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

## Annual Notice of Changes for 2019

<Member name> <Address> <Address> <City, State Zip Code>

## Introduction

You are currently enrolled as a member of Neighborhood INTEGRITY. Next year, there will be some changes to the plan's benefits, coverage, rules. This Annual Notice of Changes tells you about the changes and where to find more information about them. 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. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.

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## 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 information 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.
- Benefits as well as the List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- If you get or become eligible for long-term services and support (LTSS), you may have to pay part of the cost of these services. This amount is determined by the Rhode Island Medicaid Program.

## 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. See section F2 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 (go to page 10 to see your choices).
- 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.

**NOTE**: Effective January 1, 2019, if you are in a drug management program, you may not be able to change plans. See Chapter 5 of your *Member Handbook* for information about drug management programs.

#### **B1. Additional Resources**

- ATTENTION: If you speak Spanish or Portuguese, language assistance services, free of charge, are available to you. Call 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 federal 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 nacionales 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 federais, poderá ser convidado a deixar uma mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é grátis.
- 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 am to 8 pm, Monday Friday; 8 am to 12 pm on Saturday. TTY users should call 711. The call is free.
- Our plan can also give you materials in Spanish and Portuguese and in formats such as large print, braille, or audio. Call Member Services to make a standing request to receive your materials now and in the future, in your requested language or alternate format.

#### **B2. Information about Neighborhood INTEGRITY**

- 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.
- Coverage under Neighborhood INTEGRITY qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <u>www.irs.gov/Affordable-Care-Act/Individuals-and-Families</u> for more information on the individual shared responsibility requirement for MEC.
- 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.

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### B3. Important things to do

- Check if there are any changes to our benefits that may affect you.
  - o 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 and E 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?
  - 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 to see if your providers and pharmacies will be in our network next year.
  - Are your providers 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 (see section F2 for more information). If you leave our plan, your new coverage will begin on the first day of the following month. Look in section F, page 10 to learn more about your choices.

## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

We strongly encourage you to **review our current** *Provider and Pharmacy Directory* to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.nhpri.org/INTEGRITY. You may also call Member Services at 1-844-812-6896 (TTY 711) from 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday 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, see Chapter 3 of your *Member Handbook*.

## D. Changes to benefits for next year

## D1. Changes to benefits for health care services

There are no changes to your benefits for health care services. Our benefits will be exactly the same in 2019 as they are in 2018.

## D2. Changes to prescription drug coverage

## Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.nhpri.org/INTEGRITY. You may also call Member Services at 1-844-812-6896 (TTY 711) from 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The List of Covered Drugs is also called the "Drug List."

We made changes to our Drug List, including changes to the 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 see if there will be any restrictions.

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 (TTY 711) 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday to ask for a list of covered drugs that treat the same condition.
  - 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, see Chapter 9 of the 2019 Member Handbook or call Member Services at 1-844-812-6896 (TTY 711) from 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday.
  - o If you need help asking for an exception, you can contact Member Services.
- 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,
    - a 31-day supply if you do live in a long-term care facility, and
    - a 90-day supply for Medicaid-covered drugs.

(To learn more about when you can get a temporary supply and how to ask for one, see 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.

#### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2019. 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.

	2018 (this year)	2019 (next year)
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	Your copay for a one- month (30-day) supply is \$ <b>0 per prescription</b> .
Drugs in Tier 2 ( <i>Brand Drugs</i> ) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .
Drugs in Tier 3 (Non-Medicare Prescription and Over The Counter (OTC) Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .	Your copay for a one- month (30-day) supply is <b>\$0 per prescription</b> .

## E. Administrative changes

Administrative changes include but are not limited to prior authorization changes and benefit clarifications.

	2018 (this year)	2019 (next year)
Mental Health and Substance Use Partner	Beacon Health Options	Optum®
Pharmacy Benefit Manager (PBM)	PerformRx	CVS Caremark®
Mail Order Pharmacy	Walgreens	CVS Caremark® Mail Service Pharmacy
Mail Order for Prescription Drugs	Available for 90-day supply only.	Available for 30-day, 60-day and 90-day supply.
The following services required a prior authorization in 2018. These services will not require prior authorization in 2019:	Prior authorization is required.	Prior authorization is <u><b>not</b></u> required.
Case Management for INTEGRITY members living in a nursing home, Outpatient Diagnostic Procedures, Respite, Private Duty Nursing, Skilled Nursing Services, Self-Directed Supports & Services, and Services provided by Community Mental Health Organizations		
Incontinence Supplies (diapers/underpads/liners)	Prior authorization is not required.	Prior authorization <u>is</u> required.

