



Neighborhood INTEGRITY (Medicare-Medicaid Plan) 2019 Summary of Benefits

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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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#### A. Disclaimers

This is a summary of health services covered by Neighborhood INTEGRITY for January 1, 2019. This is only a summary. Please read the Member Handbook for the full list of benefits.

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 Medicaid services in one health plan. A Neighborhood INTEGRITY Case 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.
- ♦ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services 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.
- ATENCIÓN: Si habla español, tenemos a su disposición servicios de asistencia gratuitos en su idioma. Llame al 1-844-812-6896 (TTY o \* TDD 711) de lunes a viernes de 8 am a 8 pm, y sábados de 8 am a 12 mediodía. Los sábados por la tarde, domingos y días feriados puede dejar un mensaje y le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.
- ATENÇÃO: Se falar Português, estão disponíveis para si serviços de apoio linguístico, gratuitamente. Ligue para o 1-844-812-6896 \* (TTY/TDD 711), das 8 am às 8 pm, de segunda a sexta-feira; das 8 am às 12 pm ao sábado. Aos sábados à tarde, domingos e feriados, poderá ser convidado a deixar uma mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é grátis.
- 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, 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. TTY users should call 711. The call is free.
- Our plan can also give you materials in Spanish and Portuguese. Call Member Services to make a standing request to receive your \* materials now and in the future, in your requested language or alternate format.
- 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.



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#### **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 Case Managers to help you manage all your providers and services. They all work together to provide the care you need.	
What is a Neighborhood INTEGRITY Case Manager?	A Neighborhood INTEGRITY Case 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.	



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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Medicaid benefits in Neighborhood INTEGRITY that you get now?	You will get your covered Medicare and 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 Medicaid benefits directly from Neighborhood INTEGRITY, but you may get some benefits the same way you do now, outside of the plan. 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 seeing your doctors and getting your current services for 180 days after you first enroll, or until your care plan is complete, whichever is later. When you join our plan, if you are taking any Medicare Part D prescription drugs or 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.

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. The call is free. For more information, visit www.nhpri.org/INTEGRITY.

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Frequently Asked Questions (FAQ)	Answers		
Can you go to the same doctors you see now?	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.		
	<ul> <li>Providers with an agreement with us are "in-network." You must use the providers in Neighborhood INTEGRITY's network.</li> </ul>		
	<ul> <li>If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Neighborhood INTEGRITY's plan.</li> </ul>		
	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> .		
	If Neighborhood INTEGRITY is new for you, you can continue seeing the doctors you go to now for 180 days after you first enroll or until your care plan is completed, whichever is later. This includes seeing providers out of network.		
What happens if you need a service but no one in Neighborhood INTEGRITY's network can provide it?	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.		
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 you 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.		



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Frequently Asked Questions (FAQ)	Answers		
What is prior authorization?	Prior authorization means that you must get approval from Neighborhood INTEGRITY before you can get a specific service or drug or see 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.		
	See Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.		
Who should you contact if you have questions or need help? (continued	If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Neighborhood INTEGRITY Member Services:		
on the next page)	CALL 1-844-812-6896		
	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 leave a message. Your call will be returned within the next business day.		
	Member Services also has free language interpreter services available for people who do not speak English.		
	<b>TTY</b> 711		
	This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.		
	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 leave a message. Your call will be returned within the next business day.		



