## Neighborhood INTEGRITY (Medicare-Medicaid Plan) offered by Neighborhood Health Plan of Rhode Island

## Annual Notice of Changes for 2025

#### Introduction

You are currently enrolled as a member of Neighborhood INTEGRITY. Next year, there will be changes to the plan's benefits, coverage, and rules. This Annual Notice of Changes tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at <a href="www.nhpri.org/INTEGRITY">www.nhpri.org/INTEGRITY</a>. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

### **Table of Contents**

A. Disclaimers	3
B. Reviewing your Medicare and Medicaid coverage for next year	5
B1. Additional resources	6
B2. Information about Neighborhood INTEGRITY	6
B3. Important things to do	6
C. Changes to the network providers and pharmacies	8
D. Changes to benefits for next year	8
D1. Changes to benefits for health care services	8
D2. Changes to prescription drug coverage	10
E. How to choose a plan	13
E1. How to stay in our plan	13
E2. How to change plans	14
E3. Leaving Neighborhood INTEGRITY	14
F. How to get help	16



F1. Getting help from Neighborhood INTEGRITY	16
F2. Getting help from the state enrollment broker	17
F3. Getting help from the RIPIN Healthcare Advocate	17
F4. Getting help from the State Health Insurance Assistance Program (SHIP) and the Medicare-Medicaid Enrollment Supports (MME) Program	17
F5. Getting help from Medicare	18
F6. Getting help from Rhode Island Medicaid	18
F7. Getting help from Rhode Island's Quality Improvement Organization (QIO)	18
F8 Other Resources	10

## A. Disclaimers

- ❖ Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.
- 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 Neighborhood INTEGRITY 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 (ΓΤΥ 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 (ITY 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.
- ❖ 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 quí vị cần thông dịch viên xin gọi 1-844-812-6896 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 6896-812-844-1 (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.
- 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ございます。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。
- ឃើងមានសេវាអ្នកបកប្រែថ្នាល់មាត់ដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីគម្រោ ងសុខភាព និងថ្នាំរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែថ្នាល់មាត់ គ្រាន់តែហៅទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-844-812-6896 (TTY 711) ។ អ្នកដែលនិយាយខ្មែរជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។



## B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E3 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E).
- You will be enrolled in Rhode Island Medicaid Fee for Service (FFS) for your Medicaid services. Your Medicaid services include most long-term services and supports (LTSS) (if you are eligible) and behavioral health care.
- You will get a new Member ID Card. You will also get information about the
  providers and pharmacies in our network. An up-to-date copy of the Member
  Handbook (Evidence of Coverage) is always available on our website at
  www.nhpri.org/INTEGRITY. You may also call Member Services at 1-844-8126896 to ask us to mail you a Member Handbook.

#### **B1.** Additional resources

- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896, 8 a.m. to 8 p.m., Monday Friday; 8 a.m. to 12 p.m. 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.
- This document is available for free in Spanish, Portuguese and Khmer.
- 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.

## **B2. Information about Neighborhood 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.
- Coverage under Neighborhood INTEGRITY is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement.
   Visit the Internal Revenue Service (IRS) website at <a href="www.irs.gov/Affordable-Care-Act/Individuals-and-Families">www.irs.gov/Affordable-Care-Act/Individuals-and-Families</a> for more information on the individual shared responsibility requirement.
- Neighborhood INTEGRITY is offered by Neighborhood Health Plan of Rhode Island. When this *Annual Notice of Changes* says "we," "us," or "our," it means Neighborhood Health Plan of Rhode Island. When it says "the plan" or "our plan," it means Neighborhood INTEGRITY.

#### **B3.** Important things to do

- Check if there are any changes to our benefits that may affect you.
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in sections D1 for information about benefit changes for our plan.



## • Check if there are any changes to our prescription drug coverage that may affect you.

- Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Look in section D2 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
  - Are your providers, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C for information about our *Provider and Pharmacy Directory.*
- Think about your overall costs in the plan.
  - o How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

# If you decide to stay with Neighborhood INTEGRITY:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

## If you decide to leave Neighborhood INTEGRITY:

If you decide other coverage will better meet your needs, you may be able to leave our plan (refer to section E3 for more information). If you leave our plan, your new coverage will begin on the first day of the following month. Look in section E3 to learn more about your choices.



