



[MEMBER NAME
STREET
CITY, RI ZIP]

Welcome to Neighborhood Health Plan of Rhode Island!

Thank you for choosing the Neighborhood ACCESS / RItE Care plan for women, pregnant women, families, children, and children with special health care needs.

Neighborhood Health Plan of Rhode Island (Neighborhood) is a local, 501(c)(3) not-for-profit organization with a board of directors. We were founded by 13 community health centers in 1993. For more than 20 years we have helped Rhode Island families get high-quality health care. We offer affordable health insurance to people who qualify for Medicaid programs.

Neighborhood has a large network of providers. We cover medically necessary and preventive care, checkups, and many medicines. Our staff is committed to improving your health. We know health care can be confusing and we are here to guide you through the system. We will explain your benefits and help you get the health care you need.

We want you to be well. We are happy to work with you and make sure you understand what you need to be well. Our Neighborhood Member Services team is available to answer any questions you may have. Call us at **1-800-459-6019 (TDD/TTY 711)**. You also can visit our website at **www.nhpri.org**.

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Welcome to Neighborhood Health Plan of Rhode Island

Neighborhood Member Services

Our Neighborhood Health Plan of Rhode Island (Neighborhood) Member Services team is available to answer your questions, Monday through Friday, from 8am to 6 pm. Call us if you need information about your Neighborhood ACCESS / RItE Care plan at **1-800-459-6019 (TDD/TTY 711)**. You can also leave a message for us after normal business hours and we will get back to you quickly.

We can help you with:

- Questions about your benefits and coverage
- Choosing or changing a primary care provider (PCP)
- A bill you have received
- Arranging or canceling transportation for an appointment
- Scheduling an interpreter to go with you to an appointment
- Updating your address and phone number
- Changes in your marital status or family size
- Having member materials mailed to you in English or another language
- Filing a complaint or appeal
- Reporting possible fraud and abuse
- Information about Neighborhood's history, how we do business, and our organization

Other Insurance

Call Neighborhood Member Services if you or a family member has other insurance.

My Neighborhood Health Guide

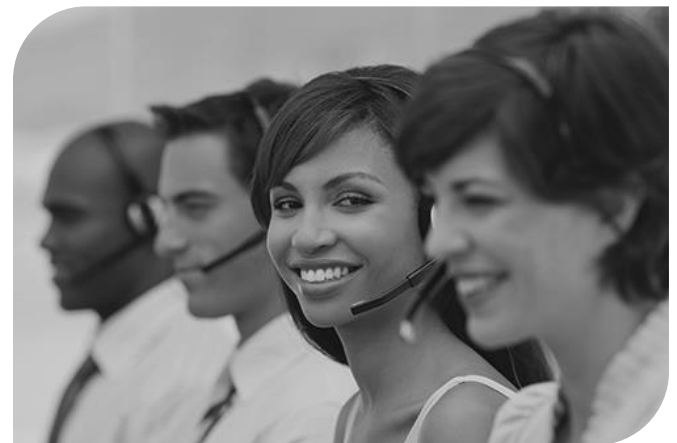
Neighborhood has an online tool to help you manage your health. With this tool you can:

- Answer questions about your health
- Get a summary of your health risks
- Access resources, education, and self-management tools
- Learn how to 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.

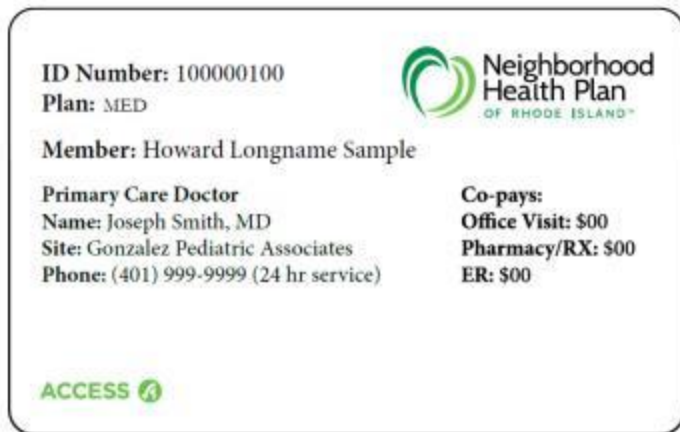


Welcome to Neighborhood Health Plan of Rhode Island (continued)

Member ID Card

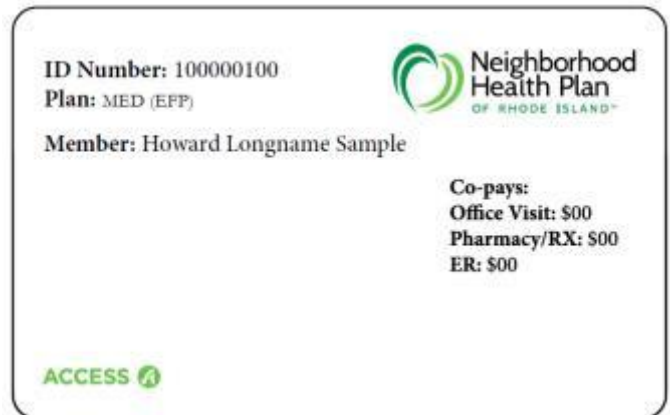
When you join Neighborhood, you will receive a member ID card in the mail. You should receive it within 10 calendar days of Neighborhood being notified of your enrollment. Each member of your family who is covered by Neighborhood also gets his / her own ID card. Show this card at provider visits and when you pick up prescriptions at the pharmacy. Your member ID card lets your providers and pharmacy know that you are a Neighborhood member.

