Here’s Where to Find Information You Want

Important Phone Numbers

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<tr>
<th>Service</th>
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<tr>
<td>HealthSource RI</td>
<td>855.840.4774</td>
</tr>
<tr>
<td>RI Department of Human Services</td>
<td>855.697.4347</td>
</tr>
<tr>
<td>UnitedHealthcare Dental/RIte Smiles</td>
<td>866.375.3257</td>
</tr>
<tr>
<td>RI Public Transit Authority (RIPTA)</td>
<td>401.784.9500, ext. 2012</td>
</tr>
<tr>
<td>Non-Emergency Transportation Broker</td>
<td>855.330.9131</td>
</tr>
<tr>
<td>RI Insurance Resource, Education, and Assistance Consumer Helpline (RIREACH)</td>
<td>855.747.3224</td>
</tr>
<tr>
<td>RI Legal Services</td>
<td>401.274.2652</td>
</tr>
</tbody>
</table>

*Tufts Health RI*Together Member Services: **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays

Please take a few minutes to fill in the information below.

My Primary Care Provider Name: _______________________________

Telephone: ____________________________________________

Address: _____________________________________________

_________________________________________________________________

In a health care emergency, call 911 or go to the nearest emergency room.

If we have any significant change to the information found in this Member Handbook, we will let you know at least 30 days before we make the change. Things included would be changes in your benefits and how you get them.
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Welcome to Tufts Health RITogether

We are glad that you enrolled in Tufts Health RITogether, our Rhode Island Medicaid plan. This handbook will be your guide to the full range of health care services that you may get. We want to be sure you get off to a good start as a new member. To get to know you better, we will get in touch with you in the next two or three weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call on you, however, just call us at 866.738.4116 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays. Or you can also visit us at tuftshealthplan.com/RImember.

Keep this handbook — it has all the information you need to make the most of your Tufts Health RITogether membership. When you join Tufts Health RITogether, you get our large network of health care providers and specialists across Rhode Island. You also get friendly and helpful Member Services representatives and information in your own language. We also give you EXTRAS perks and discounts.

In a health care emergency, call 911 or go to the nearest emergency room.

Tufts Health Public Plans, Inc. is a licensed health maintenance organization (HMO) in Massachusetts and Rhode Island, but does business under the name Tufts Health Plan.
Tufts Health RITogether Coverage Area
How Managed Care Works
The Plan, Our Providers, and You

- You may have heard about the changes in health care. Many consumers get their health benefits through managed care, which provides a central home for your care. If you were getting behavioral health services using your Medicaid card, many of those services are now available through Tufts Health RITogether.
- *Tufts Health RITogether* has a contract with the Rhode Island Executive Office of Health and Human Services to meet the health care needs of people with Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs, and other health care facilities make up our provider network. You will find a list in our Provider Directory. If you do not have a Provider Directory, call **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays, to get a copy, or visit our website at tuftshealthplan.com/RImember.
- When you join *Tufts Health RITogether*, one of our providers will take care of you. Most of the time, that person will be your primary care provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it.
- If you need to talk to your PCP after hours or weekends, leave a message and tell us how you can be reached. Your PCP, or the provider covering for him/her, will get back to you as soon as they are able.

Confidentiality

We respect your right to privacy. *Tufts Health RITogether* understands the trust needed between you, your family, your doctors, and other care providers. We are required by law to maintain the privacy of your individually identifiable health information, known as Protected Health Information (PHI), across our organization, including oral, written, and electronic PHI. We ensure the privacy of your PHI in a number of ways. For example, employees do not discuss your PHI in public areas. We monitor breaches of security. We keep any paper PHI in secure spaces.

Transition of Care

*Tufts Health RITogether* is responsible for making sure that all its members can keep getting the care that they need. You can keep getting care from your provider for 180 days after joining *Tufts Health RITogether*. You can
see that provider even if that provider is not in our network. After that time *Tufts Health RITogether* will work with you so you are referred to the right providers that are in the network.

**Member ID Cards**

When you join *Tufts Health RITogether*, you will get a member ID card in the mail about 10 days after your effective date. Your ID card has important information about you and your benefits and also tells providers and pharmacists that you are a *Tufts Health RITogether* member. Check to make sure the information on your ID card or your family member’s ID card is right. If any information is wrong, please call Member Services at **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays. Please note, each member will receive a unique *Tufts Health RITogether* member ID card.

**Your Tufts Health RITogether Member ID Card**

![Member ID Card Image]

See your Member Handbook for your plan type’s specific benefits.

Bring this ID card with you to your doctor appointments and the pharmacy.

**MEMBER SERVICES:** 866.738.4116 (TTY: 711)

**PROVIDER SERVICES:** 844.301.4093

Get Health Care Advice with our NurseLine: 800.285.3580 (TTY: 711)

**IN AN EMERGENCY:** If your life is in danger, call 911 or go to the nearest emergency room. Call your primary care provider (PCP) as soon as possible.

**URGENT CARE:** For serious health problems that don’t put your life in danger or risk permanent damage to your health, call your PCP 24 hours a day, 7 days a week.

**MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES:**

866.738.4116

**PROVIDERS:** Submit claims within 90 days of the date of service to Tufts Health Plan, P.O. Box 859, Park Ridge, IL 60068-0859.
Your Rhode Island Medicaid (Anchor) ID Card

You will also get an RI Medicaid (anchor) card in a separate mailing from the state of Rhode Island. Each family member who is enrolled will have their own card. For information about your Rhode Island Medicaid ID card, call 855.MY.RIDHS (855.697.4347).

Always show both ID cards when you go to the PCP, hospital, pharmacy, or other provider.

Update Your Information

• **It’s very important that we have your correct address**, so you can receive mail from *Tufts Health RITogether* and the RI Medicaid Program. Be sure to have your full name on your mailbox (and other family members’ last name if it is different than your own). The post office will not deliver mail if the last names on the mailbox do not match the last name on the letter/envelope.

• **It’s very important to tell us if you have a change** in any of these:
  - Name, address, phone number.
  - If you move out of state.
  - If you get married; if you change your last name.
  - If you become pregnant.
  - Family size (adding a new baby or adopting a child, death of a family member who is enrolled, etc.)
  - Change in income that could affect eligibility for Medicaid.
  - If you have other health insurance.
  - There is a change in your employment status.
• **You are required to report changes** to HealthSource RI or the RI Department of Human Services (DHS) within 10 days of the change.

**How to Tell Us About Changes**

Contact HealthSource RI to report any of these changes. If you have an account at HealthSource RI, you can go online at [www.healthsourceri.com](http://www.healthsourceri.com) or call 855.840.4774 to make a change. You can also visit the HealthSource RI walk-in center at 401 Wampanoag Trail, East Providence, RI 02915. Business hours are Monday – Friday, 8:00 a.m. – 6:00 p.m.

If you, your child, or another family member has SSI or became eligible for Medicaid due to a disability, please call the **RI Department of Human Services (DHS)** at 855.697.4347. You can also contact your local DHS Office to report changes. Business hours are Monday – Friday, 8:30 a.m. – 4:00 p.m.

**Renew Your Medicaid Eligibility**

Medicaid members are required to recertify eligibility for Medicaid benefits on a regular basis. RI Medicaid will send you a notice about renewing your eligibility. If you receive this notice, please answer promptly so your health coverage is not stopped. Be sure to answer all notices. If you have questions about your notice, please call HealthSource RI or DHS.

**Member Information**

We want to make it as easy as possible for you to get the information and services you need from Tufts Health RITogether. Check our website or call Member Services for more information. We’re here for you! **Member Services:** [866.738.4116](tel:866.738.4116) (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.

Member Services can help you:

- Understand your benefits
- Get a member ID card, if lost
- Find a provider or urgent care clinic
- Make a complaint or file a grievance or appeal

**Website:** Go to [tuftshealthplan.com/RImember](http://tuftshealthplan.com/RImember) to view plan details and helpful tools:

- Find a provider or pharmacy.
Search for a drug on the Preferred Drug List.  
Get benefit details.  
View or download a Member Handbook. 

**We Speak Your Language**

If you speak a language other than English, we can provide an interpreter or print materials in your language. If you call Member Services, we can connect you with a representative who speaks your language or an interpreter. If you need an interpreter for a medical, behavioral health, or dental appointment, we can arrange for one. Please call Member Services at **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays, at least 72 hours before your appointment. If you need an American Sign Language interpreter, please call at least 2 weeks prior to your appointment.

*Tufts Health RITogether’s Provider Directory* indicates if a provider speaks other languages in addition to English. To check the *Provider Directory*, visit tuftshealthplan.com/RImember.

**Need Print Material in Other Formats?**

If needed, we can provide printed material in other formats, including print materials in a larger font, audio, or Braille. Please contact Member Services at **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays, to request materials in other formats.
Your Primary Care Provider (PCP)

Your primary care provider (PCP) is the health care professional who knows you best. He/she works with you to keep you and your family healthy. As a member of *Tufts Health RITogether*, you must have a PCP. Your PCP is who you should call first for any kind of health care need. In case of an emergency, call 911 or go to the nearest emergency room. You can call your PCP’s office 24 hours a day, seven (7) days a week. PCPs must have an answering service that will contact the provider on call who will be able to help you.

