[The plan should utilize the below table to auto-populate key terms throughout the document, using the following steps:

1. Update the values for each of the data fields in the table below by highlighting the text (including the angle brackets (< >)) and typing in the appropriate value.
2. Press Ctrl+A to select all text in the main document sections.
3. Press F9 to update the field references. If a box appears asking to update the Table of Contents, select “Update entire table” and press OK
4. Double click on the header. Press Ctrl+A to select all header text.
5. Press F9 to update the field references in the header.
6. If the header does not populate throughout the document, steps 5 and 6 should be repeated for each header section in the document.
7. Double click on the footer, and press Ctrl+A to select all footer text.
8. Press F9 to update the field references in the footer.
9. If the footer does not populate throughout the document, steps 8 and 9 should be repeated for each footer section in the document.

| **Data Field (bookmarkName)** | **Value** |
| --- | --- |
| Plan name (planName) | <plan name> |
| Toll-free Number (tollFreeNumber) | <toll free number> |
| Days and hours of operation (daysAndHoursOfOperation) | <days and hours of operation> |
| Web Address (webAddress) | <web address> |
| Member Services Name (memberServicesName) | <member services name> |
| Physician or Provider (physicianOrProvider) | provider |
| Ombudsman Program Name (ombudsmanProgramName) | RIPIN Healthcare Advocate |
| Name of plan members (memberName) | Member |

*Note: Plan should be cognizant of grammar and capitalization and review the document to ensure the populated bookmarks appear appropriately throughout.*

*If an error message appears in the document indicating that the source could not be found (shown below), a bookmark may have been deleted.*

*Error icon above instructions*

*To recreate a bookmark, the plan should use the following steps:*

1. *Highlight the value that is not updating.*
2. *On the Insert ribbon tab, in the Links group, select Bookmark.*
3. *Enter the bookmark name in parentheses after the data field name.*
4. *Follow the steps above to update the bookmarks.*]

Chapter 8: Your rights and responsibilities

[**Note:** Plan may add to or revise this chapter as needed to reflect NCQA-required language or language required by state Medicaid programs.]

[The plan should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1."   
An instruction [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

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# Introduction

In this chapter, you will find your rights and responsibilities as a Member of the plan. We must honor your rights.

# You have a right to get information in a way that meets your needs

[Plan may edit the section heading and content to reflect the types of alternate format materials available to plan members. Plan may not edit references to language except as noted below.]

[The plan must insert a translation of this section in all languages that meet the language threshold.]

We must tell you about the plan’s benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

* To get information in a way that you can understand, call <member services name>. Our plan has people who can answer questions in different languages.
* Our plan can also give you materials [Plan must insert if they are required to provide materials in any non-English languages: in languages other than English and] in formats such as large print, braille, or audio. [Plan must specifically state which languages are offered. Plan must also describe how members can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format.]
* If you are having trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call Medicare at 1-800-MEDICARE   
  (1-800-633-4227). You can call 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. [Plan should insert information about filing a complaint with Medicaid.]

# We must treat you with respect, fairness, and dignity at all times

Our plan must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** against Members because of any of the following:

* Age
* Appeals
* Behavior
* Claims experience
* Ethnicity
* Evidence of insurability
* Gender identity
* Gender expression
* Genetic information
* Geographic location within the service area
* Health status
  + Medical history
* Mental ability
* Mental or physical disability
* National origin
* Race
* Receipt of health care
* Religion
* Sex
* Sexual orientation
* Use of services

Under the rules of the plan, you have the right to be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.

We cannot deny services to you or punish you for exercising your rights.

* For more information, or if you have concerns about discrimination or unfair treatment, call the Department of Health and Human Services’ **Office for Civil Rights** at 1-800-368-1019 (TTY 1-800-537-7697). You can also visit http://www.hhs.gov/ocr for more information.
* You can also call your local Office for Civil Rights. Rhode Island Commission for Human Rights at 1-401-222-2661. TTY users should call 1-401-222-2664.
* Rhode Island Department of Human Services Community Relations Liaison Officer at 1-401-415-8216. TTY users should call 1-401-462-6239 or 711.
* If you have a disability and need help accessing care or a provider, call <member services name>. If you have a complaint, such as a problem with wheelchair access, <member services name> can help.