Your Neighborhood ACCESS / Rite Care plan member ID card should look like this:



When you receive your Neighborhood member ID card, make sure it has the name and phone number of the primary care provider (PCP) you chose. We may automatically assign you to a PCP if you did not choose one after enrolling. Call Neighborhood Member Services if the information on your card or any of your family members' cards is not correct. You can also call us if you need a replacement ID card. Do not let anyone use your member ID card or your children's cards. Letting someone borrow your card is against the law.

If your member ID card looks like the picture below, you are enrolled in the Extended Family Planning (EFP) program. The benefits available to you are listed on Page 19 of this handbook.



Your Rhode Island Medicaid card will be mailed from the state of Rhode Island. This card has a picture of a white anchor on it. It should look like this:



See page 20 for a list of services covered under Rhode Island Medicaid.

Carry both your Neighborhood member ID card and your Rhode Island Medicaid card at all times.

Your Primary Care Provider (PCP)

Your primary care provider is called a PCP. Your PCP is the provider who knows you best. He / she works with you to keep you and your family healthy.

A PCP can be a:

- Family doctor, who provides preventive care for children and adults and treats illnesses.
- Internal medicine doctor, who diagnoses and treats the whole body. He / she treats adults.
- Nurse practitioner (advance practice registered nurse), who provides preventive care for children and adults and treats illnesses.
- OB-GYN, who cares for women and women who are pregnant.
- Pediatrician, who provides preventive care for children and young adults up to age 19. He /she also treats illnesses.

Your PCP wants to keep you healthy. Be sure to tell him / her about your medical problems, visits to other providers, urgent care clinics (walk-ins), or the emergency room. You can call your provider'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 will be 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 you when you or your child has a medical problem
- Give you routine checkups 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 his / her own PCP. Choose a PCP whose office is near your home or is recommended by a friend.

Our provider directory lists all of the primary care providers in our network. It also tells you where the provider's office is located, the telephone number, the languages he / she speaks, the hours the office is open and if they are not accepting 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 us and let us know.

If you were seeing a PCP when you joined Neighborhood, check to see if he / she is in our network. If he / she is not, please call us 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. His / her name and phone number will be listed on your member ID card. The PCP will be located near where you live and speak your language.

Changing Your PCP

You can change your PCP or your child's PCP at 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 the provider's office to make your first appointment right away.

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 or you will be assigned to one near your home. Please contact Neighborhood Member Services if you need help choosing a new primary care provider.

Continued Care and Treatment

Providers sometimes leave our network because they have moved, retired, or want to leave our network. There are times when Neighborhood will temporarily let you get care from your PCP or specialist after he / she has left 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 he / she can continue to treat 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 continue seeing him / her for a while.

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.

How to Get Care

Interpreter Services and Language Assistance

Many Neighborhood Member Services staff speak more than one language. If we do not speak your language when you call, we have interpreter services available that will translate to make sure all your questions are answered.

To arrange for an interpreter to be with you at your next scheduled visit, call your provider's office or Neighborhood Member Services at least 48 to 72 hours before your appointment. Sign language interpreters should be requested two weeks in advance. The sooner you call us about your appointment, the more likely we are able to accommodate your request.

Many of the providers in our network speak more than one language. To see what language he / she speaks, look in our provider directory. You can find the directory online at www.nhpri.org or call Neighborhood Member Services.

Canceling Your Interpreter

If your appointment is canceled and you had interpreter services arranged, call Neighborhood Member Services. You must let us know to cancel and, if needed, reschedule.

Transportation Services

Bus Transportation

Bus transportation is a benefit available through Rhode Island Medicaid for Neighborhood ACCESS / RIte Care members. We make it easy for you to get to your provider visits if you do not drive or have a car. Members (except Extended Family Planning members) can get bus tickets through LogistiCare. Bus tickets are available for non-emergency medical appointments. Call LogistiCare at **1-855-330-9131 (TDD/TTY 1-866-288-3133)** to request a bus ticket for each medical appointment.

When calling LogistiCare to request a bus ticket, it is important to:

- Call seven business days before the appointment

- Check to be sure they have your right mailing address on file

Tell LogistiCare the date and time of the medical appointment as well as the name of the provider. The bus tickets will be mailed to you for each appointment.

Families who receive cash assistance through the Family Independence Program (FIP) or have recently stopped getting cash assistance will continue to be eligible for an unlimited monthly bus pass. This bus pass should be used for work, training, school or medical appointments. To find out if you are eligible for a monthly bus pass, call MYRIDHS at **1-855-697-4347**.

Other Options

Other transportation options may be available to you if:

- You live more than a half mile from the nearest bus stop
- Your provider's office is more than a half mile from the nearest bus stop
- You or your child has a same day sick appointment
- You have prior authorization for a medical condition

You can call LogistiCare Monday through Friday, from 9 am to 5 pm, at **1-855-330-9131 (TDD/TTY 1-866-288-3133)** to see if you qualify for a van or taxi ride to your medical appointment. If you qualify, you can arrange for transportation. You can also arrange for transportation by calling Neighborhood Member Services if you are already listed in LogistiCare's system.

Transportation requests for a taxi or van service must be scheduled at least two business days before your scheduled appointment. The two days includes the day of the call, but not the day of the appointment. For example, call Monday to request transportation on Wednesday.

Call LogistiCare at **1-855-330-9132** if:

- Your medical appointment is canceled
- The driver is more than 15 minutes late or did not pick you up
- The driver is driving dangerously, smoking, abusive to you, or asks you for money
- The heat or air conditioning in the vehicle is not working
- There is not a seat or seatbelt for you in the vehicle
- It took too long to arrive at your appointment or back at your residence
- You were in an accident while riding in the vehicle

Making Appointments With Your PCP

The name and phone number of your PCP are on the front of your Neighborhood member ID card. You can call this number to make an appointment with your provider or your child's provider. Tell the person who answers the phone you would like to make an appointment. If you are making an appointment because you or your child is sick, tell the person who is making the appointment. Write down the date and time of your appointment. If you will need an interpreter, tell the person who is making the appointment. Your provider's office will work with Neighborhood to arrange for an interpreter. If you need to arrange a ride, call LogistiCare at least two business days before the appointment.

