

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

Introduction

This document is a brief summary of the benefits and services covered by Integra Synergy MAP (HMO SNP). 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 Integra Synergy MAP (HMO SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

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Disclaimers



This is a summary of health services covered by Integra Synergy MAP (HMO SNP) for 2020. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call Integra Synergy MAP (HMO SNP) Member Services at the number at the bottom of this page to get one.

- ❖ Integra Managed Care is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Integra Managed Care depends on contract renewal.
- ❖ This document is available in other formats such as Braille and large print.
- ❖ This information is not a complete description of benefits. Call 1-877-388-5195 (TTY: 711) for more information.
- ❖ Integra Managed Care, Inc. is a plan for people who need Medicaid home care and long-term care services and covers Medicare services for those who live in the service area and have both Medicare Part A and Part B and have Medicaid.

Integra Managed Care, Inc. is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits and:

- Must be capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health; and
Must be eligible for nursing home level of care (as of the time of enrollment)
- Must require care management and be expected to need at least one of the following Community Based Long Term Care services for more than 120 days from the effective date of enrollment:
 - a) nursing services in the home;
 - b) therapies in the home;
 - c) home health aide services;



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- d) personal care services in the home;
- e) adult day health care;
- f) private duty nursing; or
- g) Consumer Directed Personal Assistance Services

- Must be 21 years of age or older;
 - Must reside in the plan's service area
 - Must not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.
 - Is determined eligible for long term care services by the plan or an entity designated by the Department using the current NYS eligibility tool.
- ❖ Under Integra Synergy MAP (HMO SNP) you can get your Medicare and Medicaid services in one health plan. An Integra Synergy MAP (HMO SNP) care coordinator will help manage your health care needs.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* Handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (<https://www.medicare.gov>) 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. For more information about **Medicaid**, call New York State Department of Health (Social Services) Medicaid Helpline 1-800-541-2831 Medicaid Helpline. TTY users should call 711.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195. (TTY: 711). The call is free.
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Integra Synergy MAP (HMO SNP) a 1-877-388-5195 (TTY: 711). La llamada es gratuita.



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- ❖ 注意：如果您講中文，您可以免費獲得語言援助服務。請致電 Integra Synergy MAP (HMO SNP)會員服務部：1-877-388-5195。（聽力障礙電傳：711）。該電話免費。「
- ❖ You can get this document for free in Spanish and in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page.
- ❖ Integra Synergy MAP (HMO SNP) records your preferred language and/or your request for materials in other formats at the time that you enroll in our plan. We keep that information stored in your member record to be used for all future mailings and communications. You can change your request by contacting Member Services at the number at the bottom of the page.



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Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

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Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/ HMO + D-SNP) plan?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated health care system. It also has care coordinators to help you manage all of your providers and services. They all work together to provide the care you need.</p> <p>Our MAP plan is called Integra Synergy MAP (HMO SNP).</p>



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Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Medicaid benefits in Integra Synergy MAP (HMO SNP) that you get now?	<p>If you are coming to Integra Synergy MAP (HMO SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare and Medicaid benefits directly from Integra Synergy MAP (HMO SNP). You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in Integra Synergy MAP (HMO SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that Integra Synergy MAP (HMO SNP) does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Integra Synergy MAP (HMO SNP) to cover your drug, if medically necessary. For more information, call Member Services.</p>
Can you go to the same health care providers you see now?	<p>That is often the case. If your providers (including doctors and pharmacies) work with Integra Synergy MAP (HMO SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” In most cases, you must use the providers in Integra Synergy MAP’s (HMO SNP) network. <p>If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Integra Synergy MAP (HMO SNP)’s network. You may also use out-of-network providers when Integra Synergy MAP (HMO SNP) authorizes the use of out-of-network providers.</p> <p>To find out if your providers are in the plan’s network, call Member Services or read Integra Synergy MAP (HMO SNP)’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at www.integramanagedcare.com for the most current listing.</p>



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Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in Integra Synergy MAP (HMO SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, Integra Synergy MAP (HMO SNP) will authorize and pay for the cost of an out-of-network provider.
What is a care manager?	A care manager is your main contact person. 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 services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.
Where is Integra Synergy MAP (HMO SNP) available?	The service area for this plan includes the following counties in New York: Bronx, Kings, Nassau, New York and Queens. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.