## C. Changes to the network providers and pharmacies

We have not made any changes to our network of providers and pharmacies for next year.

However, it is important that you know that we may make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

Please review the 2025 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated Provider and Pharmacy Directory is located on our website at <a href="https://www.nhpri.org/INTEGRITY">www.nhpri.org/INTEGRITY</a>. You may also call Member Services at 1-844-812-6896 for updated provider information or to ask us to mail you a Provider and Pharmacy Directory.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your Member Handbook.

## D. Changes to benefits for next year

### D1. Changes to benefits for health care services

We are changing our coverage for certain health care services next year. The following table describes these changes.

	2024 (this year)	2025 (next year)
Healthy Food and Nutrition Benefit	Healthy Food and Nutrition Benefit <b>is</b> covered.	Healthy Food and Nutrition Benefit <b>is</b> covered.
	The plan will provide a healthy food and savings card up to a maximum of <b>\$35</b> per month.	The plan will provide a healthy food and savings card up to a maximum of <b>\$75</b> per month.
Routine Dental Care (This benefit is continued	Routine Dental Care <b>is</b> covered.*	Routine Dental Care <b>is</b> covered.*
on the next page)	The plan will cover <b>preventive dental services</b> up to a maximum benefit of \$1000 per year.	The plan will cover <b>preventive</b> and restorative dental services up to a maximum benefit of \$1250 per year.

	2024 (this year)	2025 (next year)
Routine Dental Care (Continued)	Covered services may include:  Two cleanings per year  One routine oral exam and one fluoride treatment per year  Dental X-rays Fillings and denture repairs as needed  *Other limitations may apply.	Covered services may include:  Two cleanings per year One routine oral exam and one fluoride treatment per year Dental X-rays Fillings Denture repairs, rebasing or relining as needed Extractions and other routine oral surgery Root canal therapy on permanent teeth Recementing crowns or bridges Two Palliative pain treatments per year
Behavioral Health Services (This benefit is continued on the next page)	Behavioral Health services in inpatient hospital setting, including psychiatric hospital care and substance use treatment services. * Prior authorization is required.  Outpatient hospital services for mental health care, including care in a partial hospitalization program, short- and long-term mental health treatment residential services, acute substance use residential treatment and court-ordered mental health and substance use treatment.* Prior authorization may be required.	Behavioral Health services in inpatient hospital setting, including psychiatric hospital care and substance use treatment services.* Prior authorization is not required.  Outpatient hospital services for mental health care, including care in a partial hospitalization program, short- and long-term mental health treatment residential services, acute substance use residential treatment, and court-ordered mental health and substance use treatment.* Prior authorization is not required.

	2024 (this year)	2025 (next year)
Behavioral Health Services (Continued)	Outpatient professional services for mental health care, including substance use treatment services opioid treatment program (OTP) and residential mental health services.* Prior authorization may be required.  *The plan may also pay for other services not listed here.	·
Outpatient Rehabilitation Services	The plan will pay for 24 outpatient visits each, for occupational therapy, physical therapy, and speech therapy.  Prior authorization <b>is</b> required for additional visits.	The plan will pay for occupational therapy, physical therapy, and speech therapy.  Prior authorization <b>may</b> be required.

### D2. Changes to prescription drug coverage

#### Changes to our *Drug List*

An updated List of Covered Drugs is located on our website at <a href="https://www.nhpri.org/INTEGRITY">www.nhpri.org/INTEGRITY</a>. You may also call Member Services at 1-844-812-6896 for updated drug information or to ask us to mail you a List of Covered Drugs.

We made changes to our Drug List, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.



If you are affected by a change in drug coverage, we encourage you to:

- Work with your provider (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at 1-844-812-6896 or contact your care manager to ask for a list of covered drugs that treat the same condition.
  - o This list can help your provider find a covered drug that might work for you.
- Work with your provider (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2025 Member Handbook or call Member Services at 1-844-812-6896.
  - If you need help asking for an exception, you can contact Member Services or your care manager. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care manager.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to a:
    - 30-day supply if you do not live in a long-term care facility,
    - 31-day supply if you do live in a long-term care facility, and
    - 90-day supply for Medicaid covered drugs.

(To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of your *Member Handbook*.)

 When you get a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.