If you need to change or cancel your appointment, call your provider's office and let them know. Your provider will appreciate the call. This will help him / her to see another patient in your place and to reschedule your appointment. If you had any interpreter services scheduled, you must call Neighborhood Member Services to let us know. We will cancel those services. If you had any rides arranged through LogistiCare, you must call them to cancel. If you arranged any rides through Neighborhood, you must call us to cancel.

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 without an authorization.

Specialty Care and Referrals

A specialist is a provider who cares for a certain part of the body. He / she has special training and education about these areas of the body or certain diseases. Your primary care provider is responsible for your routine care and annual checkups. He / she will refer you to a specialist when you need one. This is called a referral.

Examples of a specialist are:

- Endocrinologist: Treats disorders like diabetes and thyroid problems
- OB-GYN, obstetricians, gynecologists, and certified nurse midwives: Treats women's health needs including family planning
- Ophthalmologist: Treats eye problems, and if needed, performs surgery
- Optometrist: Provides routine eye exams and treats eye problems
- Podiatrist: Treats foot problems

Your PCP may decide you should see a specialist. He / she will direct you by recommending a specialist to diagnose and treat your health problem. Your PCP will let the specialist's office know you will be scheduling an appointment.

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.

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

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.

How to Get Care (continued)

Prior Authorizations

Sometimes you may need approval from Neighborhood before receiving care. This is called prior authorization. A prior authorization is needed if a provider is not in our network. It is also needed for some services such as hospitalizations, home health care, behavioral health, substance use disorder and some medicines. It is your provider's responsibility to get prior authorization from us when necessary. Prior authorization is not needed for emergency services.

Second Opinions

As a Neighborhood ACCESS / RItE Care member, you have the right to 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 a second opinion, it does not cost you. 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. You can also call your PCP.

Behavioral Health Services

Services for mental health and substance use disorder are called behavioral health services. Neighborhood offers excellent behavioral health. To get the name of a behavioral health provider or benefits, call us at **1-800-215-0058 (TDD/TTY 1-866-727-9441)**. This number is also listed on your Neighborhood member ID card. We are available 24 hours a day, seven days a week to help you. Your call is confidential.

Our provider directory lists all of the behavioral health providers in our network. It also tells you where the provider's office is located, how to contact him / her, and what type of services are provided (behavioral health or substance use disorder). Call us 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 us 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 us.

You can call the provider directly to schedule appointments for outpatient behavioral services. A prior authorization is needed after 12 visits. Your provider can call us to make sure any additional appointments are covered.

Urgent Care

Urgent care is when you or your child need care quickly, but it is not a life threatening emergency.

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 he / she will direct you to an urgent care center (walk-in) in Neighborhood's network.

Search the Neighborhood provider directory online at **www.nhpri.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) 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.

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 receive 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 such as non-stop bleeding or severe pain
- Poisoning or swallowing a dangerous substance
- Very bad pain or pressure
- Severe trouble breathing
- Bad head injury
- Thoughts of suicide

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 overnight. 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.

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.

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. The hospital does not need to be a part of Neighborhood's network. Prior authorization is not needed to receive emergency services. Call your PCP the next day to tell him / her about your emergency room visit. After you have been treated in the emergency room, 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.

How to Get Care (continued)

Prescription Drugs

Your benefits include prescription drug coverage. By law, all Neighborhood ACCESS / Rite Care members must use generic drugs first. Brand name and generic drugs have the same active ingredients. Both are safe and work the same way to make you well, but generic drugs cost less. 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 authorizations.

A formulary is a list of drugs covered by your Neighborhood ACCESS / Rite Care 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 must call your provider who prescribed the medicine.

If your provider feels you need to take a drug that is not on the formulary, they must request a prior authorization from Neighborhood. The Neighborhood formulary is on our website at www.nhpri.org. You can also get a copy by calling Neighborhood Member Services.

You can get some of your asthma and diabetic supplies at the pharmacy with a prescription from your provider. Examples of asthma supplies for children are spacers and masks. Examples of diabetic supplies are test strips, lancets and glucometers.

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.



Over-the-Counter Drugs

Neighborhood covers many over-the-counter (OTC) drugs, too. OTC drugs are found on the shelves at your pharmacy. Generic brands of Motrin®, Claritin®, Robitussin®, Tylenol®, and hydrocortisone cream are examples of OTC medications you can get with a prescription from your provider. Each prescription is limited to a 30-day supply.

OTC family planning supplies are covered. This includes foam, condoms, spermicidal jelly or cream, and sponges.

OTC drugs can be safe and helpful when used correctly. Ask your primary care provider (PCP) about the OTC drugs you use. It is best to work with your PCP to decide the treatment that is right for you and your family.

Call Neighborhood Member Services or go to our website at www.nhpri.org to view our searchable formulary.

When You Go to the Pharmacy

- Bring your or your family members' Neighborhood ID card
- Bring the prescription from your provider
- Show your or your family members' ID card to the pharmacist. Give him / her the prescription from your provider
- If you are unsure about how to take / give the medicine, ask the pharmacist
- If you have any problems at the pharmacy, call Neighborhood Member Services
- Take / give all of the medicine prescribed by your provider and follow all instructions. Tell your provider if the medicine makes you sick
- Do not share your medications
- Put your medications in a safe place so they are not lost or stolen
- Keep all medication away from children
- Tell your provider or pharmacist what other medications you or your family members are taking

Out-of-Area and 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. When you return home, call your PCP and tell him / her what happened. If you get a bill for emergency services you received, send it to Neighborhood Member Services:

Neighborhood Health Plan of Rhode Island

Attn: Fiscal Operations
910 Douglas Pike
Smithfield, RI 02917

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 prior authorization 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

How to Get Care (continued)

Our 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 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 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 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

Medical Technology Review

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



Programs and Services

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 part of case management 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 decisions 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 understand what you need to do to be healthy
- Speaking up for you, if needed
- Getting you the best care possible

A case manager is available to assist you Monday through Friday, from 8:30 am to 5 pm.