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



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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 to see a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Non-emergency transportation to a doctor's office is an out of plan benefit. See your Member Handbook or call Member Services for more information. Prior authorization may be required.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	Acupuncture	\$0	Covered if identified in your individual care plan.
You need medical tests (continued)	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$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 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 service is continued on the next page)	Generic drugs (no brand name)	\$0 for a 30-day supply.	<ul> <li>There may be limitations on the types of drugs covered. Please see Neighborhood INTEGRITY's <i>List of Covered Drugs</i> (Drug List) for more information.</li> <li>The plan does offer extended day supplies through a mail-order pharmacy and at some retail pharmacies. There is no copay for extended day supplies. See your Member Handbook or call Member Services for more information.</li> <li>Prior authorization may be required.</li> </ul>



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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)	Brand name drugs	\$0 for a 30-day supply.	<ul> <li>There may be limitations on the types of drugs covered. Please see Neighborhood</li> <li>INTEGRITY's <i>List of Covered Drugs</i> (Drug List) for more information.</li> <li>The plan does offer extended day supplies through a mail-order pharmacy and at some retail pharmacies. There is no copay for extended day supplies. See your Member Handbook or call Member Services for more information.</li> <li>Prior authorization may be required.</li> </ul>
	Over-the-counter drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please see Neighborhood INTEGRITY's <i>List of Covered Drugs</i> (Drug List) for more information. The plan does offer extended day supplies through a mail-order pharmacy and at some retail pharmacies. There is no copay for extended day supplies. See your Member Handbook or call Member Services for more information.



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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)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her 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 is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required.
You need emergency care	Emergency room services	\$0	Emergency room services will also be covered if you need to use an emergency room that is not in our network. Please refer to the Member Handbook for more information.
	Ambulance services	\$0	
	Urgent care	\$0	Urgent care services will also be covered if you need to use an urgent care that is not in our network. Please refer to the Member Handbook for more information.
You need hospital	Hospital stay	\$0	Prior authorization is required.
care	Doctor or surgeon care	\$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)
You need help getting better or have	Rehabilitation services	\$0	Prior authorization may be required.
special health needs	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization may be 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.
	Glasses or contact lenses	\$0	Limited to one (1) pair of eyeglasses every two (2) years. Eyeglass lenses are covered more than once in a two (2) year period when medically necessary.
			Eyeglass frames are limited to one (1) pair every two (2) years.
			Prior authorization may be required.
You need hearing/ auditory services	Hearing screenings	\$0	
auditory services	Hearing aids	\$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)
You have a chronic condition, such as	Services to help manage your disease	\$0	
diabetes or heart disease	Diabetes supplies and services	\$0	There may be limitations on the brands and supplies when filled at a pharmacy. Prior authorization may be required.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance use problem	Substance use treatment services	\$0	Prior authorization may be required.
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	Wheelchairs	\$0	Prior authorization may be required.
(DME) (This service is continued on the next page)	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)
You need durable medical equipment (DME) (continued)	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Rhode Island Medicaid eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0	Rhode Island Medicaid eligibility requirements may apply. Prior authorization is required.
	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 for more information.)	\$0	Rhode Island Medicaid eligibility requirements may apply. Prior authorization is required.
	Training to help you get paid or unpaid jobs	\$0	Rhode Island Medicaid eligibility requirements may apply.
	Home health care services	\$0	Rhode Island Medicaid eligibility requirements may apply.
			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 help living at home (continued)	Services to help you live on your own	\$0	Rhode Island Medicaid eligibility requirements may apply. 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	Rhode Island Medicaid eligibility requirements may apply. Prior authorization is required.
	Nursing home care	\$0	Prior authorization is required.
Your caregiver needs some time off	Respite care	\$0	Rhode Island Medicaid eligibility requirements may apply.



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#### D. Other services that Neighborhood INTEGRITY covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Neighborhood INTEGRITY	Your costs for in-network providers
Podiatry services	\$0
The plan will pay for the following services:	
<ul> <li>Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs)</li> </ul>	
Routine foot care for Members with conditions affecting the legs, such as diabetes	

#### E. 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
Dental services	\$0
Regular dental care, such as cleanings, fillings or dentures, is covered by Rhode Island Medicaid. However, dental care required to treat illness or injury may be covered by the plan as inpatient or outpatient care.	Prior authorization may be required.
Call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711) if you are not sure whether the plan or Rhode Island Medicaid covers the dental services you need or if you need help finding a dentist.	