You Have Options

You can choose your PCP from the following types of providers:

- Family doctor or general practitioner
- Internal medicine doctor (internist, geriatrician)
- Pediatrician
- Obstetrician/Gynecologist (OB/GYN)
- Nurse practitioner (NP)
- Physician’s assistant (PA)

Choosing Your PCP

Check to see if your PCP is in *Tufts Health RITogether*’s network. If you don’t already have a PCP when you join *Tufts Health RITogether*, you can choose one from our network. Each member of your family can have his or her own PCP.

Our *Provider Directory* lists all the primary care providers in our network. It also tells you where the provider’s office is, the phone number, the languages spoken, the hours the office is open, if they are accepting new patients, and if their office is handicap accessible. To see the directory, go to our website at tuftshealthplan.com/RImember or call Member Services to ask for a copy or for help picking a PCP. We also have a printed *Provider Directory* available upon request that lists all *Tufts Health RITogether* providers by specialty and location.

*After you select a PCP, please call Member Services to let us know. If you do not choose a PCP, we will choose one for you.*

What your PCP can do for you:

- Give you regular checkups and screenings
- Arrange tests
• Keep your medical records
• Recommend and refer you to specialists
• Write prescriptions
• Help you get behavioral health services
• Answer questions about your health care

Changing Your PCP

You can change your PCP or your child’s PCP at any time. However, there’s value in staying with the same PCP. As you get to know one another and develop trust, you can work through your health issues with your PCP. If you need to change your PCP, call 866.738.4116 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.

If your PCP leaves the Tufts Health RITogether network, we will send you a letter to let you know. You can choose another PCP from our network. There are times when Tufts Health RITogether will let you continue to get care from your PCP or specialist for some time after he/she has left our network. This is called “continuity of care.” If you are pregnant or being treated for an ongoing medical condition, we can work with your provider, so he/she can continue to treat you longer. We will work with you and your provider to make sure you safely change to another provider.
Getting Care

Making an Appointment with Your PCP

Call your primary care provider’s office to schedule an appointment.

Annual Checkups

You don’t have to be sick to go to your PCP. Yearly checkups with your PCP are important to keep you healthy. Plus, your PCP will make sure you get the necessary screenings, tests, and shots you need. If you have a health problem, it’s easier to treat when found early. Talk to your PCP about what is right for you and your family.

Specialty Care

Your provider (PCP) may refer you to a specialist. Some services may require a referral from your PCP before getting care. Please check with your PCP before you see a specialist.

Specialists are providers with special training and work in a particular field of medicine. Specialists include: cardiologists (heart doctors); obstetricians/gynecologists who treat women’s health needs, including family planning and pregnancy; ophthalmologists (eye doctors); podiatrists (foot doctors); and dermatologists (skin doctors).

You do not have to see the specialist your PCP suggests. You can ask your PCP for the name of another specialist. Or you are free to pick any network provider for specialty care. Not seeing the specialist will not affect your future treatment by your PCP. You have a right to refuse the treatment a specialist recommends. If that happens, contact your PCP to talk about other options.

Urgent Care

Urgent care centers are available when you need to see a provider for a non-life-threatening condition, but your PCP isn’t available, or it is after clinic/office hours. Common health issues that may be treated in an urgent care center include:

- Sore throat
- Ear infection
- Minor cuts or burns
- Flu
• Low-grade fever
• Sprains

If you or a family member has an urgent problem, call your PCP first. Your PCP can help you get the right kind of care. Your PCP may tell you to go to an urgent care center (or the emergency room).

*If you feel your condition could be an emergency, don’t wait. Call 911 or go to your nearest emergency room.*

**Emergency Services**

An emergency is a life-threatening illness or injury. It can cause serious pain or harm to your health if you do not receive treatment right away. Some examples of emergency conditions include:

• Serious illness or trauma
• Broken bones
• Bleeding that will not stop
• Heart attack
• Poisoning
• Severe cuts or burns
• Behavioral health emergency such as drug overdose or threat of harm to self or others

You can go to any hospital for emergency care. *Tufts Health RITogether* covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, you should call your PCP and let them know about your visit. You may need follow-up care.

We do not cover any out-of-country services, including emergency services, nor will we reimburse members for any of these expenses.

If you need emergency care, call 911 or go to the nearest hospital. Emergency care does not require a referral from your PCP or a prior authorization from us.

**Interpreter Services and Assistance in Other Languages**

Do you have questions, need this document translated, or want someone to read this or other printed information to you? If so, call us at 866.738.4116 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays. We can offer information in other formats, such as large type size
and different languages. We have bilingual staff available, and we offer translation services in 200 languages.

Many of the *Tufts Health RITogether* providers speak other languages. The languages providers speak are included in our *Provider Directory*. We can provide an in-person interpreter if you need one. If you need an interpreter at your next medical, dental, or behavioral health visit, call your provider’s office or Member Services at least 72 hours before your appointment to request an interpreter come to your appointment. Sign language interpreters should be requested at least two weeks in advance.

**Early Periodic Screening Diagnostic Treatment (EPSDT)**

EPSDT stresses preventive and complete care. As they grow, infants, children, and younger people should see their PCP often. It is important that they receive all suggested preventive services and any medical treatment needed to help healthy growth.

Children up to age 21 should receive regular well-child check-ups of their physical and mental health, growth, development, and dietary status. A well-child check-up includes:

- A complete health and growing history, including both physical and mental health development assessments;
- Physical exam;
- Age-appropriate shots;
- Vision and hearing tests;
- Dental exam;
- Laboratory tests, including blood lead level assessments at certain ages; and
- Health education

Your child’s PCP will let you know how often you will need to bring your child in for a visit.

**Behavioral Health Services**

Behavioral health services include mental health and treatment for substance use problems. *Tufts Health RITogether* contracts with behavioral health providers to provide these services. To find a behavioral health provider, call *Tufts Health RITogether* Member Services at **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays. This number is also on your *Tufts Health RITogether* member ID
card. Your call is confidential. Check the Provider Directory for a list of behavioral health providers. If you are not sure what type of help you need or the type of provider, our Member Services representative can help you.

If Tufts Health RITogether does not cover a counseling visit or referral services because of moral or religious objections, we will let you know that the service is not covered by us. We will also tell you how you can obtain information from the Executive Office of Health and Human Services (EOHHS) about how to get these services.

If you believe that you are having a medical emergency, take immediate action: Call 911 or go to the nearest emergency room right away. For behavioral health emergencies, call 911 or your local Emergency Services Program (ESP) provider, or go to the nearest emergency room right away.

Dental

Dental services for children are provided through RIte Smiles. RIte Smiles is a dental plan for children who are eligible for RI Medicaid born after May 1, 2000. To find a dentist who participates with the RIte Smiles program, check the website for UnitedHealthcare Dental/RIte Smiles (https://www.uhc.com/ritesmiles) or call UnitedHealthcare Dental Member Services at 866.375.3257. All other members should use their Rhode Island Medicaid card (Anchor card) when going to a Medicaid dental provider.
**Appointment Availability**

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Access Standard</th>
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<td>After Hours Care Telephone</td>
<td>24 hours, 7 days a week</td>
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<tr>
<td>Emergency Care</td>
<td>Immediately or referred to an emergency facility</td>
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<tr>
<td>Urgent Care Appointment</td>
<td>Within twenty-four (24) hours</td>
</tr>
<tr>
<td>Routine Care Appointment</td>
<td>Within thirty (30) calendar days</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>180 calendar days</td>
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<tr>
<td>EPSDT Appointment</td>
<td>Within 6 weeks</td>
</tr>
<tr>
<td>New member Appointment</td>
<td>Thirty (30) calendar days</td>
</tr>
<tr>
<td>Non-Emergent or Non-Urgent Mental Health or Substance Use Services</td>
<td>Within ten (10) calendar days</td>
</tr>
</tbody>
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**Special Programs to Keep You Healthy**

If you have a health condition for a long time, like diabetes or heart disease, you may benefit from our care management programs. Our nurse care managers can help you understand your options, how to stay healthy, and keep a better quality of life. Care management helps members with special needs get the services and care they need. Care managers work with the health plan, providers, and outside agencies. Call our Medical Management Department at **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.

**24/7 NurseLine**

We have a NurseLine that is open 24 hours a day and seven (7) days a week. The NurseLine can help you with information about symptoms, health coaching, and more. Call 800.285.3580 (TTY: 711) for support. The NurseLine does not replace your primary care provider. The NurseLine should not be used in the case of an emergency. In case of an emergency, call 911 or go to the nearest emergency room.
Getting a Second Opinion

A second opinion is when you want to see another provider to get his or her opinion or recommendation for your health concern or problem. You can get a second opinion from a network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion. A second opinion from an out-of-network provider is available with a prior authorization.