We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: <a href="https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients">www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients</a>. You may also contact Member Services at the number at the bottom of the page or ask your

Formulary exceptions will still be covered next year through the date on your approval letter. A new formulary exception request will need to be submitted to continue receiving the drug or product after that date. In some instances, we may decide to end an authorization earlier than the date on your approval letter. If this happens, you will receive a letter telling you the new authorization end date and next steps you can take.

#### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The table below shows your costs for drugs in each of our 3 drug tiers.

health care provider, prescriber, or pharmacist for more information.

	2024 (this year)	2025 (next year)
Drugs in Tier 1	Your copay for a one-month	Your copay for a one-month
(Generic Drugs)	(30-day) supply is <b>\$0 per prescription</b> .	(30-day) supply is <b>\$0 per prescription</b> .
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy		
Drugs in Tier 2	Your copay for a one-month	Your copay for a one-month
(Brand Drugs)	(30-day) supply is <b>\$0 per prescription</b> .	(30-day) supply is <b>\$0 per prescription</b> .
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy		
Drugs in Tier 3	Your copay for a one-month	Your copay for a one-month
(Non-Medicare Prescription and Over-the-Counter (OTC) Drugs)	(30-day) supply is <b>\$0 per</b> prescription.	(30-day) supply is <b>\$0 per prescription</b> .
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy		

## E. How to choose a plan

## E1. How to stay in our plan

We hope to keep you as a Member next year.

You do not have to do anything to stay in your health plan. If you do not change to a Medicare Advantage Plan, change to Original Medicare, enroll in a Medicare Part D plan, or disenroll from Neighborhood INTEGRITY and enroll in Rhode Island Medicaid Fee for Service (FFS) for your Medicaid benefits, you will automatically stay enrolled as a Member of our plan for 2025.

## E2. How to change plans

You can end your membership at any time during the year by disenrolling from Neighborhood INTEGRITY and enrolling in another Medicare Advantage Plan, moving to Original Medicare, or enrolling in a Medicare Part D plan and enrolling in Rhode Island Medicaid Fee for Service (FFS) for your Medicaid benefits.

### E3. Leaving Neighborhood INTEGRITY

As long as you're still eligible for Medicare and Rhode Island Medicaid, you can leave Neighborhood INTEGRITY and keep getting your Medicare and Medicaid benefits.

You will get your Medicaid benefits directly from doctors and other providers. This is called Rhode Island Medicaid Fee for Service (FFS).

There are three ways you can get your Medicare benefits:

#### 1. You can change to:

A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)

#### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in the new Medicare-only health plan.

If you need help or more information:

 Call the Rhode Island SHIP at 1-888-884-8721 or The POINT at 1-401-462-4444. TTY users should call 711. They will refer you to a State Health Insurance Assistance Program (SHIP) counselor.

You will automatically be disenrolled from Neighborhood INTEGRITY when your new plan's coverage begins.

### 2. You can change to:

## Original Medicare with a separate Medicare prescription drug plan

#### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the Rhode Island SHIP at 1-888-884-8721 or The POINT at 1-401-462-4444. TTY users should call 711. They will refer you to a State Health Insurance Assistance Program (SHIP) counselor.

You will automatically be disenrolled from Neighborhood INTEGRITY when your Original Medicare coverage begins.



### 3. You can change to:

# Original Medicare without a separate Medicare prescription drug plan

**NOTE**: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Rhode Island SHIP at 1-888-884-8721 or The POINT at 1-401-462-4444. TTY users should call 711. They will refer you to a State Health Insurance Assistance Program (SHIP) counselor.

#### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the Rhode Island SHIP at 1-888-884-8721 or The POINT at 1-401-462-4444. TTY users should call 711. They will refer you to a State Health Insurance Assistance Program (SHIP) counselor.

You will automatically be disenrolled from Neighborhood INTEGRITY when your Original Medicare coverage begins.

## F. How to get help

## F1. Getting help from Neighborhood INTEGRITY

Questions? We're here to help. Please call Member Services at 1-844-812-6896 (TTY only, call 711). We are available for phone calls 8 a.m. to 8 p.m., Monday – Friday; 8 a.m. to 12 p.m. 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.