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Other services covered by Medicare or Rhode Island Medicaid	Your costs
Non-emergency transportation to doctor and/or behavioral health appointments	\$0
You may be eligible for a reduced-fare RIPTA bus pass. To get a reduced-fare RIPTA bus pass, visit the RIPTA Identification Office at One Kennedy Plaza, Providence, RI 02903 or the RIPTA Customer Service Office at 705 Elmwood Avenue, Providence, RI 02907. Call RIPTA at 1-401-784-9500 for more information.	Prior authorization may be required.
If you are unable to use a RIPTA bus pass, Rhode Island Medicaid covers non-emergency transportation. If you need non-emergency transportation, call 1-855-330-9131 (TTY 1-866-288-3133) or Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711). You may ask for urgent care transportation 24 hours a day, seven days a week. Transportation for non-urgent care must be scheduled at least two business days before your appointment.	
Residential services for people with intellectual and developmental disabilities	\$0
Residential services for people with intellectual and developmental disabilities are covered by Rhode Island Medicaid. Call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711) if you are unsure whether the services you need are covered by the plan or Rhode Island Medicaid.	Prior authorization may be required.
Some hospice care services	\$0
You can get care from any hospice program certified by Medicare. You have the right to elect hospice if your provider and hospice medical director determine you have a terminal prognosis. This means you have a terminal illness and are expected to have six months or less to live. Your hospice provider can be a network provider or an out-of-network provider. See Chapter 4 of the Member Handbook for more information.	

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#### F. Services that Neighborhood INTEGRITY, Medicare, and 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 Medicaid		
Experimental procedures, items and drugs	Not Covered. Unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. See Chapter 3 of the Member Handbook for more information on clinical research studies. In these instances a prior authorization is required. Experimental treatment and items are those that are not generally accepted by the medical community.	
Cosmetic surgery or other cosmetic work	Not Covered. Unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	
Private room in a hospital	Not Covered. Unless it is medically necessary.	



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#### G. 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)
  - o 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:
  - o Description of the services we cover
  - o How to get services
  - How much services will cost you
  - Names of health care providers and case 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 you can change your PCP at any time during the year

- See a women's health care provider without a referral
- o Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- o Refuse treatment, even if your doctor advises against it
- o 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:
  - $\circ \quad \text{Get timely medical care} \\$
  - 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.
- You have the right to seek emergency and urgent care when you need it. This means you have the right to:
  - Get emergency services without prior approval in an emergency

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- See an out of network urgent or emergency care provider, 0 when necessary
- You have a right to confidentiality and privacy. This includes ٠ 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 0
  - Ask for a state fair hearing 0
  - Get a detailed reason for why services were denied 0

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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#### H. 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 (TTY 711). 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: Grievances & Appeals

910 Douglas Pike

Smithfield, RI 02917

You can fax your written grievances to: 1-401-709-7005.

#### You can mail your written Part D appeals to:

CVS Caremark Part D Appeals and Exceptions

PO BOX 52000 MC109

Phoenix, AZ 85072-2000

Appeals fax# 1-855-633-7673



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

CVS Caremark Part D Appeals and Exceptions

PO BOX 52066

Phoenix, AZ 85072-2066

Paper Claims Appeals fax: 1-855-230-5549

#### You can mail all other Neighborhood INTEGRITY appeals to:

Neighborhood Health Plan of Rhode Island

Attn: Grievances & Appeals

910 Douglas Pike

Smithfield, RI 02917

You can fax your Medical appeals to: 1-401-709-7005.



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#### What to do if you suspect fraud Ι.

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. ٠
- 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 ٠ hours a day, 7 days a week.
- Or, call Rhode Island Medicaid Fraud Control and Patient Abuse Unit at the Attorney General's office at 1-401-222-2566 or 1-401-274-4400 ٠ ext. 2269. TTY users should call 711.