Out-of-Network/Out-of-Area Care

Other than emergency services and urgently needed care, all covered benefits, care, and services provided out of area need to be approved by Tufts Health RITogether first. Sometimes you may need care from a provider who is not in our network. This provider is out-of-network. To see an out-of-network provider you will need prior authorization from Tufts Health RITogether before you make an appointment. Your PCP should submit the request for review. Call Member Services to learn more and if it will be covered in full. You may have to pay for those services.

Prior Authorizations

Sometimes your provider must get permission from Tufts Health RITogether before giving you a certain service or drug. This is called prior authorization or prior approval. This is the provider’s responsibility. If the provider does not get prior authorization, you will not be able to get the service or the drug.

We base all utilization management (UM) decisions on correct use of care and service as well as on the existence of coverage. We don’t reward providers, UM clinical staff, or consultants for denying care. We don’t offer network providers, UM clinical staff, or consultants any money or financial incentive that could discourage them from making a certain service available to you.

When deciding what services are medically necessary, we make consistent and objective decisions. Local practicing providers help us create clinical guidelines and utilization review criteria. We also use standards that national accreditation organizations develop. We review these guidelines every other year, or more often as new drugs, treatments, and technologies become generally accepted. We always look at what’s best for you first.

We do not cover certain drugs. If it is medically necessary for you to take a drug that we do not cover, your provider must ask us for and get prior approval before we will cover the drug. If we deny the request, you or your
authorized representative can appeal the decision. If you want more information about our pharmacy program, visit tuftshealthplan.com or call us at **866.738.4116** (TTY: 711).

If you have questions about UM or want more information on how we determine the care we authorize, please call us at **866.738.4116**, Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays. Our staff is available to discuss UM issues during these business hours, as well as to respond to voicemails and faxes. If you leave a voicemail or send a fax during non-business hours, we will respond the next business day. We can also give you information in different languages. We have bilingual staff available, and we offer translation services in 200 languages free to members.

**Standard Service Approvals**

When deciding what services are medically necessary, approval decisions are made as quickly as your health condition requires but no more than 14 calendar days after we get the request. You, your authorized representative, if you pick one, your provider, or we can extend this time frame by an additional 14 calendar days if:

- You, your authorized representative, or your provider asks for more time; or
- That additional time will allow us to get more information that is needed; and
- We will have the information within 14 calendar days and feel the information would lead to approving the request.

**What Is an Authorized Representative?**

An authorized representative is someone you appoint to represent you in the appeals or grievances process. Throughout this section, “you” refers to you or your authorized representative. For more information, please see the glossary at the end of this handbook.

**Fast (Expedited) Service Approvals**

We will make decisions as fast as your health needs require and no more than 72 hours after we get an expedited (fast) service request. Your provider can ask for an expedited approval if waiting for an approval for a service could put your health or life at risk. This time frame can be extended by 14 calendar days if:

- You, your authorized representative, or your provider asks for more time; or
• That additional time will allow us to get more information that is needed; and
• We will have the information within 14 calendar days and feel the information would lead to approving the request.

If we decide to extend the 72-hour time frame, we will send you a letter with the reason. We will also tell you of your right to file a grievance if you disagree with our decision. If we do not act within these time frames, you or your authorized representative may also request an internal appeal.

**Pharmacy (Drug) Approvals**

We will make decisions as fast as your health needs require and no more than 24 hours after we get the request.

**Non-Emergency Medical Transportation**

Transportation may be available for medical, dental, or other health-related appointments. If family, friends, or neighbors cannot drive you to appointments, you have several options.

- **Rhode Island Public Transit Authority (RIPTA)**
  RIPTA has fixed-route bus services to most communities in Rhode Island. Routes are available online at [www.ripta.com](http://www.ripta.com) or by calling Customer Support at 401.781.9400. RIPTA also offers flex services and the ADA Disabled Program.

- **Non-Emergency Medical Transportation Broker**
  Non-Emergency medical transportation is a covered benefit in RI Medicaid. The contracted vendor for these services is MTM, Inc. Please contact MTM at 855.330.9131 (TTY 711), Monday through Friday, 8:00 a.m. to 5:00 p.m., to arrange for rides to medical, dental, or other health-related appointments. Bus tickets for appointments need to be requested seven (7) business days prior to the appointment.

Van or taxi rides to medical appointments may be available for members who qualify. Please allow 48 hours prior to your appointment. For example:

- Call Monday for a ride on Wednesday.
- Call Tuesday for a ride on Thursday.
- Call Wednesday for a ride on Friday, Saturday, or Sunday.
- Call Thursday for a ride on Monday.
- Call for Friday for a ride on Tuesday.
Mileage Reimbursement

If you qualify for transportation and you or someone else can drive you, you may get money for gas. There are several rules and requirements.

Please contact MTM for more information. Tufts Health RITogether Member Services can also help with setting up or coordinating transportation if you need it.

Covered Benefits

You are eligible to receive these benefits with your Tufts Health RITogether ID card. You do not have any cost sharing responsibilities. However, if a provider tells you a service is not covered by Tufts Health RITogether and you still get the service, you will have to pay for it. There are some services that are not covered.

You should not be balanced billed by your provider for a covered service. Call Tufts Health RITogether Member Services if you receive a bill.

Description of Benefits from Tufts Health RITogether.

For more detail on what is covered, call Member Services at 866.738.4116 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.

<table>
<thead>
<tr>
<th>Covered service/benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider services</td>
<td>Includes the services of primary care physicians, specialists, obstetrician-gynecologists (OB/GYN), and other network providers.</td>
</tr>
<tr>
<td>Services of other practitioners</td>
<td>Includes the services of practitioners certified or licensed by the state of Rhode Island, i.e., nurse practitioners, physician’s assistants, social workers, registered dietitian nutritionists, psychologists, and certified nurse midwives.</td>
</tr>
<tr>
<td>Annual wellness check-ups and preventive screenings, immunizations</td>
<td>Covered when provided by primary care providers (PCPs) in the MCO network.</td>
</tr>
<tr>
<td>Eye care</td>
<td>Includes medically necessary treatment for illness and injury to the eye. For adults: Routine eye exams and one pair of glasses are covered once every 24 months. For</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Foot care</td>
<td>Covered with a referral by an MCO physician/provider.</td>
</tr>
<tr>
<td>Group/Individual education classes</td>
<td>The following group classes are covered: childbirth education, parenting, smoking cessation, diabetes, asthma, nutrition, lactation consultation, etc.</td>
</tr>
<tr>
<td>Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) services</td>
<td>Screening, diagnosis and treatment services for children and young adults up to age 21. Includes the initial and follow-up visits. Includes inter-periodic screens as medically indicated.</td>
</tr>
<tr>
<td>Special education</td>
<td>Services covered for children with special needs or developmental delays as stated in the child’s individual education plan (IEP) are covered but not provided by Tufts Health RITogether.</td>
</tr>
<tr>
<td>Lead program</td>
<td>Covered — includes home assessment and non-medical case management. Services are provided by the state Department of Health or lead centers for lead-poisoned children and not Tufts Health RITogether.</td>
</tr>
<tr>
<td>School-based clinic services</td>
<td>Covered if Medically Necessary at all designated sites.</td>
</tr>
<tr>
<td>Family planning services</td>
<td>Includes over-the-counter (OTC) family planning supplies, including foam, condoms, spermicidal jelly or cream, and sponges. Screenings for sexually transmitted infections (STIs) and HIV are covered. You can go to any provider, including out-of-network providers, for these services.</td>
</tr>
<tr>
<td>Prenatal and post-partum care</td>
<td>Covered by MCO physician/provider.</td>
</tr>
<tr>
<td>Nutrition services</td>
<td>Covered by licensed registered dietitian nutritionists (RDNs) for certain medical conditions. Referral by an MCO physician is required.</td>
</tr>
<tr>
<td>Therapies</td>
<td>Covered as medically necessary. Includes physical therapy, occupational therapy, speech and language therapy, hearing therapy, respiratory therapy.</td>
</tr>
<tr>
<td>Service Description</td>
<td>Coverage Details</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lab tests, diagnostic services, radiology services</td>
<td>Covered when ordered by an MCO physician/provider.</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Covered when ordered by an MCO physician/provider. Must use generic drugs first. There is a limited number of brand drugs that are approved; most require prior authorization. Check the Preferred Drug List at tuftshealthplan.com/RImember.</td>
</tr>
<tr>
<td>Non-prescription drugs (OTC)</td>
<td>Covered when your Tufts Health RITogether physician/provider writes a prescription for one of the OTCs listed on our OTC drug list. Also referred to as “over-the-counter” drugs. Includes family planning supplies and nicotine cessation supplies.</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>Covered when ordered by a network provider. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology, and other medical supplies.</td>
</tr>
<tr>
<td>Hospital care, inpatient</td>
<td>Covered as medically necessary. Includes Medicaid covered services delivered in an inpatient hospital setting.</td>
</tr>
<tr>
<td>Hospital care, outpatient</td>
<td>Covered as medically necessary. Includes Medicaid covered services delivered in an outpatient hospital setting. Includes physical therapy, occupational therapy, speech therapy, language therapy, hearing therapy, respiratory therapy, and other Medicaid covered services delivered in an outpatient hospital setting.</td>
</tr>
<tr>
<td>Emergency room services</td>
<td>Emergency room services are covered both in and out of state for emergency situations. Prior authorization is not needed for emergency care.</td>
</tr>
<tr>
<td>Emergency transportation</td>
<td>Covered as medically necessary.</td>
</tr>
<tr>
<td>Behavioral health services</td>
<td>Includes community-based mental health and substance use counseling and treatment services.</td>
</tr>
<tr>
<td>Behavioral health services, intensive</td>
<td>Covered as needed. Behavioral health and substance use disorder treatment includes but is not limited to the following: community-based narcotic treatment, methadone, detoxification, emergency services intervention, observation/crisis</td>
</tr>
</tbody>
</table>