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

Our behavioral health team offers case management for mental health or substance use disorder problems. No referral is needed from your provider for behavioral health services. Call us at **1-800-215-0058 (TDD/TTY 1-866-727-9441)** to ask any questions. This number is also listed on your Neighborhood member ID card. We are available 24 hours a day, seven days a week to help you. Your call is confidential.

Disease Management

Chronic conditions like asthma, diabetes, heart failure, coronary artery disease, and chronic obstructive pulmonary disease (COPD) can be difficult to manage. Our disease management program can help you live a healthy and active life.

As part of the program you will:

- Receive 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

Pharmacy Home

Pharmacy Home is a program that helps members with many prescriptions to take their medications safely. The Rhode Island Executive Office of Health and Human Services (EOHHS) created this program. If you are in the program, only one pharmacy will be able to fill all of your medications. If you go to a different pharmacy, Neighborhood will not pay for the medications. You will get a letter if you are eligible for the Pharmacy Home program. Call Neighborhood Member Services to learn more.

Programs and Services (continued)

Communities of Care

Communities of Care is an Executive Office of Health and Human Services (EOHHS) program that helps you get to know your PCP better. He / she can take care of most of your health care needs before they get worse or become an emergency. Some emergencies can be prevented with regular care from your PCP. You can also go to an urgent care center (walk-in) when you need care quickly but it is not life threatening. Emergency room care remains available for people who are injured or seriously ill.

You may be in the Communities of Care program if you have Medicaid coverage and use the emergency room frequently. The program will support your relationship with your PCP and help you get the care you need. You will get a letter or phone call if you are eligible for Communities of Care. As a member of the program, you have access to services such as case management and peer navigators, who can help you find community services to keep you healthy. You will also complete a survey about your use of the emergency room and other things that affect your health care.

Bright Start Program

Neighborhood has a voluntary program to help pregnant moms. It is called Bright Start. If you join, you will get support and information to prepare you for becoming a mom. We want to help you have a healthy pregnancy and baby. We also want you to be healthy after the baby is born.

If you are pregnant, we will send you information about prenatal and postpartum checkups, prenatal classes, good eating habits, how to quit smoking, and help you choose a provider for your baby. We will also send you information about birth control after your pregnancy and the Text4baby program. The Text4baby program is a mobile text messaging service. You can sign up and get tips about pregnancy, delivery, and more.

If we learn you may need more help, you will receive a call from a member of our Bright Start team. Our team will work with you and your provider to help you have a healthy pregnancy. After you have a baby, you will continue to get support and helpful information about

early infant care for your baby and postpartum care for you. You should set up an appointment to see your provider. You should also set up an appointment with your baby's provider as soon as possible after you leave the hospital. The Bright Start program is voluntary. You can call Neighborhood Member Services to:

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

School-based Health Centers

Some schools provide routine primary care for children at the school's health care clinic. Choose a provider from the Neighborhood provider directory who works with your child's school health center.



Preventive Care and Wellness

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, bike helmets, and much more. Visit our website at www.nhpri.org/rewards for program information.

Birthday Reminders

Neighborhood sends annual reminders to our female members about the importance of regular screening for women's health issues like cervical cancer, breast cancer, and sexually transmitted infections (STIs).

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 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.

Quit for Life

Quit for Life is a program to help you stop or decrease your use of tobacco products. We give you access to health and wellness specialists and send you educational mailings.

Other Programs

Neighborhood also offers nutrition, childbirth, and parenting classes to our members. All members receive our *Healthy You* newsletter, which shares information about preventive services and wellness.

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



Your Benefits

In this section you will find:

- Benefits covered by Neighborhood
- Benefits covered by Rhode Island Medicaid
- Non-covered services

The following are covered services available to Neighborhood ACCESS / RIte Care members, including Children with Special Health Care Needs and Children in Substitute Care through DCYF. You are eligible to receive the benefits below with your Neighborhood member ID card. 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. We have also listed what is not covered.

This handbook can be found on our website at www.nhpri.org. You can also call Neighborhood Member Services to ask questions about your benefits.

Coordination of Benefits (COB)

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

Benefits Covered by Neighborhood

Benefits	Coverage
AIDS/HIV Non-Medical Targeted Case Management	Covered. This program may be provided for people living with HIV/AIDS and for those at high risk for acquiring HIV. Services may include counseling, case management services and referrals for community programs.
AIDS/HIV Medical Targeted Case Management	Covered. Includes a range of case management services that link members to health care, psychosocial and other services.
Abortion	Not covered, except in cases of rape, incest, or if the pregnancy causes a threat to the woman's life. Prior authorization rules apply.
Adult Day Health Services-Basic Level	Covered when ordered by your health plan provider.
Adult Day Health Services-Enhanced Level	Covered when ordered by your health plan provider. Prior authorization rules apply.
Asthma Care	Covered. Includes peak flow meters, spacers, nebulizers, masks, drugs, and other medically necessary supplies. Benefit limits and prior authorization rules may apply.

