

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

Notice of Denial of <Medical Coverage><Payment>

Date: <date>

Member number: <number>

Name: <member name>

Service: <description of service>

Service is a <Medicare-only, Medicaid-only,
or Medicare and Medicaid> **benefit**

Date of Service: <date>

Provider Name: <name>

Your request was denied

We've <denied, stopped, reduced or suspended> the health care services/items listed below requested by you or your provider:

Why did we deny your request?

We <denied, stopped, reduced or suspended> the health care services/items listed above because: <specific rationale for decision including State or Federal law and/or Evidence of Coverage provisions to support decision>

You have the right to appeal our decision

You have the right to ask <Neighborhood Health Plan of Rhode Island (Neighborhood) or delegated entity acting on behalf of Neighborhood Health Plan of Rhode Island> to review our decision by asking us for an appeal. Ask <Neighborhood or delegated entity> for an appeal within **90 calendar days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

*If we're stopping or reducing a service, you can keep getting the service while your case is being reviewed. **If you want the service to continue, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should continue getting the service. If you lose your appeal, you may have to pay for these services.*

If you want someone else to act for you

You can name a relative, friend, attorney, provider, or someone else to act as your representative. If you want someone else to act for you, call us at: <number(s)> to learn how to name your representative. TTY users call <number>. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us.

Important Information About Your Appeal Rights

There are 2 kinds of appeals

Standard Appeal – We'll give you a written decision on a standard appeal within **30 calendar days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 calendar days**.

Fast Appeal – We'll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your provider believe your health could be seriously harmed by waiting up to 30 calendar days for a decision.

We'll automatically give you a fast appeal if a provider asks for one for you or supports your request. If you ask for a fast appeal without support from a provider, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days.

How to ask for an appeal with <Neighborhood Health Plan of Rhode Island (Neighborhood)>

Step 1: You, your representative, or your provider must ask us for an appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your provider if you need this information.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, fax, or deliver your appeal or call us.

For a Standard Appeal: Address: <Grievance and Appeals Coordinator
Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917>
Phone: <1-844-812-6896> Fax: <(401) 709-7005>

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

For a Fast Appeal: Phone: <1-844-812-6896> Fax: <(401) 709-7005>

What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision. The letter will tell you if the service or item is usually covered by Medicare and/or Medicaid.

- If the service is covered by Medicare, we will automatically send your case to an independent reviewer. If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.
- If the service is covered by Medicaid, you can ask <Neighborhood> for a second appeal. This is called a Level II Appeal. Your written decision will give you instructions on how to request a Level II Appeal with <Neighborhood>.
- If the service could be covered by both Medicare and Medicaid, we will automatically send your case to the independent reviewer. You can also ask for a Level II Appeal with <Neighborhood>. Your written decision will give you instructions on how to request a Level II Appeal with <Neighborhood>.

Get help & more information

- <Neighborhood Health Plan of Rhode Island (Neighborhood)>: If you need help or additional information about our decision and the appeal process, call Member Services at: <1-844-812-6896 (TTY: 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day>.
- RIPIN Healthcare Advocate: You can also contact the RIPIN Healthcare Advocate for help or more information. The staff can talk with you about how to make an appeal and what to expect during the appeal process. The RIPIN Healthcare Advocate is an independent program and the services are free. Call 1-855-747-3224 (TTY 711).
- Medicare: 1-800-MEDICARE (1-800-633-4227 or TTY: 877-486-2048), 24 hours a day, 7 days a week
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116
- The POINT: 1-401-462-4444 (TTY: 711)
- Rhode Island Department of Human Services Info Line: 1-401-462-5300

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

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

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

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

ព័ត៌មាននេះមានផ្តល់ជូនឥតគិតថ្លៃជាភាសាផ្សេងទៀត។ សូមទូរស័ព្ទមកកាន់ផ្នែកសេវាកម្មសមាជិក តាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ ពីថ្ងៃចន្ទ – សុក្រ និងចាប់ពីម៉ោង 8

ព្រឹកដល់ 12 ថ្ងៃត្រង់នៅថ្ងៃសៅរ៍។ រៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាករបស់សហព័ន្ធ លោកអ្នក
នឹងត្រូវបានស្នើសុំឱ្យផ្ញើសារទុក។ គេនឹងហៅត្រលប់ទៅលោកអ្នកក្នុងរវាងថ្ងៃធ្វើការបន្ទាប់ ។
ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ។

You can also get this information for free in other formats, such as large print, braille or audio. Call Member Services
at 1-844-812-6896, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and
federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. TTY
users should call 711. The call is free.