



Drug & Health Plan Operations Group

April 29, 2025

WARNING LETTER

Contract ID: H9576

Parent Organization: NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

Legal Entity: NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

Kristen Switzer
Medicare Compliance Officer
Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917

VIA EMAIL: kswitzer@nhpri.org

Re: Failure to Identify and Report Grievances

Dear Ms. Kristen Switzer:

The Centers for Medicare & Medicaid Services (CMS) is issuing this warning letter to Neighborhood Health Plan of Rhode Island (NHPRI), which operates the Medicare-Medicaid Plan (MMP) Contract ID H9576, regarding your organization's failure to identify and report grievances.

Your organization is not compliant with the following regulations:

- Three-Way Contract (TWC) 2.1.2.2. which requires the plan to comply with the Medicare Advantage requirements in Part C of Title XVIII, and 42 C.F.R. Part 422 and Part 423, except to the extent that variances from these requirements are provided in the MOU signed by CMS and RI EOHHS for this initiative
- TWC 2.10.2.1.2. which requires the plan to maintain written records of all Grievance activities, and notify CMS and RI EOHHS of all internal Enrollee Grievances
- TWC 2.15.1.2.1.3. which requires the plan to submit to CMS all applicable Demonstration reporting requirements

- The grievance elements in Section IV. of the Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements requires MMPs to include oral grievances, even if the oral grievance was resolved during the call.
- TWC 2.10.2.1.2. which requires the plan to maintain written records of all Grievance activities, and notify CMS and RI EOHHS of all internal Enrollee Grievances
- 42 C.F.R. § 422.564(d)(1) which states an enrollee may file a grievance with the organization either orally or in writing.
- 42 C.F.R. § 422.503(b)(4)(vi)(G)(3) which requires plans to have procedures to voluntarily self-report potential fraud or misconduct related to the MA program to CMS or its designee.

Your organization is out of compliance with Part C requirements because your organization did not identify oral grievances, nor appropriately report these grievances in alignment with demonstration reporting requirements.

In order to prepare for the Contract Year (CY) 2026 MMP transition to Dual-Special Needs Plans (D-SNPs), your organization contracted with Blue Peak Advisors to conduct an assessment of your business operations and functional areas. On February 28, 2024, during this assessment, Blue Peak first identified that your organization's customer service call center representatives were incorrectly classifying grievances resolved during the call as member inquiries. At that time, your internal teams conducted additional investigations to verify this finding.

In April 2024, following this additional verification, you shared this issue with your compliance team. Your compliance staff continued to review internally but did not disclose this issue to the Contract Management Team (CMT) until October 10, 2024. You acknowledged that this delayed disclosure is unacceptable. On January 23, 2025, you presented your updated self-disclosure policy which includes a duty to report significant issues of non-compliance to the CMT.

Your organization identified the root cause of this issue to be a misunderstanding in call classification requirements. You reported that between CY 2018 and 2024, you failed to identify and report 18,907 grievances. Your organization submitted the complete count of misclassified grievances for 2024 in February 2025. On March 7, 2025, you resubmitted corrected grievance counts for CY 2023.

Beginning June 24, 2024, your member services and grievance and appeals teams worked together to develop a process to capture first call resolution (FCR) grievances. These teams provided training to staff on this new process on August 19, 2024. Your organization reported that as of August 23, 2024, all FCR grievances are now correctly classified and documented as grievances. You also began weekly call monitoring on August 26, 2024. You reported on December 9, 2024, that this monitoring has identified and immediately corrected twenty instances where FCR grievances were not classified correctly. Your organization continues to monitor staff to ensure calls are being classified correctly and offers additional training where needed.

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance, which CMS will consider as part of our review of any application for new or expanded Medicare contracts your organization may submit. CMS determines this instance of non-compliance a Part C issue. CMS considers your organization's efforts in self-reporting

information concerning the non-compliant activity as a mitigating factor in determining the severity of this notice.

Should your organization fail to remain in compliance, CMS may consider taking additional compliance actions, including a formal request for a corrective action plan (CAP), or taking enforcement actions in the form of the imposition of intermediate sanctions (e.g., the suspension of marketing and enrollment activities) or civil money penalties.

If you have any questions about this notice, please contact your CMS Account Manager Em Chapple at: (857) 357-6368, or Emily.Chapple@cms.hhs.gov

Sincerely,



Kristin Pono Sousa
Medicaid Program Director
Rhode Island Executive Office of Health and Human Services

Adele Pietrantonio, Director
Division of Medicare Plan Management
Medicare Plan Management Group

CC via email:

Em Chapple, CMS
Saran McCormick, CMS
Tasha Trusty, CMS
Amanda Graziosi, EOHHS
John Neubauer, EOHHS