Benefits	Coverage
<p>Behavioral Health</p> <p>Mental Health (Inpatient and Outpatient)</p> <p>Substance Use Disorder (Inpatient and Outpatient)</p>	<p>Covered as medically necessary. Prior authorization rules may apply. Call us at 1-800-215-0058 (TDD/TTY 1-866-727-9441).</p> <p>Includes inpatient psychiatric treatment, day treatment, partial hospitalization, intensive outpatient services, office, and community based services including home-based therapeutic services (HBTS), personal assistance services and supports (PASS) and respite.</p> <p>Includes inpatient detox, community based detox, substance use disorder residential for members 13 and older, partial hospitalization, intensive outpatient services, office and community based services, and methadone maintenance.</p> <p>Includes integrated health homes (IHH), mental health psychiatric rehabilitation residence (MHPRR), assertive community treatment (ACT), psychiatric rehabilitation day programs for adults and Opioid Treatment Providers (OTP) health homes.</p> <p>Court ordered mental health and substance use disorder treatment is covered for in plan benefits with an in network provider.</p>
<p>Children’s Evaluations</p>	<p>Covered as needed. This includes evaluations for child sexual abuse, parent child, fire setter, PANDA clinic, and other evaluations deemed medically necessary.</p>
<p>Cosmetic Surgery</p>	<p>Not covered, except when medically necessary to treat illness or injury. Breast reconstruction is covered following a mastectomy.</p> <p>Prior authorization rules apply.</p>
<p>Dental Care</p>	<p>Emergency: Covered as medically necessary. Inpatient and outpatient emergency dental care. Anesthesia services related to dental treatment.</p> <p>Non-emergency: Routine cleanings and treatment. For children born on or after May 1, 2000 coverage is provided by RIte Smiles. The RI Medicaid Program provides dental services to children and young adults up to age 21. Coverage of dental services will be provided through RIte Smiles or Medicaid Dental Services. 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 RIte Smiles Program, check the website UnitedHealthcare Dental/RIte Smiles. For more information call United Healthcare Dental/RIte Smiles, Member Services at 1-866-375-3257 (Monday-Friday 8 am – 6 pm). All others should use their Rhode Island Medicaid card (the Anchor card).</p>
<p>Diabetes Care</p>	<p>Covered. Includes education, nutrition counseling, glucometers, lancets, test strips, insulin, molded shoes, and toenail trimming.</p> <p>Benefit limits and prior authorization rules may apply.</p>
<p>Diagnostic Services</p>	<p>Covered when ordered by your health plan provider.</p> <p>Prior authorization rules may apply.</p>
<p>Dialysis</p>	<p>Covered.</p> <p>Prior authorization rules may apply.</p>

Your Benefits (continued)

Benefits Covered by Neighborhood

Benefits	Coverage
Drugs	<p>Over-the-Counter (OTC): Covered when prescribed by your health plan provider. Generic (store brand only).</p> <p>Prescription: Covered when prescribed by your health plan provider. Generic first required. See Page 8 of this handbook.</p> <p>Benefit limits and prior authorization rules may apply.</p>
Durable Medical Equipment (DME)	<p>Covered. Includes medical supplies, orthotic, prosthetic devices and wheelchairs.</p> <p>Benefit limits and prior authorization rules may apply.</p>
Early Intervention Services	<p>Covered for children up to age 3 when ordered by your health plan provider.</p>
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	<p>Covered. Includes comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.</p>
Emergency Room Services	<p>Covered. Includes in- and out-of-state emergency care.</p>
Family Planning	<p>Covered. 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.</p> <p>You can go to any provider, including out-of-network providers, for these services.</p>
Gender Dysphoria Services	<p>Covered. Can consist of medications (hormones), surgery and counseling.</p> <p>Prior authorization rules apply.</p>
Home Health Care	<p>Covered when ordered by your health plan provider. These services include skilled nursing services, therapy services and medical social services in the home. Non-skilled home care services such as personal care services are also covered. Prior authorization rules apply.</p>
Hospice Care	<p>Covered when ordered by your health plan provider. Services are limited to those covered by Medicare.</p>
Hospital Care (Inpatient)	<p>Covered. Prior authorization rules apply.</p>

Benefits	Coverage
Immunizations and Vaccines (Shots)	Covered some restrictions may apply.
Infertility	Not covered.
Interpreters	Covered. Call Neighborhood Member Services 48 hours in advance of the appointment to arrange services. Two weeks' notice is required for sign language interpreters.
Lab Tests	Covered. Benefit limits and prior authorization rules may apply.
Maternity / Pregnancy Care	Covered. Includes care during pregnancy (prenatal care), labor, childbirth, and postpartum care by in-network providers.
Nursing Facility / Skilled Nursing Services	Covered when ordered by your health plan provider. Prior authorization rules apply.
Nutrition Services	Covered for certain medical conditions when ordered by a health plan provider, services must be delivered by a registered or licensed dietitian.
Patient Education/Group and Individual Programs	Covered. Includes programs about childbirth, smoking cessation, nutrition counseling and classes, weight management, asthma, and diabetes. Prior authorization rules may apply.
Physician/Provider Services	Covered as needed including primary care, specialty care, obstetric and newborn care. Prior authorization rules apply to see out-of-network providers, except for family planning services and supplies.
Podiatry (Foot) Care	Covered when medically necessary.
Post-Stabilization Care Services	Covered. Services provided to help maintain a stabilized condition for a member following an emergency condition.
Preventive Services	Covered. When ordered by a health plan provider. Services include homemaker services, minor environmental modifications, physical therapy evaluation and services and personal care services.
Radiology (X-rays)	Covered. Includes X-rays and other imaging services (MRI, CAT Scan) when ordered by your health plan provider. Prior authorization rules may apply.

