



## Application for the New Health and Drug Plan- Neighborhood INTEGRITY

To join Neighborhood INTEGRITY, you must have Medicare Part A, Medicare Part B, be eligible for Medicare Part D, and have Rhode Island Medicaid. If you'd like to apply for Neighborhood INTEGRITY, please call 1-844-602-3469 (TTY 711) or complete this application and mail it in the enclosed envelope.

### Tell us about yourself:

Name: (first, middle, last)		
Date of birth: (__/__/____) MM/DD/YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone number: (____)____-____	Another phone number: (____)____-____	Email Address:
Address where you live:		
City:	State:	ZIP code:
Address where you get mail (if different from where you live):		
City:	State:	ZIP code:
Emergency contact name:		Emergency contact phone: (     )____-____
<p><b>Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:</b></p> <p>_____ Spanish, Portuguese, French, Haitian, and Chinese</p> <p>_____ Braille, Audio Tape, and Electronic or Large Print</p> <p>Please contact Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711) if you need information in an accessible format or language other than what is listed above. Their office</p>		

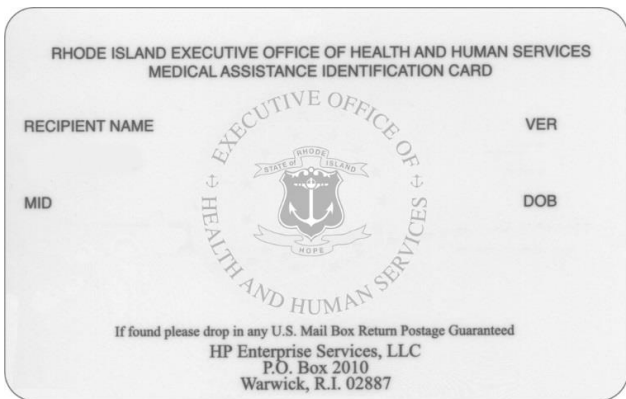
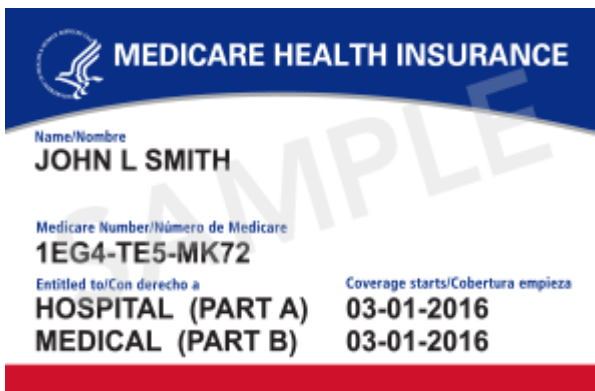
hours are Monday – Friday, 8 am to 8 pm and Saturday 8 am to 12 noon.

**Tell us where you usually get health services:**

Name of your primary care provider, clinic or, health center:	Phone number:  (____) _____ - _____
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**Tell us about your Medicare & RI Medicaid coverage:**

Please write your Medicare and Medicaid number on the line below each card. You can find this information on your red, white, and blue Medicare card or in a letter from Social Security or the Railroad Retirement Board.



Write the Medicare claim number here:

\_\_\_\_\_

Write the Medicaid ID number on your card here:

\_\_\_\_\_

**Other personal information:**

Do you have End-Stage Renal Disease (ESRD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes” and you’ve had a successful kidney transplant and/or no longer need regular dialysis, please attach a note from your doctor.		
Do you live in a long-term care facility? (nursing home) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in the information below:		
Name of the facility:		Phone number:  (____) _____ - _____
Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Your health coverage including your prescription drug coverage:**

Some people have other health insurance or drug coverage through other insurance providers, such as private insurance, TRICARE, Employers, Unions, Railroad Retirement, Veterans Affairs, or RIPAE (RI Pharmaceutical Assistance to the Elderly) Program.

Do you have other health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fill in the information below:</i>	
Name of your plan ( <i>and employer, if applicable</i> ) :	Group number:
	ID number:
Name of your plan ( <i>and employer, if applicable</i> ) :	Group number:
	ID number:
Name of your plan ( <i>and employer, if applicable</i> ) :	Group number:
	ID number:
If you have health and/or drug coverage from an employer, union or Railroad Retirement Board now, you or your dependents could lose that coverage when you join Neighborhood INTEGRITY. Your employer, union or Railroad retirement plan can give you more information about your coverage.	

