Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about <plan name> and your health care benefits. You can also use this chapter to get information about how to contact your care manager and others that can advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

[If applicable, plan should modify this chapter to include contact information for other health services.]

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

[Plan must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

Table of Contents

[A. How to contact <plan name> Member Services 3](#_Toc103579137)

[A1. When to contact Member Services 3](#_Toc103579138)

[B. How to contact your care manager 6](#_Toc103579139)

[B1. When to contact your care manager 6](#_Toc103579140)

[C. How to contact the Nurse Advice Call Line 8](#_Toc103579141)

[C1. When to contact the Nurse Advice Call Line 8](#_Toc103579142)

[D. How to contact the Behavioral Health Crisis Line 9](#_Toc103579143)

[D1. When to contact the Behavioral Health Crisis Line 9](#_Toc103579144)

[E. How to contact the State Health Insurance Assistance Program (SHIP) and the Medicare-Medicaid Enrollment Supports Program (MME) 10](#_Toc103579145)

[E1. When to talk to a SHIP counselor 10](#_Toc103579146)

[E2. When to talk to an MME counselor 11](#_Toc103579147)

[F. How to contact the Quality Improvement Organization (QIO) 12](#_Toc103579148)

[F1. When to contact <state-specific QIO name> 12](#_Toc103579149)

[G. How to contact Medicare 13](#_Toc103579150)

[H. How to contact Rhode Island Medicaid 14](#_Toc103579151)

[H1. General information about Medicaid programs 14](#_Toc103579152)

[H2. Information about LTSS 14](#_Toc103579153)

[I. How to contact the RIPIN Healthcare Advocate 16](#_Toc103579154)

[J. How to contact The Alliance for Better Long Term Care 17](#_Toc103579155)

[K. Other resources 18](#_Toc103579156)

# How to contact <plan name> Member Services

| Contact Type | Contact Info |
| --- | --- |
| CALL | <toll-free number> This call is free.  <days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## A1. When to contact Member Services

* Questions about the plan
* Questions about claims, billing or Member ID Cards

[If the plan has different numbers for the functions listed below, plan should insert separate charts with the additional contact information.]

* Coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services, **or**
* the amount we will pay for your health services.
* Call us if you have questions about a coverage decision about health care.
* To learn more about coverage decisions, refer to Chapter 9 [plan may insert reference, as applicable].
* Appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake.
* To learn more about making an appeal, refer to Chapter 9 [plan may insert reference, as applicable].
* Complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with the health plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization (refer to Section F below).
* If your complaint is about a coverage decision about your health care, you can make an appeal (Refer to the section above [plan may insert reference, as applicable]).
* You can send a complaint about <plan name> right to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* To learn more about making a complaint about your health care, refer to Chapter 9 [plan may insert reference, as applicable].
* Coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs, **or**
* the amount we will pay for your drugs.
* This applies to your Part D drugs, Rhode Island Medicaid prescription drugs, and Rhode Island Medicaid over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, refer to Chapter 9 [plan may insert reference, as applicable].
* Appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.

[Plan should include contact information for appealing Medicaid drugs and Part D drugs. If the contact information is the same, plan should modify the information so only one number is given to appeal all drugs. If applicable, explain how Medicaid drugs are labeled in the Drug List.]

* For more on making an appeal about your prescription drugs, refer to Chapter 9 [plan may insert reference, as applicable].
* Complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above[plan may insert reference, as applicable].)
* You can send a complaint about <plan name> right to Medicare. You can use an online form [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, refer to Chapter 9 [plan may insert reference, as applicable].
* Payment for health care or drugs you already paid for

[If the plan has an arrangement with the state, it may add language to reflect that the organization is not allowed to reimburse members for Medicaid-covered benefits. Plan adding this language should include reference to the plan’s Member Services.]

* For more on how to ask us to pay you back, or to pay a bill you got, refer to Chapter 7 [plan may insert reference, as applicable].
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to Chapter 9 [plan may insert reference, as applicable] for more on appeals.

# How to contact your care manager

[The plan should include information explaining what a care manager is, how members can get a care manager, and how they can change their *care manager*. If the plan does not offer a *care manager*, they should instruct members to contact the Nurse Advice Call Line or other appropriate number.]

| Contact Type | Contact Info |
| --- | --- |
| CALL | <Phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [Fax number is optional.] |
| WRITE | <Mailing address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | [Web address is optional.] |

## B1. When to contact your care manager

* Questions about your health care
* Questions about getting behavioral health services, transportation, and long-term services and supports (LTSS)

[Plan should include information on eligibility requirements for LTSS.]

Sometimes you can get help with your daily health care and living needs. [Plan should revise this section as necessary to list the specific services that are available.] You might be able to get these services:

* Skilled nursing care
* Physical therapy
* Occupational therapy
* Speech therapy
* Medical social services
* Home health care

# How to contact the Nurse Advice Call Line

[Plan should include a brief description and information about what the Nurse Advice Call Line is.]

| Contact Type | Contact Info |
| --- | --- |
| CALL | <phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## C1. When to contact the Nurse Advice Call Line

* Questions about your health care

# How to contact the Behavioral Health Crisis Line

[Plan should only include the Behavioral Health Crisis Line if it is applicable. If plan includes a Behavioral Health Crisis Line, it should also briefly describe what it is.]

| Contact Type | Contact Info |
| --- | --- |
| CALL | <phone number(s)> This call is free.  <Days and hours of operation> [Include information on the use of alternative technologies.]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number> This call is [insert if applicable: not] free.  [Insert if the plan uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.]  <Days and hours of operation> |

## D1. When to contact the Behavioral Health Crisis Line

* Questions about behavioral health services
* [Insert when applicable:Questions about substance use disorder services]

# How to contact the State Health Insurance Assistance Program (SHIP) and the Medicare-Medicaid Enrollment Supports Program (MME)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In Rhode Island, the SHIP is provided by the Office of Healthy Aging (OHA).