23
<table>
<thead>
<tr>
<th><strong>Court-ordered mental health and substance use services</strong></th>
<th>Services are provided in-plan; includes transitional care management services after court-ordered services end.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive home health services</strong></td>
<td>Covered when ordered by a MCO physician/provider. Prior authorization may be required. Services include homemaking services, minor environmental modifications, physical therapy, home assessment, and personal care services.</td>
</tr>
<tr>
<td><strong>Home care services</strong></td>
<td>Covered services provided under a home care plan authorized by a physician, including full-time, part-time, or intermittent care by a licensed nurse or home health aide (certified nursing assistant) for patient care and including, as authorized by a physician, physical therapy, occupational therapy, respiratory therapy, and speech therapy. Home care services include laboratory services and private duty nursing for a patient whose medical condition requires more skilled nursing than intermittent visiting nursing care. Home care services include personal care services, such as assisting the client with personal hygiene, dressing, feeding, transfer, and ambulatory needs. Home care services also include homemaking services that are incidental to the client’s health.</td>
</tr>
<tr>
<td>Service Type</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Home health services</td>
<td>Home health care is supportive care provided in the home. Care may be provided by licensed health care professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met. For patients recovering from surgery or illness, home care may include rehabilitative therapies.</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>Physical, occupational, and speech/language therapy provided in licensed outpatient rehabilitation centers and ordered by an MCO physician.</td>
</tr>
<tr>
<td>Adult day health</td>
<td>Covered for frail seniors and other adults who need supervision and health services during the daytime when medically necessary. Prior authorization is required.</td>
</tr>
<tr>
<td>Nursing home care, skilled nursing facility care</td>
<td>Covered for Rhody Health Partners and Rhody Health Expansion members for 30 consecutive days. All skilled and custodial care covered.</td>
</tr>
<tr>
<td>Hospice services</td>
<td>Covered when ordered by a network provider. Services are limited to those services covered by Medicare.</td>
</tr>
<tr>
<td>Services for members with HIV/AIDS or at high risk for HIV</td>
<td>Medical and non-medical case management services. Benefits/entitlement counseling and referral activities to help member obtain public and private programs.</td>
</tr>
<tr>
<td>Transplant services</td>
<td>Covered when ordered by a health plan physician.</td>
</tr>
<tr>
<td>Gender dysphoria treatment</td>
<td>Some services may require prior approval.</td>
</tr>
</tbody>
</table>
## Benefits from RI Medicaid

<table>
<thead>
<tr>
<th>Covered service/benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental services</td>
<td>Includes routine dental check-ups and treatment for adults and children. Children born before May 1, 2000, receive dental benefits through UnitedHealthcare Dental &amp; the RIte Smiles program. Emergency dental services are covered in-plan by <em>Tufts Health RITogether</em>. For older children and adults, dental services are provided using the Medicaid (anchor) card.</td>
</tr>
<tr>
<td>Non-emergency medical transportation</td>
<td>Includes coverage for bus tickets, van, or taxi ride to Medicaid covered or health plan prior approved medical, dental, or other health care provider appointments if no other transportation is available. Must be scheduled in advance.</td>
</tr>
</tbody>
</table>

## Extended Family Planning Benefits

This benefit is for women who have:

- Qualified for RIte Care
- Were pregnant and are now sixty days postpartum or sixty days post-loss of pregnancy
- Are subject to losing eligibility for Medicaid

Eligible women may receive for *up to twenty-four months* of the following schedule of family planning-related benefits:

<table>
<thead>
<tr>
<th>Covered service/benefit</th>
<th>Coverage</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription and non-prescription family planning methods</td>
<td>Covered, including these drugs: emergency contraceptive pills, specific oral contraceptives, contraceptive patches, Depo-Provera, cervical caps, and diaphragms. Over-the-counter (OTC) family planning supplies,</td>
<td>$1.00</td>
</tr>
<tr>
<td>Service Description</td>
<td>Description</td>
<td>Cost</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Outpatient hospital services and surgery-related services</td>
<td>Tubal ligation (sterilization). IUD insertion and removal.</td>
<td>$15.00</td>
</tr>
<tr>
<td>Outpatient procedures (in the office or clinic) – office visit</td>
<td>One comprehensive GYN visit and up to 5 additional family-planning method-related office visits. Tubal ligation (sterilization). IUD insertion and removal.</td>
<td>$2.00</td>
</tr>
<tr>
<td>Referrals to free clinics for other medical services; contact the Rhode Island Department of Health at 401.222.2320 for a list of clinics and counseling locations that can provide these services to you</td>
<td>Referral for other services as needed. For example, referrals to the state’s sexually transmitted disease clinic for treatment or confidential HIV testing and counseling sites.</td>
<td>None</td>
</tr>
<tr>
<td>Gynecological services (well woman care)</td>
<td>Includes annual GYN exam, one comprehensive visit, and up to 5 family planning visits annually.</td>
<td>$2.00</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Includes pregnancy testing, annual Pap smear, sexually transmitted disease testing, anemia testing, dipstick urinalysis, and urine culture.</td>
<td>None</td>
</tr>
</tbody>
</table>
### Out-of-Network Services

<table>
<thead>
<tr>
<th>Covered service/benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency care</td>
<td>Covered in the United States and its territories. No prior authorization needed.</td>
</tr>
<tr>
<td>Family planning services</td>
<td>Members can see <em>Tufts Health RITogether's</em> providers or out-of-network providers for family planning services. No referral is needed.</td>
</tr>
<tr>
<td>All Other Services</td>
<td>Require prior authorization from <em>Tufts Health RITogether</em>. Call Member Services at <strong>866.738.4116</strong> (TTY: 711) Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.</td>
</tr>
</tbody>
</table>

### Non-Covered Services

- Experimental procedures
- Abortion, except to preserve the life of the woman or in cases of rape or incest
- Private rooms in hospitals, unless medically necessary
- Cosmetic surgery
- Infertility treatment services
- Medications for sexual or erectile dysfunction
- Services outside the U.S. and its territories

### Covered Medications and Pharmacy

For a complete and up-to-date list of covered drugs and participating pharmacies, visit tuftshealth.com or call us at **866.738.4116** (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m., excluding holidays.

### Preferred Drug List (PDL)

*Tufts Health RITogether* uses a PDL as our list of covered drugs. We update the PDL every three months. The PDL applies only to drugs you get at retail and specialty pharmacies. The PDL doesn’t apply to drugs you get if you are in the hospital. For the most current PDL, please visit tuftshealthplan.com/RImember or call us at **866.738.4116**.
Exclusions

We don’t cover certain drugs. If it is medically necessary for you to take a drug that we don’t cover, your provider must ask us for and get prior authorization before we’ll cover the drug. One of our clinicians will review the request. If we don’t approve the request for prior authorization, you or your authorized representative can appeal the decision. See the grievance and appeal section for more information. If you want more information about our pharmacy program, visit tuftshealthplan.com/RImember or call us at 866.738.4116.

Generic Drugs

Generic drugs have the same active ingredients as brand-name drugs. When generic drugs are available, we won’t cover the brand-name drug without prior authorization. If you and your provider feel a generic drug is not right for treating your health condition and that a brand-name drug is medically necessary, your provider can ask for prior authorization. One of our clinicians will review the request. If we don’t approve the request for prior authorization you or your authorized representative can appeal the decision. See the Grievance and Appeal section for more information. If you want more information about our pharmacy program, visit tuftshealthplan.com/RImember or call us at 866.738.4116.

New-to-Market Drugs

We review new drugs for safety and effectiveness before we add them to our PDL. A provider who feels a new-to-market drug is medically necessary for you can submit a request for prior authorization. One of our clinicians will review the request. If we don’t approve the request for prior authorization, you or your authorized representative can appeal the decision. See the Grievance and Appeal section for more information. If you want more information about our pharmacy program, visit tuftshealthplan.com/RImember or call us at 866.738.4116.

