[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> |
| Member Services Name (memberServicesName) | <member services name> |
| Days and Hours of Operation (msDaysAndHoursOfOperation) | <Days and hours of operation> |
| Toll-free Phone Number (msPhoneNumber) | <phone number(s)> |
| TTY/TDD Phone Number (msTTYPhoneNumber) | <TTY/TDD phone number> |
| Mailing Address (msMailingAddress) | <Mailing address> |
| Web Address (msWebAddress) | <web address> |
| Name for Care Coordinator (nameForCareCoordinator) | <name for care coordinator> |
| Care Coordinator Days and Hours of Operation (ccDaysAndHoursOfOperation) | <Days and hours of operation> |
| Care Coordinator TTY/TDD Phone Number (ccTTYPhoneNumber) | <TTY/TDD phone number> |
| Care Coordinator Mailing Address (ccMailingAddress) | <Mailing address> |
| Nurse Advice Call Line Phone Number (naPhoneNumber) | <phone number(s)> |
| Nurse Advice Call Line TTY/TDD Number (naTTYPhoneNumber) | <TTY/TDD Phone Number> |
| Nurse Advise Call Line Days and Hours of Operation (naDaysAndHoursOfOperation) | <Days and hours of operation> |
| Behavioral Health Crisis Line Phone Number (bhPhoneNumber) | <phone number(s)> |
| Behavioral Health Crisis Line TTY/TDD Number (bhTTYPhoneNumber) | <TTY/TDD Phone Number> |
| Behavioral Health Crisis Line Days and Hours of Operation (bhDaysAndHoursOfOperation) | <Days and hours of operation> |
| State Name (stateName) | Rhode Island |
| SHIP Name (SHIPName) | The POINT |
| SHIP Phone Number (SHIPPhoneNumber) | 1-401-462-4444 |
| SHIP Mailing Address (SHIPMailingAddress) | United Way of RI, 50 Valley Street, Providence, RI 02909 |
| QIO Name (QIOName) | <State-specific QIO name> |
| QIO Phone Number (QIOPhoneNumber) | <Phone number(s)> |
| QIO Mailing Address (QIOMailingAddress) | <Mailing Address> |
| QIO Web Address (QIOWebAddress) | <Web address> |
| State Medicaid Name (stateMedicaidName) | Rhode Island Medicaid |
| Medicaid Phone Number(s) (medicaidPhoneNumber) | 1-855-697-4347 |
| Medicaid Mailing Address (medicaidMailingAddress) | Virks Building, 3 West Road, Cranston, RI 02920 |
| Medicaid Web Address (medicaidWebAddress) | http://www.eohhs.ri.gov |
| Ombudsman Program Name (ombudsmanProgramName) | RIPIN Healthcare Advocate |
| Ombudsman Program Phone Number(s) (ombudsmanProgramPhoneNumber) | 1-855-747-3224 |
| Ombudsman Program Mailing Address (ombudsmanProgramMailingAddress) | 1210 Pontiac Avenue  Cranston, RI 02920 |
| Ombudsman Program Web Address (ombudsmanProgramWebAddress) | http://ripin.org/healthcareadvocate/ |
| Ombudsman Long Term Program Name (ombudsmanLongTermProgramName) | The Alliance for Better Long Term Care |
| Ombudsman LTC Program Phone Number(s) (ombudsmanLTCProgramPhoneNumber) | 1-401-785-3340 or 1-888-351-0808 |
| Ombudsman LTC Program Mailing Address (ombudsmanLTCProgramMailingAddress) | 422 Post Road, Suite 204 Warwick, RI 02888 |
| Ombudsman Program Web Address (ombudsmanLTCProgramWebAddress) | http://www.alliancebltc.com/ |
| 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.*

C:\Users\570630\AppData\Local\Temp\msohtmlclip1\02\clip_image001.jpg

*To recreate a bookmark, 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 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 coordinator 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, "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.]

[*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.*]

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# How to contact <plan name> <member services name>

|  |  |
| --- | --- |
| 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/TDD 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 name>

* 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, see 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, see 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 (see Section F below [plan may insert reference, as applicable]).
* If your complaint is about a coverage decision about your health care, you can make an appeal (See 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 <https://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, see 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, Medicaid prescription drugs, and Medicaid   
  over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, see 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, see 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. (See 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 <https://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, see 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 name>.]

* For more on how to ask us to pay you back, or to pay a bill you got, see   
  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. See Chapter 9 [plan may insert reference, as applicable] for more   
  on appeals.

# How to contact your <name for care coordinator>

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

|  |  |
| --- | --- |
| TTY | <TTY/TDD 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 <name for care coordinator>

* 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/TDD 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/TDD 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)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare.In Rhode Island, you can get a referral to a SHIP counselor by calling The POINT.

The POINT is not connected with any insurance company or health plan.

| Contact Type | Contact Info |
| --- | --- |
| CALL | 1-401-462-4444 | |
| TTY | [TTY/TDD phone number is optional.]  [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 | United Way of RI, 50 Valley Street, Providence, RI 02909 | |
| EMAIL | [Email address is optional.] | |

## E1. When to talk to a SHIP counselor

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

# How to contact the Quality Improvement Organization (QIO)

Our state has an organization called a <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/TDD 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 | <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, physicians, home health agencies, and dialysis facilities. It includes booklets you can print right from your computer. You can also find Medicare contacts in your state by selecting “Forms, Help & Resources” and then clicking on “Phone numbers & websites.”  The Medicare website has the following tool to help you find plans in your area:  **Medicare Plan Finder:** Provides personalized information about Medicare prescription drug plans, Medicare health plans, and Medigap (Medicare Supplement Insurance) policies in your area. Select “Find health & drug plans.”  If you don’t have a computer, your local library or senior center may be able to help you visit this website using its 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 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.

| Contact Type | Contact Info |
| --- | --- |
| CALL | 1-855-697-4347 | |
| TTY | [TTY/TDD 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 | http://www.eohhs.ri.gov | |

# 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 the <state-specific demonstration program> 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 | |
| TTY | [TTY/TDD phone number is optional.]  [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 | 1210 Pontiac Avenue  Cranston, RI 02920 | |
| EMAIL | [HealthcareAdvocate@ripin.org](mailto:HealthcareAdvocate@ripin.org) | |
| WEBSITE | http://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 | |
| TTY | [TTY/TDD 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 | http://www.alliancebltc.com/ | |

# 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.]