# We must ensure that you get timely access to covered services and drugs

[The plan may edit this section to add specific requirements for minimum access to care and remedies. Include the following sentence: If you cannot get services within a reasonable amount of time, we have to pay for out-of-network care.]

As a Member of our plan:

* You have the right to choose a primary care provider (PCP) in the plan’s network. A *network provider* is a provider who works with the health plan.
* Call <member services name> or look in the *Provider and Pharmacy Directory* to learn which providers are accepting new patients.
* [Plan may edit this sentence to add other types of providers that members may see without a referral.] You have the right to go to a behavioral health provider, a gynecologist or another women’s health specialist without getting a referral. A *referral* is a written order from your primary care provider. [If applicable, replace the previous sentences with: We do not require you to get referrals. **or** We do not require you to go to network providers.]
* You have the right to get covered services from network providers within a reasonable amount of time.
* This includes the right to get timely services from specialists.
* You have the right to get emergency services or care that is urgently needed without prior approval.
* You have the right to get your prescriptions filled at any of our network pharmacies without long delays.
* You have the right to know when you can see an out-of-network provider. To learn about out-of-network providers, see Chapter 3 [plan may insert reference, as applicable].

Chapter 9 [plan may insert reference, as applicable] tells what you can do if you think you are not getting your services or drugs within a reasonable amount of time. Chapter 9 [plan may insert reference, as applicable] also tells what you can do if we have denied coverage for your services or drugs and you do not agree with our decision.

# We must protect your personal health information

We protect your personal health information as required by federal and state laws.

* Your personal health information includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.
* You have rights to get information and to control how your health information is used. We give you a written notice that tells about these rights. The notice is called the “Notice of Privacy Practice.” The notice also explains how we protect the privacy of your health information.

## How we protect your health information

* We make sure that unauthorized people do not see or change your records.
* In most situations, we do not give your health information to anyone who is not providing your care or paying for your care. If we do, *we are required to get written permission from you first.* Written permission can be given by you or by someone who has the legal power to make decisions for you.
* There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.
* We are required to release health information to government agencies that are checking on our quality of care.
* We are required to give Medicare your health and drug information. If Medicare releases your information for research or other uses, it will be done according to Federal laws. [*Plan may insert similar information about sharing medical records with Medicaid as appropriate.*]

## You have a right to see your medical records

* You have the right to look at your medical records and to get a copy of your records. We are allowed to charge you a fee for making a copy of your medical records.
* You have the right to ask us to update or correct your medical records. If you ask us to do this, we will work with your health care provider to decide whether the changes should be made.
* You have the right to know if and how your health information has been shared with others.

If you have questions or concerns about the privacy of your personal health information, call <member services name>.

[The plan may insert custom privacy practices.]

# We must give you information about the plan, its network providers, and your covered services

[Plan may edit the section to reflect the types of alternate-format materials available to plan members and/or languages primarily spoken in the plan’s service area.]

As a Member of plan name, you have the right to get information from us. If you do not speak English, we have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at <toll free number>. This is a free service. [Plan must insert information about the availability of written materials in languages other than English, stating specifically what languages are offered.] We can also give you information in large print, braille, or audio. [If applicable, plan should insert information about the availability of written materials in other formats.]

If you want any of the following, call <member services name>:

* **Information about our plan, including:**
* Financial information
* How the plan has been rated by plan Members
* The number of appeals made by Members
* How to leave the plan
* **Information about our network providers and our network pharmacies, including:**
* How to choose or change primary care provider
* The qualifications of our network providers and pharmacies
* How we pay the providers in our network

For a list of providers and pharmacies in the plan’s network, see the *Provider and Pharmacy Directory*. For more detailed information about our providers or pharmacies, call <member services name>, or visit our website at <web address>.