Quantity Limits

To make sure the drugs you take are safe and you are getting the right amount, we may limit how much you can get at one time. Your provider can ask us for prior authorization if you need more than we cover. One of our clinicians will review the request. If we don’t approve the request for prior
authorization, you or your authorized representative can appeal the decision. See the grievance and appeal section for more information. If you want more information about our pharmacy program, visit tuftshealthplan.com/RImember or call us at 866.738.4116.

Step Therapy Program

Step therapy means that before we pay for a certain second-level drug, you have to first try first-level drugs of that type.

We cover some types of drugs only through our step therapy program. If you and your provider feel a certain drug is not right for treating your health condition, your provider can ask us for prior approval for the other drug. We will review the request and cover the drug according to our clinical guidelines.

Evaluating Experimental and Investigational Drugs and Procedures

As new technologies come up, we have a process to consider whether or not to cover new (experimental) procedures, including clinical trials. Before we decide to cover new procedures, equipment, and prescription drugs, we look at how safe they are and how well these treatments work. For a list of experimental and/or investigational drugs and procedures, go to tuftshealthplan.com.
**Tufts Health RITogether EXTRAS**

Current eligible *Tufts Health RITogether* members can get EXTRAS, but some restrictions may apply. We reserve the right to stop giving an EXTRA at any time.

**Note:** EXTRAS are subject to change. See [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) for the most current information.

**CVS ExtraCare Health Card**

With the CVS ExtraCare Health Card, all new enrollees will receive 20 percent off all regularly priced CVS/pharmacy brand, health-related items valued at $1 or more.

Watch the mail for your CVS ExtraCare Health Card, which should arrive in six to eight weeks.

**Gift Cards to Use to Buy Children’s Car Seats**

We help your kids ride in style. Members who are 28 or more weeks pregnant or members who are 8 years old or younger are eligible to get a $25 gift card to use toward buying a convertible car seat (for kids 5–40 pounds and 19–43 inches tall).

Also, one year later, as long as your child is a member, you can get a $25 gift card to use toward buying a booster car seat (for kids 30–100 pounds and 43–57 inches tall).

How to get this benefit:

1. Visit [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) or call us at **866.738.4116** (TTY: 711) to get a copy of the *Tufts Health RITogether* EXTRAS Reward Form.

2. If you are pregnant, have your provider sign the Provider Signature section of this form.

3. Fill out the form and make a copy for yourself.

4. Mail the completed form to:
   
   Tufts Health Plan  
   Attn: Claims Department  
   P.O. Box 9194  
   Watertown, MA 02471-9194
Watch the mail for your gift card, which should arrive in six to eight weeks if you are approved.

**Note:** Members can get one department store gift card to use to buy a car seat every 12 months. However, members can only receive two gift cards to use for car seats during their membership. You must be a *Tufts Health RITogether* member when you order your car seat gift card and when we process your EXTRAS Form.

**Rewards for Healthy Behaviors**

**For young members**

To help our young members get and stay healthy, we reward their health actions. We list below how you and your kids can earn a gift card from us.

- Get a yearly checkup (ages 3–9) and we will send you a $25 supermarket gift card.
- Get a yearly checkup (ages 10–17) and we will send you a $10 iTunes or department store gift card.
- Get a yearly checkup (ages 18 and older) and you can receive a fitness band. Note: Adults 18 and older can get one fitness band during their membership. They can earn a $25 supermarket gift card for having a yearly checkup all other years.
- Get the recommended childhood immunizations and screenings by age 2 and we will send you a $25 supermarket gift card. Note: The current childhood immunizations and screenings include four DTaP, four Hib, four PCV, three Hep B, three IPV, three Rota, one Hep A, one MMR, one Varicella, a blood lead screening, and a yearly flu shot. Your child’s doctor will talk to you about the best time to get these immunizations.

How to get these benefits:

1. Visit [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) or call us at **866.738.4116** (TTY: 711) to get a copy of the *Tufts Health RITogether* EXTRAS Reward Form.
2. Bring the form with you when you go to your or your child’s doctor.
3. Fill out the information with the doctor. Then have the doctor sign the form.
4. Make a copy of the form to keep for yourself.
5. Mail the completed form to:
Tufts Health Plan
Attn: Claims Department
P.O. Box 9194
Watertown, MA 02471-9194

Watch the mail for your gift card, which should arrive in six to eight weeks.

**Note:** You must be a *Tufts Health RITogether* member at the time of the doctor visit(s) and when we process your EXTRAS Reward Form.

**If you are a new mother**

We help our members who are new mothers during and after a pregnancy to make sure they have as healthy a pregnancy and baby as possible.

- Get a $25 supermarket gift card after attending childbirth, newborn, or breastfeeding classes (new parents are eligible for this reward).
- Get a $25 supermarket gift card after attending two postpartum visits 21–56 days after delivery.
- Get a gift card to use to buy a car seat. See page 31 for more information.
- Get a $25 supermarket gift card for visiting Women, Infants, and Children (WIC) twice during your pregnancy.

Call us at **866.738.4116** (TTY: 711) as soon as you know you are pregnant to find out about these benefits.

How to get the $25 gift card:

1. Visit tuftshealthplan.com/RITogetherExtras or call us at **866.738.4116** (TTY: 711) to get a copy of the *Tufts Health RITogether* EXTRAS Reward Form.

2. Fill out the information on the form with your doctor. Have a PCP/specialist (MD, DO, or RN)/WIC representative sign the form at each of your visits.

3. Make a copy of the form for yourself.

4. Mail the completed form to:
Tufts Health Plan
Attn: Claims Department
P.O. Box 9194
Watertown, MA 02471-9194
Watch your mail for your $25 gift card, which should arrive in six to eight weeks.

**Note:** You must be a *Tufts Health RITogether* member each time you visit WIC and when we process your Reward Form. Members can get one $25 gift card during each pregnancy.

**If you have asthma**

- Get a $25 supermarket gift card for filling out an asthma action plan with your PCP.
- Get information on asthma and a copy of an asthma action plan by calling us at **866.738.4116** (TTY: 711) or by visiting [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras).

**How to get the $25 gift card:**

1. Visit [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) or call us at **866.738.4116** (TTY: 711) to get a copy of the *Tufts Health RITogether EXTRAS* Reward Form.
2. Visit your PCP and fill out the asthma action plan together.
3. Have your PCP sign the asthma action plan and the form.
4. Make a copy of the asthma action plan and the form for yourself.
5. Mail the completed form and the asthma action plan to:
   Tufts Health Plan
   Attn: Claims Department
   P.O. Box 9194
   Watertown, MA 02471-9194

Watch the mail for your gift card, which should arrive in six to eight weeks.

**Note:** You must be a *Tufts Health RITogether* member when you fill out the asthma action plan and when we process your Reward Form. Members can get one $25 gift card every 12 months.

**If you have diabetes**

- Get a $25 supermarket gift card for getting an eye exam, two blood sugar (HbA1c) tests, a protein test, and a blood cholesterol test every 12 months.

**How to get the $25 gift card:**

1. Visit [tuftshealthplan.com/RITogetherExtras](http://tuftshealthplan.com/RITogetherExtras) or call us at **866.738.4116** (TTY: 711) to get a copy of the *Tufts Health*


**RITogether EXTRAS Reward Form.**

2. Visit your PCP, complete the tests, fill out the information, and have your PCP sign the form.

3. Make a copy of the form for yourself.

4. Mail the completed form to:
   Tufts Health Plan
   Attn: Claims Department
   P.O. Box 9194
   Watertown, MA 02471-9194

Watch your mail for your $25 gift card, which should arrive in six to eight weeks.

**Note:** You must be a *Tufts Health RITogether* member when you get the five screenings and when we process your Reward Form. Members can get one $25 gift card every 12 months for completing the five screenings.

**Fitness Reimbursement**

We can help you stay fit. After you have been a member for three months and complete one of several fitness activities, we will give you up to $50 back. While this benefit is available to all members every 12 months, members age 18 and younger must get a parent’s permission to join a gym or participate in a fitness activity.

Eligible fitness activities include but are not limited to:

- Gym and health club memberships, including YMCAs and Jewish Community Centers (JCCs)
- Yoga, Pilates, and fitness classes
- Salsa and other types of dance classes
- Sports leagues, like soccer and basketball
- Martial arts classes, like karate and tai chi

Please discuss any diet or exercise program with your PCP before you begin.
How to get your reimbursement:

1. Visit tuftshealthplan.com/RITogetherExtras or call us at 866.738.4116 (TTY: 711) to get a copy of the Tufts Health RITogether EXTRAS Reimbursement Form.

2. Fill out the form and make a copy of the form and your receipt for yourself.

3. Mail the completed form and your receipt to:
   Tufts Health Plan
   Attn: Member Services Team
   P.O. Box 9194
   Watertown, MA 02471-9194

Watch the mail for your reimbursement of up to $50, which should arrive in six to eight weeks.