The Medicare-Medicaid Enrollment Supports Program (MME) gives free one-on-one health insurance counseling to people with Medicare and Medicaid. In Rhode Island, the MME is provided by The POINT.

The SHIP and The POINT are not connected with any insurance company or health plan.

| Contact Type | Contact Info |
| --- | --- |
| CALL | Rhode Island SHIP: 1-888-884-8721  8:30 am to 4:00 pm, Monday – Friday  The POINT: 1-401-462-4444  8:30 am to 4:00 pm, Monday – Friday |
| TTY | 711  [Insert if the SHIP uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | Office of Health Aging, Louis Pasteur Building  57 Howard Avenue  Cranston, RI 02920  Attention: SHIP Program |
| EMAIL | [Email address is optional.] |
| WEBSITE | [www.oha.ri.gov](https://www.oha.ri.gov) |

## E1. When to talk to a SHIP counselor

* Questions about your Medicare health insurance
* SHIP counselors can answer your questions about changing to a new Medicare plan and can help you:
* understand your plan choices,
* understand your rights,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

## E2. When to talk to an MME counselor

* Questions about your options for health insurance because you are eligible for Medicare and Medicaid
  + MME counselors at The POINT can help you:
    - understand your health insurance choices through one-on-one options counseling,
    - understand your rights,
    - straighten out any problems with Medicaid eligibility, **and**
    - access temporary Part D prescription coverage if needed

# How to contact the Quality Improvement Organization (QIO)

Our state has an organization called <state-specific QIO name>. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.<State-specific QIO name> is not connected with our plan.

| Contact Type | Contact Info |
| --- | --- |
| CALL | <Phone number(s)> |
| TTY | [TTY phone number is optional.]  [Insert if the QIO uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | <Mailing Address> |
| EMAIL | [Email address is optional.] |
| WEBSITE | <Web address> |

## F1. When to contact <state-specific QIO name>

* Questions about your health care
* You can make a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# How to contact Medicare

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

| Contact Type | Contact Info |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing homes, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has booklets you can print right from your computer. If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website, print it out, and send it to you. |

# How to contact Rhode Island Medicaid

[Plan must adapt this generic discussion of Medicaid to reflect the name or features of the Medicaid program in the plan’s state.]

[If there are two different agencies handling eligibility and coverage/services, the plan should include both and clarify the role of each.]

[Plan must, as appropriate, include additional telephone numbers for Medicaid program assistance.]

Medicaid helps with health care and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call Rhode Island Medicaid.

[If applicable, the plan may also inform members that they can get information about Medicaid from county resource centers and indicate where members can find contact information for these centers.]

## H1. General information about Medicaid programs

| Contact Type | Contact Info |
| --- | --- |
| CALL | 1-855-697-4347  8:30 am to 3:30 pm, Monday - Friday |
| TTY | [TTY phone number is optional.]  [Insert if the state Medicaid program uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | Virks Building, 3 West Road, Cranston, RI 02920 |
| EMAIL | [Email address is optional.] |
| WEBSITE | [www.dhs.ri.gov](http://www.eohhs.ri.gov) |

## H2. Information about LTSS

|  |  |
| --- | --- |
| CALL | 1-401-574-8474  8:30 am to 3:00 pm, Monday - Friday |
| TTY | [TTY phone number is optional.]  [Insert if the state Medicaid program uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | DHS Long-Term Services and Supports  P.O. Box 8709, Cranston, RI 02920 |
| EMAIL | dhs.ltss@dhs.ri.gov |
| WEBSITE | [www.dhs.ri.gov](http://www.eohhs.ri.gov) |
| FAX | 1-401-574-9915 |

# How to contact the RIPIN Healthcare Advocate

The RIPIN Healthcare Advocate works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The RIPIN Healthcare Advocate also helps people enrolled in <plan name> with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

| Contact Type | Contact Info |
| --- | --- |
| CALL | 1-855-747-3224  8:00 am to 5:00 pm, Monday - Friday |
| TTY | 711  [Insert if the ombudsman program uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | 300 Jefferson Boulevard, Warwick, RI 02888 |
| EMAIL | [HealthcareAdvocate@ripin.org](mailto:HealthcareAdvocate@ripin.org) |
| WEBSITE | [www.ripin.org/healthcareadvocate/](http://www.ripin.org/healthcareadvocate/) |

# How to contact The Alliance for Better Long Term Care

The Alliance for Better Long Term Care is an ombudsman program that helps people learn about nursing homes and other long-term care settings. It also helps solve problems between these settings and residents or their families.

| Contact Type | Contact Info |
| --- | --- |
| CALL | 1-401-785-3340 or 1-888-351-0808  9:00 am to 4:30 pm, Monday – Friday |
| TTY | [TTY phone number is optional.]  [Insert if the LTC ombudsman program uses a direct TTY number: This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.] |
| WRITE | 422 Post Road, Suite 204 Warwick, RI 02888 |
| EMAIL | [Email address is optional.] |
| WEBSITE | [www.alliancebltc.org](http://www.alliancebltc.org) |

# Other resources

[Plan may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, enrollment brokers, or area agencies on aging. The plan should format consistently with other sections and include a brief description and information about any other resources they add.]