Your Benefits (continued)

Benefits Covered by Neighborhood

Benefits	Coverage
Rehabilitation Services (Outpatient)	Covered. Includes physical, occupational, speech, language, hearing, cardiac, and respiratory therapy. Prior authorization rules apply.
School-based Health Centers	Covered as medically necessary at all designated sites.
Surgery and Procedures (Outpatient)	Covered. Includes services performed in a provider's office, ambulatory surgical center, or outpatient hospital setting. Includes Medicaid covered services delivered in an outpatient setting. Prior authorization rules may apply.
Transplant Services	Covered when ordered by your health plan provider. Prior authorization rules apply.
Transportation Services	Emergency: Covered. Non-emergency: Covered and coordinated by Rhode Island Medicaid. See Page 4 of this handbook.
Vision Care	Covered. Includes medically necessary treatment for illness or injury to the eye. For members up to age 21 , eye exam and glasses are covered. For members age 21 and older , eye exams, refractions and glasses are covered once every two years. For members over age 21 with diabetes , annual eye exams are covered. Benefit limits and prior authorization rules may apply.
Women's Care	Covered. Includes one annual exam, a Pap test and up to five GYN or family planning visits per year. Female members have freedom of choice of providers for family planning services.

Extended Family Planning (EFP) Benefits

The following is a complete list of covered services for Neighborhood ACCESS / RItE Care members with EFP coverage. You can get these services with your Neighborhood member ID card. 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. This information can also be found on our website at www.nhpri.org, or you can call Neighborhood Member Services to ask questions about your benefits.

Benefits	Coverage
<p>Family Planning Co-pay: \$1.00</p> <p>Outpatient Hospital Procedures Co-pay: \$15.00</p>	<p>Covered. Includes:</p> <p>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.</p> <p>Procedures: Intra-uterine devices (IUD), tubal Ligation (sterilization).</p> <p>Screenings: For sexually transmitted infections (STIs) and HIV.</p> <p>You can go to any provider, including out-of-network providers, for these services. Prior authorization rules may apply for drugs.</p>
<p>GYN Services Office Visit Co-pay: \$2.00</p>	<p>Covered. Includes one GYN annual exam, a Pap test, up to five GYN or family planning visits per year, sterilization, IUD insertion and removal.</p>
<p>Interpreter Services</p>	<p>Covered. Call Neighborhood Member Services 48 hours in advance of the appointment to arrange services. Two weeks' notice is required for sign language interpreters.</p>
<p>Lab Tests</p>	<p>Covered. Urinalysis, hemoglobin, hematocrit, and pregnancy testing when ordered as part of family planning visits.</p>
<p>Referrals to Clinics for Other Services</p>	<p>Covered. Referrals for treatment may be made to the state STD clinic and confidential HIV testing and counseling sites.</p> <p>Call the Rhode Island Department of Health at 1-401-222-2320 to get a list of clinics and counseling sites.</p>

Your Benefits (continued)

Benefits Covered by Rhode Island Medicaid

These are the covered benefits for most RIte Care members through Rhode Island Medicaid. For some pregnant women who buy RIte Care coverage and have co-payments there are no covered benefits through Rhode Island Medicaid. Call Neighborhood Member Services or the Rhode Island Executive Office of Health and Human Services at **1-855-697-4347** to ask questions about your benefits.

Benefits	Coverage
Behavioral Health Services	Covered. Includes: Residential services for all intellectually and developmentally disabled (I/DD) members.
Cedar Family Center Services	Covered.
Dental Care	Covered. Includes routine dental checkups and treatment for adults and children from any dentist in the state who accepts Rhode Island Medicaid or participates in RIte Smiles (for children born on or after May 1, 2000). Call Neighborhood Member Services for help to find a dental provider.
Lead Program	Covered. Includes home assessment and non-medical case management. Services are provided by the Rhode Island Department of Health or Lead Centers for lead-poisoned children.
Non-Emergency Transportation Services	Covered. See Page 4 of this handbook.
Other Services	Covered. Includes medically necessary services to treat a condition that is discovered during an Early Periodic Screening, Diagnosis and Treatment (EPSDT) exam that are not covered. Medical necessity and prior authorizations are decided by the state.
Respite (Adult)	Covered.
Services for Children and Adolescents	Covered. Includes: <ul style="list-style-type: none"> • Comprehensive emergency services (administered by DCYF) • Early Start programs administered by DCYF • Intensive community-based treatment administered by DCYF (prior approval by the state is required) Residential treatment for substance use disorder for children ordered by DCYF
Special Education Services	Covered for children with special health needs or developmental delays as stated in the child's Individual Education Plan (IEP).

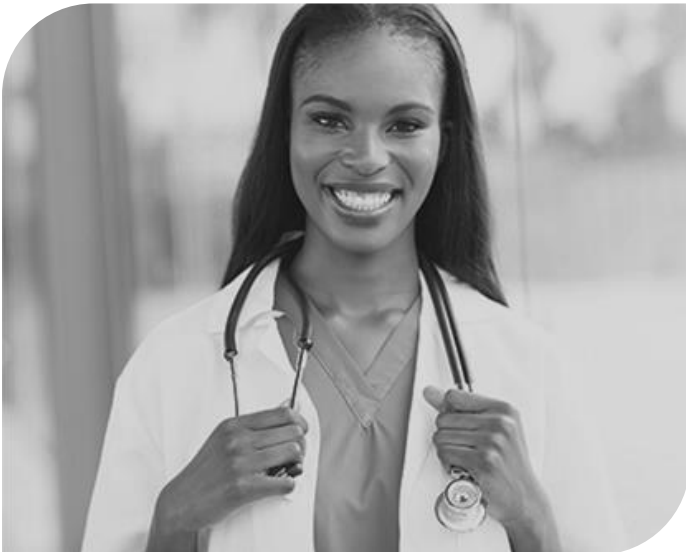
Non-Covered Services

Certain services are not covered by Neighborhood or Rhode Island Medicaid. If you choose to get a non-covered service, you will be responsible for the cost. Below are some services that are not covered. Call Neighborhood Member Services before getting a service to make sure it is covered.