Note: You must be a Tufts Health RITogether member when you sign up for your gym membership or fitness activity and when we process your EXTRAS Reimbursement Form. Members can get one $50 reimbursement every 12 months.

Member Rights and Responsibilities

As a member of Tufts Health RITogether, you have a RIGHT:

- To receive information about Tufts Health RITogether, its services, providers, and members’ rights and responsibilities.
- To be treated with respect and dignity and right to privacy.
- To participate with your providers in decision-making about your health care, including the right to refuse treatment.
- To privacy of all records and communications as required by law. (Tufts Health RITogether employees follow a strict confidentiality policy regarding all member information.)
- To respectful, personal attention without regard to your race, national origin, gender, gender identity, age, sexual orientation, religious affiliation, or preexisting conditions.
- To an open discussion of appropriate home and community services or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To get a second medical opinion for medical and surgical concerns.
- To voice grievances, complaints, or appeals about Tufts Health RITogether or the care provided by its providers and/or agencies.
• To make recommendations about Tufts Health RITogether’s member Rights and Responsibilities policies.
• To refuse treatment, and if you do, it will not affect your future treatment.
• To receive information on available treatment options and alternatives.
• To be free from any form of coercion, discipline, or retaliation.
• To request and receive a copy of your medical records, and request that they be amended or corrected.
• To be given health care services.
• To exercise your rights, and that the exercise of those rights does not negatively affect the way Tufts Health RITogether and its providers treat you.

You have a RESPONSIBILITY to:

• To report changes such as address, income, family size, etc. to the State (HealthSource RI or the Department of Human Services) within 10 days of the change.
• To choose a PCP and primary care site. Your PCP will coordinate all of your medical care. You may change your PCP at any time by calling Tufts Health RITogether Member Services.
• To have all of your medical care provided by, or arranged by, a provider in the Tufts Health RITogether network.
• To carry your Tufts Health RITogether member ID and your Rhode Island Medicaid card with you.
• To provide, to the extent possible, information that Tufts Health RITogether and its practitioners and providers need to care for you.
• To learn about your health problems and understand the health plan treatment you and your provider agree on.
• To follow the plans and instructions for care that you have agreed on with your providers.
• To talk with your PCP about all specialty care. If you need a specialist, your PCP will work with you to make sure you get quality care.
• To call your PCP first for help if you have an urgent medical condition. If an emergency is life threatening, call 911 right away or go to the nearest emergency room.

Call Tufts Health RITogether Member Services if you have any questions about your rights and responsibilities.
Advance Directives

When you can no longer make health care decisions for yourself, there are documents that will help make your wishes known. These are called living wills and durable power of attorney.

- A living will is a set of instructions. It says what should happen if you become seriously ill and are unable to communicate.
- Durable power of attorney lets another person make health care decisions for you. You choose who this person will be. It could be your spouse, a family member, or a friend.

Advance directives explain the treatment you want if you become seriously ill or injured. Advance directives can be written or spoken. Ask your primary care provider about these options. You also can find more information and related forms at the Rhode Island Department of Health website, www.health.ri.gov/lifestages/death/about/endoflifedecisions/.

Complaints, Grievances, and Appeals

You have a right to make a complaint, file a grievance, or an appeal. If you are unhappy about the care or services you receive, we want to know about it so we can help fix the problem.

Can someone else complain or file a grievance or appeal for me?

Yes. Your doctor, another provider, friend, family member, or anyone you want, can ask for you. First you must let us know in writing that you are allowing that person to work with us. Members can complete an Authorized Representative Form that gives the person permission to help with your complaint, grievance, or appeal. Tufts Health RITogether must get the completed form before we can talk to the person you’ve identified. Keep a copy of your Authorized Representative Form. The form is valid for one year from the date you sign it unless you tell us you no longer want to allow someone to act on your behalf. To get an Authorized Representative Form, call Member Services.

Complaints

You or your authorized representative has the right to file a complaint at any time. Please call your Tufts Health RITogether Member Services. We can address your questions or concerns about benefits, services, access to appointments, wrong bills you receive, or other issues. If possible, we will resolve your problem at the time of your call. If that is not possible, we will
ask for more information and get back to you within 30 calendar days after your complaint is filed. At any time, we may ask you for more information.

You, or your authorized representative, can also file a complaint or grievance in writing.

Send them to:
*Tufts Health RITogether*
Attn: Member Appeals and Grievances
705 Mount Auburn Street
Watertown, MA 02472

**Grievances**

A grievance is a dissatisfaction about any matter other than a service not being covered. Examples of a grievance include:

- You are not satisfied with the way we responded to your complaint.
- You disagree with us asking for more time to make an authorization decision.
- You have concerns of quality of care or services provided.
- You feel a provider or their employee was rude.
- You feel a provider did not respect your member rights.

You may file a grievance at any time. We will respond to your grievance within 90 calendar days. Sometimes we need more information or time to decide. If we need more time, we will contact you to let you know.

You or your authorized representative can file a grievance in writing or over the phone at any time. Filing a grievance will not affect your health coverage.

**Appeals**

An appeal is a request to change a decision made by *Tufts Health RITogether* for medical care, services, or drugs that you or your provider believe you should receive. It could also be a request for services or supplies that are not included in your covered benefits that you or your provider believe you should receive. You or an authorized representative can file an appeal in writing, in person, or by calling *Tufts Health RITogether* Member Services. Requests to review services that were denied by us must be made within 60 calendar days of our decision to deny a service or supply. We will review the care or services that were denied or the coverage decision that was made.
Send written appeals to:
Tufts Health Plan
Attn: Member Appeals and Grievances
705 Mount Auburn Street
Watertown, MA 02472

Qualified *Tufts Health RITogether* staff decide on appeals that are not about medical issues. Qualified health care professionals decide on appeals about medical issues within 30 calendar days of our receiving it. We may ask you for an additional 14 calendar days if we need more to look into your appeal.

**Internal Appeal**

All appeals are entitled to one level of internal review by Tufts Health Plan.

**Requesting an Internal Appeal**

You can request an internal appeal for a review of any adverse action by:

- **Telephone** — call us at **866.738.4116** (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays

- **Mail** — request an internal appeal by mail, with a copy of the notice of adverse action and any additional information about the internal appeal to us at:
  Tufts Health Plan
  Attn: Member Appeals and Grievances
  705 Mount Auburn St
  Watertown, MA 02472

- **Email** — request an internal appeal by email via the “Contact us” section of our website at tuftshealthplan.com

- **Fax** — request an internal appeal by faxing us at 857.304.6406

- **In person** — visit our office at 75 Fountain Street, Floor 1, Providence, RI 02903, Monday through Friday, from 9 a.m. to 5 p.m., excluding holidays

You must request your internal appeal within 60 calendar days of the notification of an adverse action, as described in this Member Handbook (or, if you do not get a notice, within 60 calendar days from when you learn of the adverse action). You may also send us written comments, documents, or any additional information about your internal appeal. We
will let you know in writing within five calendar days that we got your internal appeal request.

If we do not get your internal appeal request within 60 calendar days, we will consider the adverse action final. Any internal appeals you request after 60 days may be dismissed. If you believe that you requested your internal appeal on time, you have the right to request that we reverse the dismissal and continue your internal appeal. To do so, you must send a written request to us within 10 calendar days of the dismissal. We will decide whether to reverse the dismissal and continue your internal appeal. If we decide not to reverse the dismissal, you can request an external review, or State Fair Hearing, from the Rhode Island Department of Health through the process we describe on page 43.

**You have a right:**

- You have a right to ask for and get copies of all documents related to your appeal. You may add information about the appeal to your file in writing or in person.

- You have a right to continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call or tell us within 10 calendar days of the denial. If your appeal is denied, you may have to pay for the cost of any continued benefits you received. If your appeal is approved and you did not request that your services be continued while your appeal was being decided, we will authorize or provide services within 72 hours.

- You have a right to a fast (expedited) appeal if your provider feels a delay in your care or treatment might be a risk to your life or cause you severe pain. You or your provider should call *Tufts Health RITogether* Member Services to request a fast appeal.

**Urgent (Fast) Appeals**

You can ask us for an urgent or “fast” appeal if waiting up to 30 calendar days for a decision would cause severe pain or could be a risk to your life without immediate medical attention. When your provider feels a delay in your care or treatment might be a medical emergency, you or your provider should call 857.304.6406 (TTY: 711) to request a fast appeal. We will respond to your fast appeal within 72 hours of receiving it. We may need to extend our review time for up to 14 days. If we need to extend our time frame, we will notify you within 2 calendar days of our decision to extend the time frame.
If you disagree with our decision to take more time, you may file a grievance with us. If we deny your request for a fast appeal, we will decide on your appeal within 30 calendar days of receiving your appeal.

External Appeals

After you complete the appeal process with your MCO, and you are still not satisfied, you can request that an independent review organization (IRO) review your appeal for medical services. Requests for external appeals must be received within four months from the date of your appeal decision. Call 857.304.6406 (TTY: 711) for help or for written directions on how to file an external appeal.

