



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan)
2024 Summary of Benefits

Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024


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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 (TTY 711), 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. 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 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To request a Member Handbook 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.

- ❖ 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.
- ❖ 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*.
- ❖ Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-812-6896 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- ❖ 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-812-6896 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。
- ❖ 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-812-6896 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。
- ❖ Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-812-6896 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.



If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 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. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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- ❖ Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-812-6896 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
- ❖ Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-812-6896 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.
- ❖ Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-812-6896 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- ❖ 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-812-6896 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
- ❖ Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-812-6896 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.
- ❖ إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-844-812-6896 (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.
- ❖ हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-812-6896 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।
- ❖ È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-812-6896 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.
- ❖ Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-812-6896 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
- ❖ Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-812-6896 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.



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- ❖ Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-812-6896 (TTY 711). Ta usługa jest bezpłatna.
- ❖ 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-812-6896 (TTY 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。
- ❖ យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីគម្រោងសុខភាព និងថ្នាំរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែហៅទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-844-812-6896 (TTY 711)។ អ្នកដែលនិយាយខ្មែរជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។
- ❖ 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. 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 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.

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.



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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 (LTSS) 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. Our plan covers LTSS for members who need them and qualify for LTSS through Rhode Island Medicaid. You may need to pay for part of the cost of the services. This is called “cost-share,” and the amount you pay is determined by Rhode Island Medicaid.
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 use 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 using 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 up to 180 days after you first enroll or until your care plan is completed. 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>
Where is Neighborhood INTEGRITY available?	<p>The service area for this plan is The State of Rhode Island. You must live in Rhode Island to join the plan.</p>



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Frequently Asked Questions (FAQ)	Answers
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 (PA)?	<p>PA 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 PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
Do I pay a deductible?	No. You do not pay deductibles in Neighborhood INTEGRITY.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.



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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. We are available from 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.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>Calls to this number are free. We are available from 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.</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>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>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	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$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 drugs to treat your illness or condition (This service is continued on the next page)	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>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>The plan offers extended day supplies through a mail-order pharmacy and at some retail pharmacies. There is no copay for extended day supplies.</p> <p>Prior authorization may be required.</p>
	Brand name drugs	\$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 offers extended day supplies through a mail-order pharmacy and at some retail pharmacies. There is no copay 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)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0	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.
	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. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization and/or step therapy may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	We cover up to 24 visits.



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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 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	
	Urgent care	\$0	Urgent care services are covered In and Out-Of-Network without prior authorization. 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.



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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 eye care	Eye exams	\$0	Limited to one (1) routine eye exam every two (2) years and covered annually for members with diabetes.
	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.



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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 dental care	Routine Dental Care	\$0	Routine dental care is covered with a maximum of \$1,000 per year. Some of the covered services may include two (2) cleanings, one (1) routine oral exam, one (1) fluoride treatment. Dental X-rays, fillings and denture repairs as needed annually. Other limitations may apply.
	Non-Routine Dental care	\$0	Non-routine dental coverage is limited to oral health care, including operating room charges and anesthesia services. Surgery of the jaw or related structures, setting fractures of the jaw or facial bones, pulling teeth before radiation treatments of neoplastic cancer, or services that would be covered when provided by a physician. 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.



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	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>
You have a mental health condition	Mental or behavioral health services	\$0	
You have a substance use problem	Substance use treatment services	\$0	



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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	
	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 a maximum of twenty-eight (28) meals up to two (2) times per year.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization is required. Rhode Island Medicaid eligibility requirements may apply.



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

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.
	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.



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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. 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 \$35 monthly allowance that can be used to purchase healthy and nutritious groceries.



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

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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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

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 gender-affirming care, breast reconstruction after a mastectomy, and situations where a cosmetic issue effects normal function or emotional well-being.
Experimental procedures, items, and drugs are 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)
 - be free from any form of physical restraint or seclusion
 - not be billed by network providers



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

- **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
 - 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.



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

- **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.



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

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

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



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

- 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

- You can fax your request reimbursement for part D prescription drug to: 1-855-230-5549



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Neighborhood INTEGRITY (Medicare-Medicaid Plan): Summary of Benefits 2024

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 1-401-274-4400 extension 2269.
- Or, call Rhode Island Department of Human Services (DHS) Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at 1-401-574-8175.
- Or, call Neighborhood's Compliance Hotline at 1-888-579-1551.



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