- Abortion, except to preserve the life of the woman, or in cases of rape or incest
- Any out-of-country services
- Cosmetic surgery
- Experimental procedures
- Infertility treatment
- Medications for sexual or erectile dysfunction
- Private rooms in hospitals (unless medically necessary)

How We Pay Our Providers

Neighborhood pays our network providers when they see one of our members. This is known as fee for service. If you have any questions about provider payments or incentive programs call Neighborhood Member Services.



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.

You can also file a complaint in writing. An authorized representative – someone you choose in writing – can help you. Your authorized representative can be a friend, neighbor, family member, provider or attorney. Send written complaints to:

Neighborhood Health Plan of Rhode Island

Attn: Grievance and Appeals Unit
910 Douglas Pike
Smithfield, RI 02917

Grievances

If you are not satisfied 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 for services or supplies that are not covered in your benefit document or a request to change a decision made by Neighborhood for medical care, coverage, or drugs that you or your provider believe you are entitled to 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 Neighborhood must be made within 60 calendar days of Neighborhood's 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 appeals to:

Neighborhood Health Plan of Rhode Island

Attn: Grievance and Appeals Unit
910 Douglas Pike
Smithfield, RI 02917

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. If the appeal is approved and you did not request that your services be continued while your appeal was pending, Neighborhood will authorize or provide services within 72 hours.

Qualified Neighborhood staff decides 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 appeals within 30 calendar days of receiving the request.

Can someone else appeal for me?

Yes. Your doctor, another provider or anyone you choose can ask for an appeal, but you must first let us know in writing that you are allowing someone to work with us on your appeal. The easiest way to tell us someone can appeal for you is to complete an **Authorized Representative for Appeals Form**. The form gives the other person permission to help with your appeal.

Always keep a copy of your Authorized Representative for Appeals Form because **we must get the completed Authorized Representative for Appeals form before we can review the appeal**. The Authorized Representative for Appeals 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 as an appeal representative.

To get an **Authorized** Representative for Appeals Form, call Member Services and ask for one or visit our website.

Urgent (Fast) 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 absence 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 72 hours of receiving your request.

If more information is needed, Neighborhood will contact you to let you know that we need more time to review your request.

External Appeals

If you are still not satisfied, and you have already completed an appeal with Neighborhood, you can request that an independent review organization (IRO) look at your appeal. Requests for external appeals must be received within one hundred and twenty (120) calendar days of the decision of your appeal. Call Neighborhood Member Services for help or written instructions on how to file an external appeal.

Medicaid Fair Hearing

Members who are not satisfied with the outcome of Neighborhood's decision on an appeal may request a Fair Hearing within one hundred and twenty (120) calendar days of the decision of your appeal. After completing the internal appeal process with Neighborhood, you can request a Fair Hearing with the Executive Office of Health Human Services (EOHHS). You have the right to have Medicaid-covered services continued while you are seeking a Fair Hearing. If the Fair Hearing appeal is denied, you may be liable for the cost of any continued benefits you received. To request a Medicaid Fair Hearing:

Call **1-401-462-2132 (TDD dial 1-401-462-3363/TTY dial 711)**,

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

You can also file a complaint at any time during the appeal process with the Office of the Health Insurance Commissioner's (OHIC) Rhode Island Insurance Resource, Education, and Assistance Consumer Helpline:

RIREACH

1210 Pontiac Avenue

Cranston, RI 02920

Telephone: 1-855-747-3224 (1-855-RIREACH)

Website: www.rireach.org

Email: rireach@ripin.org

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



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.

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

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**

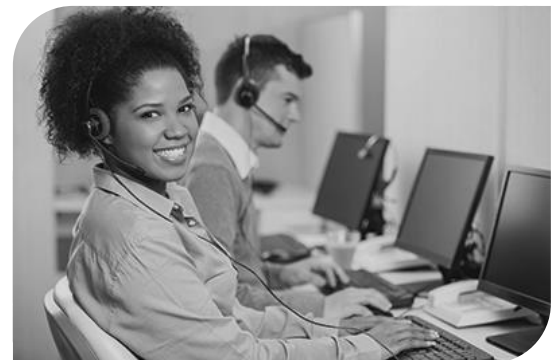
Neighborhood conducts focus groups and has member committees that talk about how we can improve. If you have ideas or suggestions on how we can improve our services, policies or the care you receive, join the team! Call Neighborhood's Member Advocate at **1-401-459-6172 (TDD/TTY 711)** to learn more.

2. **Go to the RIte Care Consumer Advisory Committee**

The Executive Office of Health Human Services (EOHHS) hosts a bi-monthly meeting that RIte Care members can attend to discuss important health care issues. If you are interested in attending one of these meetings, please call Neighborhood's Member Advocate at **1-401-459-6172 (TDD/TTY 711)** to learn more.

3. **Call Neighborhood's Member Advocate**

Neighborhood's Member Advocate is always available to hear and address your concerns and experiences when accessing health care services. Our Member Advocate helps Neighborhood members to file complaints and works with health plan staff, consumer advisory groups, and local community-based organizations that interact 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)**.



Fraud and Abuse

Neighborhood has an obligation and is committed to detecting, investigating and reporting cases of fraud and abuse. To protect the availability of health care services, we work to ensure the appropriate use of money for the Medicaid program. We want you to report suspected cases of fraud and abuse. These are situations you think may not be right.

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.