State Fair Hearing

If you are not satisfied with the outcome of the MCO’s appeal decision, you may request a State Fair Hearing. Your request must be within one hundred and twenty (120) calendar days from the date of your appeal decision. The State Fair Hearing is facilitated by the Executive Office of Health and Human Services (EOHHS). You have a right to have Medicaid covered services continue while you are going through a State Fair Hearing. If the State Fair Hearing appeal is denied, you may be responsible for the cost of any continued benefits you received. To request a State Fair Hearing, you can either:

- Call 401.462.2132 (TDD 401.462.3363) after you have finished the MCO’s internal appeal process, or
- Fax your request to 401.462.0458, or
- Email your request to EOHHS.AppealsOffice@ohhs.ri.gov, or
- Mail your request to EOHHS Appeals Office, Virks Building, 3 West Road, Cranston, RI 02920.

Complaints About the Appeal Process

You can file a complaint at any time during the appeal process with the Office of the Health Insurance Commissioner (OHIC) through the consumer helpline:

RI Insurance Resource, Education, and Assistance Consumer Helpline (RIREACH)
1210 Pontiac Avenue, Cranston, RI 02920
Telephone: 855.747.3224
Website: www.rireach.org
Email: rireach@ripin.org
For help with your complaint, grievance, or appeal, you may also call RI Legal Services at 401.274.2652.

**Other Health Plan Information**

**How to Disenroll from Tufts Health RITogether**

You may change your health plan during the state’s annual open enrollment period or within 90 calendar days of joining Tufts Health RITogether. If you wish to disenroll at any other time, you may do so for any of the following reasons: poor quality of care, poor continuity of care (such as lack of access to your PCP or necessary specialty services), discrimination, lack of access to transportation, moving out of state, or for other good reasons. Visit [www.eohhs.ri.gov](http://www.eohhs.ri.gov) to get a Request to Change Health Plans form. The Rhode Island Executive Office of Health and Human Services (EOHHS) will decide if you can change plans.

**Coordination of Benefits (COB)**

If you or any member of your family have another health plan, that plan is your primary insurance. Tufts Health RITogether would be your secondary health plan. Call Member Services if you have other insurance or if that coverage has ended.

**CurrentCare®**

The more information your providers have about your medical history, the better they can care for you. You may see more than one provider. You may have had visits to a hospital, provider’s office, or community clinic. Each of these providers can do a better job caring for you if they have access to all of your medical records in one place. CurrentCare® is a database that can give them those records. It is Rhode Island’s electronic health network. If you sign up, you give permission to your providers to see your health information in the database. This keeps all of your providers informed and allows them to easily coordinate your health care. If you want to sign up for CurrentCare, call 888.858.4815 or visit CurrentCareRI.org. There is no cost to join.

**Rhode Island All-Payer Claims Database**

Tufts Health RITogether is required by law to report data about its members’ health care use and costs. This information will be put in the Rhode Island
All-Payer Claims Database. It will be used by policy makers to make better health care decisions. You have the choice:

1. If you want your family’s data in the records, you do not have to do anything.

2. If you want to have your data left out, please go to www.riapcd-optout.com. If you cannot get online, please call Rhode Island’s Health Insurance Consumer Support at 1.855.747.3224. If you have a question or want to learn more, email riapcd@ohic.ri.gov.

**Fraud, Waste, and Abuse**

If you suspect or know that fraud, waste, or abuse is occurring, report it immediately. Fraud happens when a member or provider does something that is not honest so that he/she or another person experiences positive results or some type of benefit or incentive. Waste happens when there is an overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system. Abuse happens when appropriate business and medical practices are not followed, and the result is an unnecessary cost to the Medicaid program. Reporting fraud, waste, and abuse will not affect how you will be treated by *Tufts Health RITogether*. You have the choice to remain anonymous when you make the report. Provide as much information as possible; this will assist those investigating the report.

Some examples of fraud, waste, or abuse are:

- Sharing, loaning, changing, or selling a health plan or Rhode Island Medicaid ID card so someone else can get health care services.
- Using someone else’s health plan or Rhode Island Medicaid ID card to get health care services.
- Using a provider’s prescription pad to alter or forge a provider’s prescription to receive drugs.
- Receiving benefits in both Rhode Island and another state.
- Lying about how much money you make or where you live to become eligible for benefits.
- Selling or giving prescriptions to others that were prescribed to you.
- Providers or hospitals that bill you or your health plan for services that were never provided.

There are many ways to report fraud, waste, and abuse:

- Call *Tufts Health RITogether* Member Services, or write *Tufts Health RITogether* a letter.
- Call the *Tufts Health RITogether* Compliance Hot line at 877.824.7123.
- Contact the RI Office of Program Integrity at 401.462.6503.
- RI Department of Human Services Fraud hotline for reports on CCAP, SNAP, RI Works, and GPA, at 401.415.8300.
- Department of RI Attorney General for reports on Medicaid fraud, Patient Abuse or Neglect, or Drug Diversion, at 401.222.2556 or 401.274.4400 ext. 2269.

**Parity**

Behavioral health and substance use disorder services are considered essential health benefits. *Tufts Health RITogether* ensures that financial requirements (such as co-pays and deductibles) and treatment limitations (such as limits on visits) that apply to mental health or substance use disorder benefits are no stricter than the limits that insurance plans place on medical or surgical benefits. If you think that your ability to get behavioral health services is different than getting medical services, call **866.738.4116** (TTY: 711) and tell them you have a parity complaint.

**Privacy Practices**

We must follow the terms of our *Notice of Privacy Practices* ("Notice") when using or disclosing your PHI. We may revise this Notice at any time. If we do, changes will apply to any of your PHI that we maintain, and we will make a copy of the revised Notice available at tuftshealthplan.com or upon request. *Tufts Health RITogether* uses and shares protected health information ("PHI") for your treatment to pay for care and to run our business. We may also use and share your information for other reasons, as allowed and required by law.

**PHI** includes health information like medical records that have your name, your member number, or other information that can identify you. Types of PHI include verbal, written, or electronic information.

**Why does Tufts Health RITogether use or share your PHI?**

- For your **treatment**. For example, information can be shared with your doctors to decide what’s best for you.
- To **pay for your care**. For example, your benefit information can be shared with a doctor so claims can be paid.
- For health care **operations**. For example, *Tufts Health RITogether* may contact you about health programs that could help you.
Tufts Health RITogether shares your PHI as needed with business associates. Business associates agree to protect your verbal, written, or electronic PHI. They are not allowed to use your PHI other than as per our contract with them. Tufts Health RITogether may use your PHI to remind you of appointments. Tufts Health RITogether may also give you information about other treatment, or health-related benefits and services.

Tufts Health RITogether is required by law to report data about its members’ health care use and costs. This information will be put into the Rhode Island All-Payer Claims Database. The information is used by policy makers to make health care decisions.

You have the following choices:

1. If you want your family’s data in the records, you do not need to do anything.

2. If you want to have your data left out, you need to opt out. You can opt out by going to riapcd-optout.com/. Or you can call the RI Health Insurance Commissioner at 855.747.3224 and tell them you want to opt out.

When can Tufts Health RITogether use or share your PHI without your written approval?

Tufts Health RITogether is allowed or required by law to share your PHI in ways that help the public good. In some cases, there are many requirements Tufts Health RITogether must meet before we can share your PHI. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Examples of when Tufts Health RITogether may use or share your PHI:

- **When required by law**

- **For public health activities.** This may be to prevent disease outbreaks.

- **In cases of abuse, neglect, or domestic violence.** Tufts Health RITogether may only share with entities who are allowed by law to get this information.

- **For health oversight activities.** This may be for things like audits or fraud and abuse investigations.
• For court and administrative proceedings, such as to answer a court order or a subpoena

• For law enforcement purposes, such as to help find a missing person or report a crime

• To give information on decedents. PHI may be shared with medical examiners. This may be to identify a deceased person, find out the cause of death, or as allowed by law. Your PHI may also be shared with funeral directors.

• For organ, eye, or tissue donation, such as with an organ collection agency to help with an organ transplant.

• For research, such as to study a disease, as allowed by law

• For health and safety, such as to prevent danger to public health or safety in an emergency

• For government functions, such as for military or veteran use, national security, or protective services

• For workers’ compensation, such as to obey workers’ compensation laws

• To correctional institutions for persons in custody: (1) to give health care, (2) to protect your health and the health of others, (3) for the security of the institution

Federal and state laws may limit the use and sharing of PHI, including highly private information about you. This may include federal laws about:

1. HIV/AIDS,
2. Mental health,
3. Genetic tests,
4. Alcohol and drug abuse,
5. Sexually transmitted infections and reproductive health information, and
6. Child or adult abuse or neglect, including sexual assault.

If stricter laws apply, Tufts Health RITogether will meet the requirements of the stricter law. For more information, see
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html
When does Tufts Health RITogether need your approval to share your PHI?

