



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan)
2022 Summary of Benefits

Neighborhood INTEGRITY, Medicare-Medicaid Plan: **Summary of Benefits 2022**

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Introduction

This document is a brief summary of the benefits and services covered by Neighborhood INTEGRITY. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a Member of Neighborhood INTEGRITY. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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 **If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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A. Disclaimers



This is a summary of health services covered by Neighborhood INTEGRITY for 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Call Member Services at 1-844- 812-6896, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays, and holidays you may be asked to leave a message. Your call will be returned within the next business day. TTY users should call 711. The call is free. You can also access the Member Handbook at www.nhpri.org/INTEGRITY.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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- ❖ Neighborhood INTEGRITY (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under Neighborhood INTEGRITY you can get your Medicare and Rhode Island Medicaid services in one health plan. A Neighborhood INTEGRITY care manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ ATENCIÓN: Si usted habla español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se você fala português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 TTY (711), 8 am a 8 pm, de segunda a sexta-feira; 8:12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.
- ❖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។ នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។ ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។ ការទូរស័ព្ទគឺឥតគិតថ្លៃ។
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-812-6896, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. TTY users should call 711. The call is free.



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- ❖ You can ask to get this document and future materials in your preferred language and/or alternate format by calling Member Services. This is called a “standing request”. Member Services will document your standing request in your member record so that you can receive materials now and in the future in your preferred language and/or format. You can change or delete your standing request at any time by calling Member Services.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Neighborhood INTEGRITY members, except in emergency situations. Please call our customer service number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care managers to help you manage all your providers and services. They all work together to provide the care you need.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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Frequently Asked Questions (FAQ)	Answers
What is a Neighborhood INTEGRITY care manager?	A Neighborhood INTEGRITY care manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
Will I get the same Medicare and Rhode Island Medicaid benefits in Neighborhood INTEGRITY that I get now?	<p>You will get your covered Medicare and Rhode Island Medicaid benefits directly from Neighborhood INTEGRITY. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Rhode Island Medicaid benefits directly from Neighborhood INTEGRITY, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Neighborhood INTEGRITY, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 180 days after you first enroll, or until your care plan is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs or Rhode Island Medicaid covered drugs that Neighborhood INTEGRITY does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Neighborhood INTEGRITY to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
Can I go to the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Neighborhood INTEGRITY and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Neighborhood INTEGRITY’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Neighborhood INTEGRITY’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Neighborhood INTEGRITY’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.nhpri.org/INTEGRITY.</p> <p>If Neighborhood INTEGRITY is new for you, you can continue using the doctors you use now for 180 days after your first enroll or until your care plan is completed, whichever is longer. This includes seeing providers out of network.</p>
What happens if I need a service but no one in Neighborhood INTEGRITY’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Neighborhood INTEGRITY will pay for the cost of an out-of-network provider.</p>



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Where is Neighborhood INTEGRITY available?	The service area for this plan is The State of Rhode Island. You must live in Rhode Island to join the plan.
Do I pay a monthly amount (also called a premium) under Neighborhood INTEGRITY?	You will not pay any monthly premiums to Neighborhood INTEGRITY for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from Neighborhood INTEGRITY before you can get a specific service or drug or use an out-of-network provider. Neighborhood INTEGRITY may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Neighborhood INTEGRITY Member Services:</p> <p>CALL 1-844-812-6896</p> <p>Calls to this number are free. 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays, and holidays you may be asked to a leave a message. Your call will be returned within the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays, and holidays you may be asked to a leave a message. Your call will be returned within the next business day.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-844-617-0563</p> <p>Calls to this number are free 24 hours a day, 7 days a week.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-401-443-5995</p> <p>Calls to this number are free 24 hours a day, 7 days a week.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free, 24 hours a day, 7 days a week.</p>



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	Lab tests, such as blood work	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (This service is continued on the next page)	X-rays or other pictures, such as CAT scans	\$0	Prior authorization is required.
You need medical tests (continued)	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.
You need drugs to treat your illness or condition (This	Generic drugs (no brand name)	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Neighborhood INTEGRITY's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan does offer extended day supplies through a mail-order pharmacy and at some retail pharmacies. There is no co-pay for extended day supplies.</p> <p>Prior authorization may be required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Prior authorization and/or step therapy may apply. Read the <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required. We cover up to 24 visits.
You need emergency care	Emergency room services	\$0	Emergency room services are covered if you need to use an emergency room that is not in our network. Coverage is limited to the U.S. and its territories only.
	Ambulance services	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Urgent care	\$0	Urgent care services are covered if you need to use an urgent care that is not in our network. Coverage is limited to the U.S. and its territories only.
You need hospital care	Hospital stay	\$0	Prior authorization is required.
	Doctor or surgeon care	\$0	
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization is required.
You need eye care	Eye exams	\$0	Limited to one (1) routine eye exam every two (2) years and covered annually for members with diabetes.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Glasses or contact lenses	\$0	Limited to one (1) pair of eyeglasses (frames and lenses) every two (2) years. Eyeglass lenses are covered more frequently when medically necessary. Limited to one (1) pair of contact lenses every two (2) years when medically necessary. Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	Coverage includes hearing aids and evaluations for fitting hearing aids once (1) every three (3) years.
	Services to help manage your disease	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a chronic condition, such as diabetes or heart disease (This service is continued on the next page)</p> <p>You have a chronic condition, such as diabetes or heart disease (continued)</p>	Diabetes supplies and services	\$0	<p>There may be limitations on the brands and manufacturers for supplies when filled at a pharmacy.</p> <p>Insulin dependent Members: Limited to one hundred (100) test strips every thirty (30) days when received from a durable medical equipment (DME) vendor.</p> <p>Limited to one hundred (100) test strips every twenty-five (25) days when received at a pharmacy.</p> <p>Non-insulin dependent members: Limited to one hundred (100) test strips every ninety (90) days when received from a durable medical equipment (DME) vendor.</p> <p>Limited to one hundred (100) test strips every ninety (90) days when received at a pharmacy.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Mental or behavioral health services	\$0	
You have a substance use problem	Substance use treatment services	\$0	
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization is required.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	\$0	
	Walkers	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Oxygen equipment and supplies	\$0	
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Coverage includes one (1) meal available per day, up to five (5) days per week. Rhode Island Medicaid eligibility requirements apply.
	Home delivered meals after inpatient hospitalization or surgery	\$0	Coverage includes home-delivered meals after discharge from an inpatient hospitalization or surgery. This benefit covers fourteen (14) meals for two (2) weeks and limited twice (2) per year for a total of twenty-eight (28) meals is covered.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required. Rhode Island Medicaid eligibility requirements may apply.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	In-Home Support Services	\$0	Coverage includes up to 120 hours per year of companion care to assist with everyday tasks.
	Changes to your home, such as ramps and wheelchair access	\$0	Prior authorization is required.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services or your Care Manager for more information.)	\$0	Prior authorization is required. Rhode Island Medicaid eligibility requirements apply.
	Training to help you get paid or unpaid jobs	\$0	Rhode Island Medicaid eligibility requirements apply.
	Home health care services	\$0	Prior authorization may be required. Rhode Island Medicaid eligibility requirements may apply.