* **Information about covered services and drugs and about rules you must follow, including:**
* Services and drugs covered by the plan
* Limits to your coverage and drugs
* Rules you must follow to get covered services and drugs
* **Information about why something is not covered and what you can do about it, including:**
* Asking us to put in writing why something is not covered
* Asking us to change a decision we made
* Asking us to pay for a bill you got

# Network providers cannot bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay less than the provider charged us. The only exception to this is if you are getting long-term services and supports and Rhode Island Medicaid says that you have to pay part of the cost of these services. To learn what to do if a network provider tries to charge you for covered services, see Chapter 7 [plan may insert reference, as applicable].

# You have the right to leave the plan at any time

No one can make you stay in our plan if you do not want to. You can leave the plan at any time. If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible. You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan. You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan.

If you leave our plan, you will be enrolled in Neighborhood UNITY for your Medicaid services. For more information about Neighborhood UNITY, call <phone number> <days and hours of operation>.

# You have a right to make decisions about your health care

## You have the right to know your treatment options and make decisions about your health care

You have the right to get full information from your doctors and other health care providers when you get services. Your providers must explain your condition and your treatment choices *in a way that you can understand*.

* **Know your choices.** You have the right to be told about all kinds of treatment for your health conditions.
* **Know the risks.** You have the right to be told about any risks involved. You must be told in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
* **You can get a second opinion.** You have the right to see another provider before deciding on treatment.
* **You can say “no.**” You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your provider advises you not to. You also have the right to stop taking a drug. If you refuse treatment or stop taking a drug, you will not be dropped from the plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
* **You can ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider has denied care that you believe you should get.
* **You can ask us to cover a service or drug that was denied or is usually not covered.** This is called a coverage decision. Chapter 9 [plan may insert reference, as applicable] tells how to ask the plan for a coverage decision.

## You have the right to say what you want to happen if you are unable to make health care decisions for yourself

[**Note:** If the plan would like to provide members with state-specific information about advance directives it may do so. Include contact information for the appropriate state agency.]

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

* Fill out a written form to **give someone the right to make health care decisions for you**.
* **Give your providers written instructions** about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an *advance directive.* There are different types of advance directives and different names for them. Examples are a *living will* and a *power of attorney for health care*.

You do not have to use an advance directive, but you can if you want to. Here is what to do:

* **Get the form.** You can get a form from your provider, a lawyer, a legal services agency, or a social worker. Organizations that give people information about Medicare or Medicaid [plan should insert examples of those organizations] may also have advance directive forms. [Insert if applicable: You can also contact <member services name> to ask for the forms.]
* **Fill it out and sign the form.** The form is a legal document. You should consider having a lawyer help you prepare it.
* **Give copies to people who need to know about it.** You should give a copy of the form to your provider. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family Members. Be sure to keep a copy at home.

If you are going to be hospitalized and you have signed an advance directive, **take a copy of it to the hospital**.

* The hospital will ask you whether you have signed an advance directive form and whether you have it with you.
* If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

***Remember, it is your choice to fill out an advance directive or not.***

## What to do if your instructions are not followed

If you have signed an advance directive, and you believe that a provider or hospital did not follow the instructions in it, you may file a complaint with [plan should insert the name and contact information of the applicable state-specific agency (such as the State Department of Health)].

# You have the right to make complaints and to ask us to reconsider decisions we have made

Chapter 9 [plan may insert reference, as applicable] tells what you can do if you have any problems or concerns about your covered services or care. For example, you could ask us to make a coverage decision, make an appeal to us to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other Members have filed against our plan. To get this information, call <member services name>.

## What to do if you believe you are being treated unfairly or your rights are not being respected

If you believe you have been treated unfairly—andit is *not* about discrimination for the reasons listed on page <page number>—you can get help in these ways:

* You can **call <member services name>**.
* You can **call The POINT** at 1-401-462-4444. TTY users should call 711. The POINT provides information and referrals for programs and services for seniors, adults with disabilities, and their caregivers.
* You can **call Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.
* You can **call RIPIN Healthcare Advocate**. For details about this organization and how to contact it, see Chapter 2 [plan may insert reference, as applicable].
* You can **call The Alliance for Better Long Term Care.** For details about this organization and how to contact it, see Chapter 2 [plan may insert reference, as applicable].

