



Members Rights and Protections

The RIte Care and Rhody Health Partners programs promise all RIte Care and Rhody Health Partners members good health care within a reasonable time, and all patients will be treated with respect.

A. Enrollment

1. The RIte Care and Rhody Health Partners Programs will make every effort to provide non-biased enrollment counseling in different languages, as needed.
2. The Health Plans will inform RIte Care and Rhody Health Partners members about how to get bus or other non-emergency transportation, how to get a second opinion, interpreter services, referrals, and emergency services. The plan will also inform RIte Care and Rhody Health Partners members how to change doctors, how to change health plans for good cause, and how to file a complaint with the health plan or a fair hearing with the State.
3. If a member is assigned to a health plan and is not satisfied with the assignment, the patient has the right to change health plans if one is available. The member may also choose to disenroll from RIte Care and Rhody Health Partners.

B. Second Opinions and Changing Doctors

1. Health plans should provide, at their expense, a second opinion within the health plan upon a member's request. These requests will be acted on promptly by the health plans.
2. Health plans should provide a second opinion by a qualified doctor when the plan decides that a member's substance abuse or mental health problem does not require treatment.
3. Members have the right to change doctors within the plan, upon request. Reasons for changing doctors include the following:
 - a. Substandard care

- b. Problems with language or communication
 - c. Discrimination
 - d. Rude treatment or conflicts with doctors or their staff
 - e. Moving
 - f. Good Cause
4. Members who are denied a second opinion or denied the right to change doctors will have the right to appeal under the Grievance Procedures as listed below.

C. Grievance Procedures

1. Patients have the right to appeal the following decisions:
 - a. Assignments to doctors
 - b. Referrals
 - c. Denial of services
 - d. Determinations of non-emergency care
2. Patients have the right to a timely in-plan grievance procedure.
3. Patients have the right to a timely fair hearing from the Department of Human Services.
4. Grievances filed with a health plan must be decided within:
 - *two (2) days when a doctor who takes care of you determines the care to be an emergency and all necessary information is received.
 - *fifteen (15) days when the grievance is related to medical treatment and all necessary information is received.
 - *thirty (30) days when the grievance is not related to medical treatment and all necessary information is received.

A second level of appeal must be offered when the initial decision is against the client. The second level of appeal must be completed within fifteen (15) working days after receiving the necessary information unless it is considered an emergency.

D. Disenrollment

1. Health Plan Change Request

RItE Care and Rhody Health Partners participants may request to voluntarily disenroll from their health plan at any time. The disenrollment will be effective no later than forty-five (45) calendar days after the date on which the written request is received and approved after an administrative review by DHS.

2. Member Disenrollment by DHS

Reasons for DHS disenrollment from RItE Care and Rhody Health Partners include but are not limited to:

- No longer Categorically eligible for Medicaid;
- Eligibility error;
- Loss of program eligibility;
- Placement in a nursing facility for more than thirty (30) consecutive days for Rhody Health Partners, and more than sixty consecutive days for Connect Care Choice;
- Placement in Eleanor Slater Hospital;
- The participant obtains third-party health insurance coverage (including Medicare);
- Lack of participation in the program requirements.

3. Health Plan Requested Disenrollment

A RItE Care and Rhody Health Partners health plan may request in writing that a member be disenrolled from the health plan because the member's continued enrollment in the RItE Care and Rhody Health Partners health plan seriously impairs the health plan's ability to furnish services to either the particular member or other members. A RItE Care and Rhody Health Partners health plan may not request disenrollment of a member because of:

- An adverse change in the member's health status;
- The member's utilization of medical services; or,
- Uncooperative behavior resulting from the member's special needs.

All disenrollments are subject to approval by DHS, after an administrative review of the facts of the case has taken place. DHS will determine the disenrollment date as appropriate, based on the results of their review.

E. Interpreter Services

1. Plans are encouraged to provide availability to 24-hour interpreter services for every language group enrolled by the health plan for all points of contact, especially telephone contact.
2. Written materials, such as forms and member handbooks, will be translated into other languages when there are greater than 50 people enrolled in a health plan that speak a single language other than English.

F. Exceptions Based on Safety Needs

Doctors, health plans and the State shall consider the personal safety of a member in instances of domestic violence in all of the following matters:

1. Enrollment policies
2. Changing or canceling of policies
3. Second opinions
4. Changing primary care providers
5. Grievance procedures

G. Referral to Rhode Island Legal Services

Notices to members will include the information that if you request a hearing you may represent yourself or be represented by someone else such as a lawyer, relative, or another person. Notices will also include information regarding free legal help being available by calling Rhode Island Legal Services at 274-2652 and, outside the Providence calling area, by calling toll-free at 1-800-662-5034.