Tufts Health RITogether must have your approval to:

- Use and share psychotherapy notes
- Use and share PHI for marketing reasons
- Sell your PHI

Except as stated in this notice, Tufts Health RITogether uses and shares your PHI only with your written approval. You may cancel your approval at any time, unless we have already acted on it. You will need to write to us in order to cancel your approval.

What are your health information rights?

You have the right to:

Ask for limits on how Tufts Health RITogether uses and shares your PHI.

You may ask that your PHI not be used or shared for the use of treatment, payment, and operations. You may also ask Tufts Health RITogether not to share your PHI with family, friends, or other persons involved in your care. Tufts Health RITogether will try to honor your request, but we do not have to do so.

Ask to have your PHI communicated privately.

You may ask to be contacted in a specific way (for example, by cell phone) or at a different location. Tufts Health RITogether will follow reasonable requests when sharing your PHI could put you in danger.

Review and copy your PHI.

You have a right to review and get a copy of your PHI. In certain cases we may deny the request. Important Note: Tufts Health RITogether does not have complete copies of your medical records. Please contact your primary care doctor to request a copy of your medical chart.

Make changes to your PHI.

If you think your health information is wrong or incomplete, you can ask to change it. You must ask in writing and give reasons for the change. These changes would only be made to your Tufts Health RITogether member records. If we deny your request, you may file a letter disagreeing with us.
Ask for a record of when your PHI has been shared.
You may ask for a list of the times Tufts Health RITogether has shared your PHI during the six years prior to the date of your request. The list will include who we shared it with, and why. The list will not include PHI that has been shared:

- For treatment, payment, or health care operations
- With you about your own PHI
- For reasons allowed or required by law
- With your approval
- To persons involved in your care
- In the interest of national security
- To correctional institutions or law enforcement officials having custody of an inmate
- As part of a limited data set
- Before April 14, 2003

Ask for a paper copy of this notice from Tufts Health RITogether. 
You can always request a paper copy of this notice. You can also get a copy from our website, tuftshealthplan.com/RImember.

Get notified when there is a breach of your PHI.
Tufts Health RITogether will notify you of any unauthorized access or sharing of your PHI.

File a complaint if you believe your privacy rights have been violated.
Tufts Health RITogether will not take any actions against you if you file a complaint. Your benefits will not change.

To file a complaint, contact the Tufts Health RITogether Privacy Officer at 866.738.4116 (TTY: 711) or by writing to:

Tufts Health Plan
Privacy Officer
705 Mount Auburn Street
Watertown, MA 02472

Web: tuftshealthplan.com
Email: privacy@tufts-health.com
You may also file a complaint with the United States Department of Health and Human Services, Office for Civil Rights via email, on their portal, via fax, or by writing to:

Office for Civil Rights, DHHS  
JFK Federal Building - Room 1875  
Boston, MA 02203  
(617) 565-1340; (617) 565-1343 (TDD)  
(617) 565-3809 FAX

**What are Tufts Health RITogether duties?**

*Tufts Health RITogether* protects your verbal, written, and electronic PHI from illegal use or sharing. *Tufts Health RITogether* is required by law to:

- Keep your health information private
- Provide you with notice of our legal duties and privacy practices about PHI
- Notify you when there has been a breach of your PHI
- Follow the terms of this notice

Not only do all the physicians and providers in our network know that your information is private and confidential, but *Tufts Health RITogether* employees know that too. We use training programs and policies and procedures supported by management oversight to make sure employees know the procedures they need to follow so your information — whether in oral, written, or electronic format — is secure and safeguarded.

*Tufts Health RITogether* has the right to change the terms of this notice. *Tufts Health RITogether* can also make new terms effective for all PHI that is kept. **This notice is available on our website, tuftshealthplan.com, and you can request a copy at any time.**

**Contact Information**

If you have any questions about this notice or would like more information, please contact us at **866.738.4116** (TTY: 711).
Definitions

Appeal: An appeal is a special kind of complaint you make if you don’t agree with a decision to deny a request for health care services. You may also file an appeal if you disagree with a decision to stop or reduce services that you are receiving. For example, you may ask for an appeal if Tufts Health RITogether does not pay for an item or service you think you should be able to get. There is a specific process that we must use when you ask for an appeal.

Complaint: A concern about benefits, services, access to appointments, wrong bills you receive, or other issues. If possible, we will resolve your problem at the time of your call.

Coordination of Benefits (COB): If you have another health plan, that plan is your primary insurance. Tufts Health RITogether would be your secondary health plan. Call Member Services if you have other insurance or if that coverage has ended.

Copayment: A payment made by a member for health services in addition to that made by an insurer.

Durable Medical Equipment (DME): Bought or rented items such as hospital beds, oxygen equipment, seat lift equipment, wheelchairs, and other medically necessary equipment ordered by a health care provider to be used in a patient’s home.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a lay person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Also known as ambulance services or paramedic services, these are emergency services which treat illnesses and injuries that require an urgent medical response and transport to acute care facility.

Emergency Room Care: Care given for a medical emergency when you believe that your health is in danger.

Emergency Services: An emergency is a potential life-threatening illness or injury. It can cause serious pain or harm to you if you do not receive treatment right away.

EPSDT: Early, Periodic, Screening, Diagnostic and Treatment
**Excluded Services:** Items or services that *Tufts Health RITogether* does not cover.

**Grievance:** A complaint about the way your health plan is giving care or dissatisfaction about anything other than a service not being covered. Examples of a grievance include: dissatisfied with the way your health plan responded to your complaint; your health plan asking for more time to make an authorization decision; you have concerns about quality of care or services you got; you feel a provider or their employee was rude, or you feel a provider did not respect your member rights. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered (see Appeal).

**Habilitation Services & Devices:** Health care services that help you keep, learn, or improve skills needed for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech therapy, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Health Insurance:** A contract that requires your health insurer to pay some or all your health care costs in exchange for a premium.

**Home Health Care:** Skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services supplied in the home.

**Medically Necessary:** Direct care, services, or supplies that are needed for the diagnosis or treatment of your medical condition, behavioral health, or prevention of worsening of your condition. They must meet the standards of good medical practice and aren’t for the convenience of you or your provider.

**Network:** A group of doctors, hospitals, pharmacies, and other health care professionals hired by a health plan to take care of its members.

**Non-participating Provider:** A health care provider or supplier who is not contracted with your health plan.

**Participating Provider:** A health care provider or supplier who is contracted with the Plan and agrees to accept health plan members. Also known as network or in-network provider.
Physician Services: Services provided by an individual licensed under state law to practice medicine or osteopathy.

Plan: Managed care entity that manages the delivery of health care services.

Prior Authorization: Health plan approval necessary before you get care.

Premium: The amount paid for health insurance every month.

Prescription Drug Coverage: Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs: Drugs and medications that, by law, require a prescription.

Primary Care Physician/Provider: A doctor (MD or DO), nurse practitioner, or physician assistant who is trained to give you basic care. Your primary care provider (PCP) is the person you see first for most health problems. He or she makes sure that you get the care that you need to keep you healthy.

Referral: Request from your PCP to your health plan to approve appointment and/or treatment to a specialist.

Rehabilitation Services & Devices: Services ordered by your PCP to help you recover from an illness or injury. These services are given by nurses and physical, occupational, and speech therapists. Examples include working with a physical therapist to help you walk and with an occupational therapist to help you get dressed.

Skilled Nursing Care: A level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).

Specialist: A provider who treats only certain parts of the body, certain health problems, or certain age groups. For example, some doctors treat only heart problems.

Urgent Care: Care that you get for a sudden illness or injury that needs medical care right away but is not life threatening. Your primary care provider generally provides urgently needed care.
Notice of Non-discrimination

_Tufts Health RITogether_ complies with applicable Federal civil rights laws and does not discriminate or treat people differently on the basis of race, color, national origin, age, disability, or sex.

We provide free services to help you communicate with us, such as written information in other languages, formats or large print or you can ask for an interpreter. To ask for help, please call our Member Service Department at **866.738.4116** (TTY: 711). We are here to help you Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Tufts Health Plan**
Attention: Civil Rights Coordinator, Legal Dept. 705 Mount Auburn St.
Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1.800.368.1019, 800.537.7697 (TDD).

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 866.738.4116 (TTY: 711).


Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電866.738.4116 (TTY: 711)。


Cambodian: ប្រយ័ត្ន៖ បរើសិនជាអ្នកនិយាយភាសាខ្មែរ, បសវាជំនួយខ្ននកភាសា បោយមិនគិត្ឈ្ នឹងមានសំរារ់រំបរើអ្នក។ ចូរទូរស័ព្ទ866.738.4116 (TTY: 711)។


Arabic: Árabe: برقم اتصل .بالéfono لك تتوفر اللغوية المساعدة خدمات فإن اللغة اذكر تتحدث كنت إذا :ملحوظة 866.738.4116 (الرقم هاتف حال 711.)


Yoruba: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 866.738.4116 (TTY: 711).


If you have questions, please call **866.738.4116** (TTY: 711),
Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.
Or you can also visit us at tuftshealthplan.com.