#### Your 2025 Member Handbook

The 2025 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2025 Member Handbook will be available by October 15. An up-to-date copy of the 2025 *Member Handbook* is available on our website at <a href="https://www.nhpri.org/INTEGRITY">www.nhpri.org/INTEGRITY</a>. You may also call Member Services at 1-844-812-6896 to ask us to mail you a 2025 Member Handbook.



#### Our website

You can also visit our website at <a href="www.nhpri.org/INTEGRITY">www.nhpri.org/INTEGRITY</a>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

### F2. Getting help from the state enrollment broker

You can call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday-Friday, 8 a.m. – 6 p.m., if you have questions or need help enrolling. The Medicare-Medicaid Plan Enrollment Line can also schedule an in-person appointment with a counselor to discuss your options.

## F3. Getting help from the RIPIN Healthcare Advocate

The RIPIN Healthcare Advocate is an ombudsman program that can help you if you are having a problem with Neighborhood INTEGRITY. The ombudsman's services are free.

- The RIPIN Healthcare Advocate is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The RIPIN Healthcare Advocate makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The RIPIN Healthcare Advocate is not connected with us or with any insurance company or health plan. The phone number for the RIPIN Healthcare Advocate is 1-855-747-3224 (TTY 711).

# F4. Getting help from the State Health Insurance Assistance Program (SHIP) and the Medicare-Medicaid Enrollment Supports (MME) Program

You can also call the State Health Insurance Assistance Program (SHIP) to speak with a SHIP counselor about Medicare. In Rhode Island, the SHIP is provided by the Office of Healthy Aging (OHA). The SHIP has trained counselors in every state, and services are free. To speak with a SHIP counselor, call 1-888-884-8721 (TTY 711).

The Medicare-Medicaid Enrollment Supports Program (MME) gives free one-on-one health insurance counseling to people with Medicare and Medicaid. In Rhode Island, the MME is provided by The POINT. To speak with an MME counselor, call 1-401-462-4444 (TTY 711) or call 2-1-1.

For more information, refer to Chapter 2 of your Member Handbook.



## F5. Getting help from Medicare

To get information directly from Medicare you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### Medicare's Website

You can visit the Medicare website (<a href="www.medicare.gov">www.medicare.gov</a>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to <a href="www.medicare.gov">www.medicare.gov</a> and click on "Find plans.")

#### Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (<a href="www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf">www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf</a>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## F6. Getting help from Rhode Island Medicaid

For questions about the help you get from Medicaid, call Rhode Island Medicaid at the DHS Call Center at 1-855-697-4347.

# F7. Getting help from Rhode Island's Quality Improvement Organization (QIO)

In Rhode Island, the Quality Improvement Organization (QIO) is called Acentra Health. The QIO is a group of doctors and other health care professionals who are paid by the federal government. These experts are not part of our plan. They are paid by Medicare to check on and help improve the quality of care for people with Medicare. Acentra Health will provide an independent review of whether it is medically appropriate for us to end coverage for your services. Call 1-888-319-8452 (TTY-711) 9 a.m. to 5 p.m., Monday – Friday; 10 a.m. to 4 p.m. on Saturdays, Sundays, and holidays.



#### F8. Other Resources

The **Rhode Island Office of Healthy Aging** helps provide information to Rhode Island seniors, families, and caregivers. Some programs and services include but are not limited to, case management, heating assistance, legal assistances, Rhode Island Medicaid Long Term Services and Supports (LTSS), and reporting elderly abuse. Call 1-401-462-3000 (TTY 1-401-462-0740) 8:30 a.m. to 4 p.m., Monday – Friday.

The **Disability Rights Rhode Island (DRRI)** is an independent nonprofit law office that is designated as Rhode Island's Federal Protection and Advocacy System. They help provide free legal assistance to individuals with disabilities. Call 1-401-831-3150 (TTY 1-401-831-5335) 9 a.m. to 5 p.m., Monday – Friday.

**Crossroads Rhode Island** offers information on affordable housing for families and individuals, education and employment services in addition to 24 hours a day, 7 days a week emergency services. Call 1-401-521-2255 (TTY 711) 24 hours a day, 7 days a week.

The **United Way of Rhode Island** provides free and confidential information about assistance with human services needs such as housing, food, and childcare. Call 211 (TTY 711) 24 hours a day, 7 days a week or 1-401-444-0600 (TTY 711) Monday - Friday 8 a.m. - 4:30 p.m.