**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. 9

	2018 (this year)	2019 (next year)
Diabetic Supplies and Services	Prior authorization is not required.	Prior authorization applies to some services.
The following services required a prior authorization in 2018. In 2019, prior authorization will apply to some services: Ambulance Services for Non- Emergency Ambulance Medical Services, Ambulatory Surgical Center, Durable Medical Equipment (DME), and Prosthetic/Medical Supplies	Prior authorization is required.	Prior authorization applies to some services.

## F. How to choose a plan

## F1. 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 2019.

### F2. How to change plans

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

**NOTE**: Effective January 1, 2019, if you are in a drug management program, you may not be able to change plans. See Chapter 5 of your Member Handbook for information about drug management programs.

These are the four ways people usually end membership in our plan:

1. You can change to:	Here is what to do:
A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)	Call Medicare at 1-800-MEDICARE (1- 800-633-4227), 24 hours a day, seven 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:
	<ul> <li>Call The POINT at 1-401-462-4444. They will refer you to a State Health Insurance Assistance Program (SHIP) Counselor.</li> </ul>
	You will automatically be disenrolled from Neighborhood INTEGRITY when your new plan's coverage begins.
2. You can change to:	Here is what to do:
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, seven days a week. TTY users should call 1-877-486- 2048.
Original Medicare with a separate	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-
Original Medicare with a separate	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486- 2048.

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3. You can change to:	Here is what to do:
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 get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call The POINT at 1-401-462-4444. They will refer you to a State Health Insurance Assistance Program (SHIP) Counselor.	<ul> <li>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</li> <li>If you need help or more information: <ul> <li>Call The POINT at 1-401-462-4444. They will refer you to a State Health Insurance Assistance Program (SHIP) Counselor.</li> </ul> </li> <li>You will automatically be disenrolled from Neighborhood INTEGRITY when your Original Medicare coverage begins.</li> </ul>
4. You can change to:	Here is what to do:
Rhode Island Medicaid Fee For Service (FFS) for your Medicaid benefits only	Call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday – Friday 8:00 am- 6:00 pm. TTY users should call 711. If you need help or more information: • Call The POINT at 1-401-462-4444. They will refer you to a State Health Insurance Assistance Program (SHIP) Counselor. You will automatically be disenrolled from Neighborhood INTEGRITY when your Rhode Island Medicaid Fee For Service (FFS) coverage begins.

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## G. How to get help

### G1. Getting help from Neighborhood INTEGRITY

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

#### Your 2019 Member Handbook

The *2019 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 2019 Member Handbook will be available by October 15. An up-to-date copy of the 2019 *Member Handbook* is always available on our website at www.nhpri.org/INTEGRITY. You may also call Member Services at 1-844-812-6896 (TTY 711) 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday to ask us to mail you a 2019 Member Handbook.

#### Our website

You can also visit our website at www.nhpri.org/INTEGRITY. 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*).

### G2. Getting help from the state enrollment broker

You can call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469, Monday-Friday, 8:00 am – 6:00 pm. TTY users should call 711.

### G3. 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.

# G4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). In Rhode Island, the SHIP is called The POINT. The SHIP counselors can help you understand your Medicare-Medicaid Plan and other plan choices. The SHIP is not connected with us or with any insurance company or health plan. The SHIP has trained counselors in every state, and services are free. In Rhode Island, you can get a referral to a SHIP counselor by calling The POINT at 1-401-462-4444.

## G5. 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 (<u>http://www.medicare.gov</u>). 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, go to <u>http://www.medicare.gov</u> and click on "Find health & drug plans.")

### Medicare & You 2019

You can read *Medicare & You 2019* 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 (<u>http://www.medicare.gov</u>) 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.

## G6. Getting help from Medicaid

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

## G7. Getting help from the Quality Improvement Organization (QIO)

Our state has an organization called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. Livanta is not connected with our plan. Call Livanta at 1-866-815-5440.