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You need help living at home (continued)	Services to help you live on your own	\$0	Prior authorization may be required.
	Adult day services or other support services	\$0	Prior authorization may be required.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Prior authorization is required. Rhode Island Medicaid eligibility requirements apply.
	Nursing home care	\$0	Prior authorization is required.
Your caregiver needs some time off	Respite care	\$0	Rhode Island Medicaid eligibility requirements may apply.
Additional Covered Services	Fitness Benefit	\$0	Coverage includes access to a contracted fitness facility.



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			Fitness benefit includes a health and gym membership with an activity tracker.
	Healthy Food and Nutrition Benefit	\$0	Coverage includes a healthy food and savings card with a \$25 monthly allowance that can be used to purchase healthy and nutritious groceries.



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D. Services covered outside of Neighborhood INTEGRITY

This is not a complete list. Call Member Services to find out about other services not covered by Neighborhood INTEGRITY but available through Medicare or Rhode Island Medicaid.

Other services covered by Medicare or Rhode Island Medicaid	Your costs
Some hospice care services	\$0
Rhode Island Medicaid covers routine dental care such as cleanings and fillings. Call Member Services if you are unsure whether the dental services you need are covered.	\$0
Rhode Island Medicaid covers residential services for members with intellectual and developmental disabilities.	\$0
Rhode Island Medicaid covers non-emergent medical transportation.	\$0



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E. Services that Neighborhood INTEGRITY, Medicare, and Rhode Island Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Neighborhood INTEGRITY, Medicare, or Rhode Island Medicaid
Cosmetic surgery or other cosmetic work is not covered unless the service involves transgender care, reconstruction of a breast after a mastectomy, and situations where a cosmetic issue effects normal function or emotional well-being.
Experimental procedures, items, and drugs is not covered unless the procedure, item, or drug is covered by Medicare or under a Medicare-approved clinical research study, or by the plan. In these instances, a prior authorization is required.
Personal items in your room at a facility are not covered including items such as a telephone or television.

F. Your rights as a Member of the plan

As a Member of Neighborhood INTEGRITY, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, gender identity, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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- Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Neighborhood INTEGRITY will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care



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- Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - Use an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy. This includes the right to:**
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Neighborhood INTEGRITY *Member Handbook*. If you have questions, you can also call Neighborhood INTEGRITY Member Services.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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G. How to file a complaint or appeal a denied service

If you have a complaint or think Neighborhood INTEGRITY should cover something we denied, call Neighborhood INTEGRITY at 1-844-812-6896. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Neighborhood INTEGRITY *Member Handbook*. You can also call Neighborhood INTEGRITY Member Services.

You can mail your written grievances to:

Neighborhood Health Plan of Rhode Island

Attn: Grievance & Appeals

910 Douglas Pike

Smithfield, RI 02917

- You can fax your written grievances to: 1-401-709-7005
- You can mail your written Medical and Behavioral Health appeals to:

Neighborhood Health Plan of Rhode Island

Attn: Grievance & Appeals

910 Douglas Pike

Smithfield, RI 02917



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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- You can fax your written Medical and Behavioral Health appeals to: 1-401-709-7005

- You can mail your written Part D (prescription drug) appeals to:

CVS Caremark

Part D Appeals and Exceptions

PO BOX 52000 MC109

Phoenix, AZ 85072-2000

- You can fax your written Part D (prescription drug) appeals to: 1-855-633-7673

- To request reimbursement for a Part D prescription drug that you paid out of pocket for, please mail or fax a copy of your receipt and related prescription documentation to:

CVS Caremark

Part D Appeals and Exceptions

PO BOX 52066

Phoenix, AZ 85072-2066

Fax number: 1-855-230-5549



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at Neighborhood INTEGRITY Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call Department of Rhode Island Attorney General for reports on Medicaid fraud, patient abuse or neglect, or drug diversion at 1-401- 222-2556 or 1-401-274-4400 extension 2269
- Or, call Rhode Island Department of Human Services (DHS) Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at 1-401-415-8300
- Or, call Neighborhood's Compliance Hotline at 1-888-579-1551.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.