Abuse happens when appropriate business and medical practices are not followed and the result is an unnecessary cost to the Medicaid program. Below are some examples of fraud and abuse:

- Sharing, loaning, changing or selling a Neighborhood or Rhode Island Medicaid ID card so someone else can get health care services.
- Using someone else's Neighborhood or Rhode Island Medicaid ID card to get health care services.
- Using a provider's prescription pad. Altering or forging 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.
- Lying about services received under self-directed care.
- Selling or giving prescriptions to others that were prescribed to you.
- Providers or hospitals that bill you or Neighborhood for services that were never provided.
- Providers or hospitals that bill Neighborhood more than once for services that were provided only once.
- Providers who submit false records to Neighborhood or Rhode Island Medicaid.

If you have information related to a suspected incident of fraud, waste or abuse, please contact one of the following:

- Call Neighborhood's Compliance Hotline at **1-888-579-1551** or Neighborhood Member Services. Your call is confidential.
- RI Department of Human Services Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at (401) 415-8300;
- Department of RI Attorney General for reports on Medicaid fraud, Patient Abuse or Neglect, or Drug Diversion at (401) 222-2556 or (401) 274-4400 ext. 2269;
- RI EOHHS Office of Program Integrity for assistance on any publicly funded health and human services program at (401) 462-6503.

By mail: You may send a report to:

Collections, Claims, and Recovery Fraud Unit
206 Elmwood Avenue
Providence, RI 02907

Online: Report suspected fraud or misuse
www.dhs.ri.gov/Fraud/ReportFraud.php

Member Rights and Responsibilities

Your Rights

As a Neighborhood member, you have the following rights:

- To receive information about Neighborhood, its services, practitioners and providers, and members' rights and responsibilities.
- To be treated with respect and recognition of your dignity and right to privacy.
- To participate with your practitioners in decision-making about your health care.
- 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 practitioners 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 restraint or seclusion used as a means of coercion, discipline, convenience, 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.

- To understand the requirements and benefits of the plan.
- 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.

Your Responsibilities

As a Neighborhood member, you have the following responsibilities:

- 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 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. You, a friend or family member, should call your PCP the next day.
- To let Neighborhood know about any changes to your name, home address, telephone number, or if you have other insurance coverage.

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

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.

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**. It is free to join.

Plan for Your Care

You have the right to make decisions about your health care. You can refuse treatment or procedures anytime. 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/endoflifedecisions.



Privacy Practices

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 is information that can be used to identify you. It must relate to your health. Medical records that have your name, member number or other information that can identify you are examples of PHI. PHI can be spoken, written, or electronic.

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 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 treatments or health-related benefits and services.

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 information
- 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.

As a member you consent to Neighborhood's use and disclosure of your PHI for payment, treatment and health care operations. 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.

Neighborhood Health Plan of Rhode Island

Attn: Member Services
910 Douglas Pike
Smithfield, RI 02917

You have the following rights:

- 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.
- 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.

- 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 at any time. 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 official at **1-855-966-4774**. You can also file a complaint in writing to:

Neighborhood's Privacy Official

Attn: Corporate Compliance
910 Douglas Pike
Smithfield, RI 02917

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:

1-800-368-1019
1-800-537-7697(TDD/TTY)

By fax:

1-202-619-3818

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 at www.nhpri.org.

If you have any questions about this notice, would like a copy or more information, please call us at **1-401-459-6020** (local) or **1-800-459-6019** (toll-free).

Disenrollment and Termination

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. If you wish to disenroll, you will need to fill out a Request to Change Health Plans form. Call Neighborhood Member Services or visit www.eohhs.ri.gov to get a copy of this form. The Rhode Island Executive Office of Health and Human Services (EOHHS) will decide if you can change plans.

You cannot be disenrolled because of a change in your health or mental health, or use of medical services.

Loss of Eligibility

Anyone may lose his / her Medicaid eligibility (or coverage) for a variety of reasons, such as moving or missing a scheduled recertification. If you lose Medicaid eligibility, Neighborhood cannot cover your services. Financial eligibility is decided by the Rhode Island Department of Human Services (DHS).

Termination of Benefits

- Grounds for termination include:
- Permitting unauthorized use of a Neighborhood member ID card
- Disruptive or abusive behavior, except when behavior is a result of special needs
- Loss of eligibility

Non-Discrimination and Language Assistance Notices

Neighborhood Health Plan of Rhode Island complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Neighborhood Health Plan of Rhode Island does not exclude people or treat them differently because 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
 - Information written in other languages

If you need these services, contact the Neighborhood Grievance and Appeals Coordinator.

If you believe that Neighborhood Health Plan of Rhode Island has 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 Grievance and Appeals Coordinator, 910 Douglas Pike Smithfield, RI 02917, Phone: 1-401-459-6000 (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, the Neighborhood Grievance and Appeals Coordinator 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, 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 1-401-459-6009 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-401-459-6009 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-401-459-6009 (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1-401-459-6009 (TTY: 711)。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-401-459-6009 (TTY: 711).

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតល្អន គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-401-459-6009 (TTY: 711)។

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-401-459-6009 (ATS : 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-401-459-6009 (TTY: 711).

Lao: ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-401-459-6009 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-401-459-6009 (رقم هاتف الصم والبكم: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-401-459-6009 (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 1-401-459-6009 (TTY: 711).

Kru: Dè dɛ nìà kɛ dyédɛ gbo: ɔ jũ ké m̩ [Bàsóò-wùdù-po-nyò] jũ ní, nĩ, à wuɖu kà kò dò po-poò b̩ɛ̀n̩ m̩ gbo kpáa. Đá 1-401-459-6009 (TTY: 711)

Ibo: Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-401-459-6009 (TTY: 711).

Yoruba: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-401-459-6009 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-401-459-6009 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-401-459-6009 (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 1-401-459-6009 (TTY: 711).