[If applicable, the plan should insert additional contact information, such as for the state Medicaid agency.]

## How to get more information about your rights

There are several ways to get more information about your rights:

* You can **call <member services name>**.
* You can **call The POINT (**at 1-401-462-4444. TTY users should call 711. The POINT provides information and referrals for programs and services for seniors, adults with disabilities, and their caregivers.
* You can **contact** **Medicare**.
* You can visit the Medicare website to read or download “Medicare Rights & Protections.” (Go to https://www.medicare.gov/Pubs/pdf/11534.pdf)
* Or you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days   
  a week. TTY users should call 1-877-486-2048.
* You can **call** . For details about this organization and how to contact it, see Chapter 2 [plan may insert reference, as applicable].

You can **call The Alliance for Better Long Term Care.** For details about this organization and how to contact it, see Chapter 2 [plan may insert reference, as applicable].

[If applicable, plan should insert additional contact information, such as for the state Medicaid agency.]

# You also have responsibilities as a Member of the plan

[The plan may modify this section to include additional member responsibilities. Plan may add information about estate recovery and other requirements mandated by the state.]

As a Member of the plan, you have a responsibility to do the things that are listed below. If you have any questions, call <member services name>.

* **Read the *Member Handbook* to learn what is covered and what rules you need to follow to get covered services and drugs.**
* For details about your covered services, see Chapters 3 and 4 [*plan may insert reference, as applicable*]. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
* For details about your covered drugs, see Chapters 5 and 6 [*plan may insert reference, as applicable*].
* **Tell us about any other health or prescription drug coverage you have.** We are required to make sure you are using all of your coverage options when you get health care.Please call <member services name> if you have other coverage.
* **Tell your doctor and other health care providers that you are enrolled in our plan.**Show your Member ID Card whenever you get services or drugs.
* **Help your doctors and other health care providers give you the best care.**
* Give them the information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
* Make sure your doctors and other providers know about all of the drugs you are taking. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
* If you have any questions, be sure to ask. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you do not understand the answer, ask again.
* **Be considerate.** We expect all our Members to respect the rights of other patients. We also expect you to act with respect in your doctor’s office, hospitals, and other providers’ offices.
* [Plan may edit as needed to reflect the costs applicable to their members.]   
  **Pay what you owe.** As a plan Member, you are responsible for these payments:
* Medicare Part A and Medicare Part B premiums. For most plan name Members, Medicaid pays for your Part A premium and for your Part B premium.
* [Delete this bullet if the plan does not have cost sharing:] For some of your [insert if the plan has cost sharing for long-term services and supports or drugs: long-term services and supports [or drugs]] covered by the plan, you must pay your share of the cost when you get the [insert if the plan has cost sharing for services: service [or drug]]. This will be a [insert as appropriate: copay (a fixed amount) **or** coinsurance (a percentage of the total cost)]. [Insert if the plan has cost sharing for long-term services and supports: Chapter 4 [plan may insert reference, as applicable] tells what you must pay for your long-term services and supports.] Chapter 6 [plan may insert reference, as applicable] tells what you must pay for your drugs.
* If you get long-term services and supports (LTSS), you may have to pay for part of the cost of your services. The amount is determined by Rhode Island Medicaid.
* If you get any services or drugs that are not covered by our plan, you must pay the full cost.

If you disagree with our decision to not cover a service or drug, you can make an appeal. Please see Chapter 9 [plan may insert reference, as applicable] to learn how to make an appeal.

* **Tell us if you move.** If you are going to move, it is important to tell us right away. Call <member services name>.
* **If you move *outside* of our service area, you cannot stay in this plan.** Only people who live in our service area can get <>. Chapter 1 [*plan may insert reference, as applicable*] tells about our service area. We can help you figure out whether you are moving outside our service area. During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location. Also, be sure to let Medicare and Medicaid know your new address when you move. See Chapter 2 [*plan may insert reference, as applicable*] for phone numbers for Medicare and Medicaid.
* **If you move *within* our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
* **Call <member services name> for help if you have questions or concerns.**