**Please read and sign below.**

When you sign this form, it means that you understand:

<ul style="list-style-type: none"><li>• Neighborhood Health Plan of Rhode Island has a contract with the federal government and with the state of Rhode Island.</li><li>• The health services I get with my new plan may be different than the services I had before.</li><li>• I must keep Medicare Part A, Part B and continue to be eligible for RI Medicaid.</li><li>• I can be in only one Medicare plan at a time.</li><li>• By joining Neighborhood INTEGRITY, I will end my enrollment in another Medicare health or prescription drug plan.</li><li>• I must tell Medicare and the RI Medicaid program about any prescription drug coverage that I have or may get in the future.</li><li>• If I move, I need to tell Rhode Island Medicaid my new address.</li><li>• As a member of Neighborhood INTEGRITY, I have the right to appeal if I don't agree with Neighborhood's decisions about payment or services.</li><li>• On the date Neighborhood INTEGRITY coverage begins, I must get my health care from doctors in Neighborhood's network, except for emergency or urgently needed care, out-of-area dialysis or if I get Neighborhood's approval to see other providers in some circumstances.</li><li>• Neighborhood INTEGRITY will cover my health care with doctors in Neighborhood's network and other providers as outlined in the Member Handbook.</li><li>• If I need to see a doctor or other provider who is not in Neighborhood INTEGRITY, I may need prior authorization (permission before I get the service) or I may have to pay out-of-pocket for the services I get.</li><li>• By joining Neighborhood INTEGRITY, I know that Neighborhood may share my information with Medicare and the RI</li></ul>	<p>Medicaid program and other plans as necessary for treatment, payment, and health care operations.</p> <ul style="list-style-type: none"><li>• I understand that prescription drugs are covered but not always the same ones I'm already taking. I understand that I'll be able to receive at least one 30-day supply of prescription drugs anytime during the first 90 days of coverage in Neighborhood INTEGRITY.</li><li>• I understand that when I join Neighborhood INTEGRITY, I need to use Neighborhood's network of doctors and other providers. However, I will have access to my current doctors for 6 months after I join Neighborhood. After that time, if I want to see doctors or other providers who are not in Neighborhood's network, I will have to get permission to see them from Neighborhood Health Plan of RI.</li><li>• I know that Neighborhood Health Plan of RI may share my information including my prescription drug information with Medicare and the RI Medicaid program. They may release it for research and other purposes, as allowed by Federal statutes and regulations.</li><li>• The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I'll be disenrolled from Neighborhood INTEGRITY.</li><li>• My signature (or my authorized representative's signature) on this form means that I've read and understood this form. If an authorized representative signs, the person's signature means that he or she is authorized under State law to complete this enrollment and documentation of this authority is available upon request from Medicare.</li></ul>
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Your signature:	Date:
<p>If you are the authorized representative, you must provide the following information, sign, and date below:</p> <p>Name: _____ (Please Print)</p> <p>Signature _____</p> <p>Address: _____</p> <p>Phone Number: (____) _____ - _____</p> <p>Relationship to Enrollee: _____</p> <p>Today's Date: _____</p>	

If you have questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit [www.Medicare.gov](http://www.Medicare.gov). TTY users should call 1-877-486-2048.

**If you are mailing the application**, please send to:

Rhode Island Medicare/Medicaid Plan Enrollment Line  
401 Wampanoag Trail, 3<sup>rd</sup> floor  
East Providence, RI 02915

An envelope is enclosed for your use. You can also call **1-844-602-3469** to apply.

**For more information**, visit [www.eohhs.ri.gov](http://www.eohhs.ri.gov). **If you have questions**, call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday- Friday, 8:00 am – 6:00 pm. The call is free. You can get this information for free in other languages and formats, like large print, braille, and audio.

**Para obtener más información**, visite [www.eohhs.ri.gov](http://www.eohhs.ri.gov). **Si tiene preguntas**, llame al Medicare-Medicaid Plan Enrollment Line (número telefónico para inscripciones en plan Medicare-Medicaid) al 1-844-602-3469 (TTY 711), de lunes a viernes, de 8:00 a.m. a 6:00 p.m. La llamada es gratis. Puede obtener esta información gratuitamente en otros idiomas y formatos, como letra grande, braille y audio.

**Para mais informações**, visite [www.eohhs.ri.gov](http://www.eohhs.ri.gov). **Se tiver dúvidas**, ligue para a Linha de Inscrição do Plano de Medicare-Medicaid no número 1-844-602-3469 (TTY 711), de segunda a sexta-feira, das 8:00 às 18:00. A chamada é gratuita. Você pode obter estas informações gratuitamente em outros idiomas e formatos, como impressão grande, braille e áudio.