhood Compliance Hotline at **1-800-826-6762 (TDD/TTY 711)** or Neighborhood Member Services. Your call is free and will be kept private.
- 10 To get a copy of your member rights and protections.**

Complaints, Grievances and Appeals

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

Complaints

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

Grievances

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

Appeals

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

You have the right to:

- Ask for and get copies of all documents related to the appeal. You may add information about the appeal to your file in writing or in person.
- Continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call or tell Neighborhood within 10 calendar days of being notified. If the appeal is denied, you may be liable for the cost of any continued benefits you received.

Qualified Neighborhood staff decide on appeals that are not about medical issues. Qualified health care professionals

decide on appeals about medical issues. We will make a fair decision about clinical appeals within 15 calendar days and all other appeals within 30 calendar days.

Second-level appeals



If you are not happy with the decision, you may submit a second-level appeal in writing, in person or by calling Neighborhood Member Services. A second level appeal must be filed within 60 calendar days of the decision of your first appeal. Different health care professionals, in the same or similar specialty as the provider who recommended your care, will make a decision. Second-level appeals are also decided within 15 calendar days.

External appeals

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

Urgent appeals

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

Medicaid Fair Hearing

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

You can also file a complaint at any time during the appeal process with the Rhode Island Department of Health at **1-401-222-6548** and the Office of the Health Insurance Commissioner (OHIC) at **1-401-462-9517**. You or your authorized representative may also call the Adults in Managed Care Helpline at **1-401-784-8877** to ask them to review your complaint. For help with your complaint, grievance or appeal, you may also call Rhode Island Legal Services at **1-401-274-2652**.

Send written complaints, grievances or appeals to:
Neighborhood Health Plan of Rhode Island
Attn: Grievance and Appeals Coordinator
299 Promenade St., Providence, RI 02908



If you need help understanding this information in your language, please call us at **1-401-459-6009** and ask for Member Services.
Si necesita ayuda para comprender esta información en su idioma, llámenos al **1-401-459-6009** y solicite contactar con el servicio de atención al cliente.
Si vous avez besoin d'aide pour comprendre ces informations dans votre langue, appelez-nous au **1-401-459-6009** et demandez le Service aux membres.
Se necessita de ajuda para compreender esta informações no seu idioma, por favor telefone para **1-401-459-6009** e solicite o Serviço de Apoio ao Cliente.
Чтобы получить информацию на родном языке, обратитесь в отдел по работе с клиентами (Member Services) по телефону **1-401-459-6009**.
បើលោកអ្នកគួរការជំនួយយល់ដឹងអំពីព័ត៌មាននេះ ជាភាសារបស់លោកអ្នកសូមហៅទូរស័ព្ទមកយើងខ្ញុំតាមលេខ **1-401-459-6009** ហើយសាកសួរផ្នែកសេវាអ្នកមេម៉ាយ (Member Services) កុំភ័យភ័យ ព្រោះការងាររបស់យើងគឺជួយលោកអ្នក។
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເພື່ອໃຫ້ເຂົ້າໃຈຂໍ້ມູນນີ້ ເປັນພາສາຂອງທ່ານ, ກະລຸນາໃຫ້ທ່ານຮູ້ເລກ **1-401-459-6009** ແລະໃຫ້ຖາມຫາໜ່ວຍບໍລິການສະມາຊິກ.
Nếu cần được giúp đỡ để hiểu thông tin này bằng ngôn ngữ của quý vị, xin gọi cho chúng tôi theo số **1-401-459-6009** và yêu cầu được nói chuyện với Dịch Vụ Hội Viên.

Our Commitment to Quality

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

Your Feedback Matters

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

1. Join our Advisory Committee

Neighborhood conducts focus groups and has member committees that talk about how we can do better. If you have ideas join the team! Call Neighborhood's Member Advocate to learn more.

2. Go to the Rite Care Consumer Advisory Committee

The Executive Office of Health Human Services (EOHHS) hosts a monthly meeting that Rite Care members can attend to talk about important health care issues. If you want to go to one of these meetings, please call Neighborhood's Member Advocate.

3. Call Neighborhood's Member Advocate

Neighborhood's Member Advocate is always available to hear and address your concerns and experiences when getting health care. Our Member Advocate helps Neighborhood members to file complaints and works with health plan staff, consumer advisory groups, and local organizations that work with Neighborhood members to make sure your needs are addressed.

If you would like to speak with Neighborhood's Member Advocate, call 1-401-459-6172 (TDD/TTY 711).

Privacy Practices

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 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.

How we use or share PHI:

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

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

When can we 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 go to the U.S. Department of Health and Human Services website at www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

We may use or share your PHI as follows:

- 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 people 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. To answer a court order or a subpoena.
- For law enforcement purposes. 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. To help an organ collection agency with organ transplant.
- For research. To study a disease, as allowed by law.
- For health and safety. To prevent danger to public health or safety in an emergency.

- For government functions. This may be for military or veteran use, national security, or protective services.
- For workers' compensation. 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. This includes highly private information about you. This may include federal laws about.

- HIV/AIDS
- Behavioral health
- Genetic tests
- Alcohol and drug use
- Sexually transmitted infections and reproductive health info
- 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 go to the U.S. Department of Health and Human Services website at www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Neighborhood must have your approval to:

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

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



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 people involved in your care. We will try to honor your request, but we do not have to do so.
- Ask to have your PHI communicated privately. You may ask to be contacted in a certain way (for example, by cell phone) or at a different location. Neighborhood will follow reasonable requests when sharing your PHI could put you in danger.
- Review and get a copy of your PHI. In certain cases we may deny the request. Neighborhood does not have complete copies of your medical records. Please contact your PCP to request a copy of your medical records.
 - Make changes to your PHI if you think it is wrong or incomplete. You must ask in writing and give reasons for the change. These changes would only be made to your Neighborhood member records. If we deny your request, you may file a letter disagreeing with us
 - 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.
 - » 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 also get a copy from our website at www.nhpri.org.
- Get notified when there is a breach of your PHI. Neighborhood will notify you of any unauthorized access or sharing of your PHI.
- File a complaint if you believe your privacy rights have been violated. Neighborhood will not take any actions against you if you file a complaint. Your benefits will not change. To file a complaint, call Neighborhood's Privacy Officer at 1-800-826-6762. You can also file a complaint in writing to:

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

Privacy Practices (cont'd)

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

In writing:

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

By phone:

**1-617-565-1340
1-617-565-1343 (TDD/TTY)**

By fax:

1-617-656-3809

Our Duties:

Neighborhood protects your verbal, written and electronic PHI from illegal use or sharing. We are required by law to:

- Keep your health information private.
- Provide you with notice of our legal duties and privacy practices about PHI.
- Notify you when there has been a breach of your PHI.
- Follow the terms of this notice.

Not only do all the physicians and providers in our network know 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. We can also make new terms for all PHI that is kept.

This notice is available on our website www.nhpri.org.



If you have questions about this notice or need more information, please call:

Neighborhood Health Plan of Rhode Island

1-401-459-6020 (local)

1-800-459-6019 (toll free)

TDD/TTY 711



**Neighborhood
Health Plan
of Rhode Island**

close friends

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