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Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	<p>Prior authorization means that you must get approval from Integra Synergy MAP (HMO SNP) before you can get a specific service or drug or see an out-of-network provider. Integra Synergy MAP (HMO SNP) 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>See Chapter 3, of the <i>Evidence or Coverage</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Evidence or Coverage</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means getting access for certain plan benefits from your primary care provider (PCP) before you can see providers in the plan's network. If you don't get approval, Integra Synergy MAP (HMO SNP) may not cover the services. You don't need a referral for certain benefits. For more information on when a referral is necessary, call Member Services or read the <i>Evidence of Coverage</i>.</p>
Do you pay a monthly amount (also called a premium) as a member of Integra Synergy MAP (HMO SNP)?	<p>No. Because you have Medicaid, you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>
Do you pay a deductible as a member of Integra Synergy MAP (HMO SNP)?	<p>No. You do not pay deductibles in Integra Synergy MAP (HMO SNP).</p>



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Frequently Asked Questions (FAQ)	Answers
What is the maximum out-of-pocket amount that you will pay for medical services as a member of Integra Synergy MAP (HMO SNP)?	There is no cost-sharing for medical services in Integra Synergy MAP (HMO SNP), so your annual out-of-pocket costs will be \$0.



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A. List of Covered 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 need hospital care	Inpatient hospital care	\$0	<p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p>Prior authorization is required.</p>
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	<p>Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an “outpatient.” If you are not sure if you are an outpatient, you should ask the hospital staff.</p> <p>Prior authorization is required.</p>
	Ambulatory surgical center (ASC) services	\$0	<p>If you are having surgery in a hospital facility, you should check with your provider about whether you will be an inpatient or outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an “outpatient.”</p> <p>Prior authorization is 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 want to see a health care provider	Doctor visits to treat an injury or illness	\$0	Prior authorization is required. You must get a referral from your primary care physician (PCP) to see a specialist.
	Specialist care	\$0	Prior authorization is required. You must get a referral from your primary care physician (PCP) to see a specialist.
	Wellness visits, such as a physical	\$0	No prior authorization required.
	Preventive care to keep you from getting sick, such as flu shots	\$0	No prior authorization required.
	“Welcome to Medicare” preventive visit (one time only)	\$0	We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you would like to schedule your “Welcome to Medicare” preventive visit.
You need emergency care	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.



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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)
			Covered within the United States only
	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Covered within the United states only
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization is required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization is required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization is required.
You need hearing/auditory services	Hearing screenings	\$0	Prior authorization is required.
	Hearing aids	\$0	Prior authorization is required. Your Medicare benefit provides for a \$500 allowance for hearing aids per ear every three years. Your Medicaid benefit covers hearing aids beyond \$500.
You need dental care	Dental services, including preventive care	\$0	Prior authorization is required for restorative, endodontics, periodontic and prosthodontic services.



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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	Glasses or contact lenses	\$0	Your Medicare benefits provide \$100 toward a set of eyewear every year. There is no limit with your Medicaid benefit.
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	Prior authorization is required. You must get a referral from your primary care physician (PCP) to see a specialist. Routine vision exams are not covered.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization is required for individual and group mental health visits.
	Inpatient care for people who need long-term mental health services	\$0	Prior authorization is required.
You have a substance use disorder	Substance use disorder services	\$0	Prior authorization is required.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization is required. No prior hospital stay is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Medicaid covered therapy visits are limited to 20



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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)
			per year per therapy type (occupational and speech therapies). There is a 40-visit limit for physical therapy.
You need help getting to health services	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	No prior authorization is required in an emergency.
	Transportation to health care services and health care	\$0	
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs. Prior authorization is required for chemotherapy and other Part B drugs.
	Medicare Part D drugs: Generic and brand name drugs	\$0 for a 30-day supply.	Your provider must get prior authorization from Integra Synergy MAP (HMO SNP) for certain drugs. There may be limitations on the types of drugs covered. Please see Integra Synergy MAP (HMO SNP)'s <i>List of Covered Drugs</i> at www.integramanagedcare.com for more information. Integra Synergy MAP (HMO SNP) may require you to first try one drug



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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)
			<p>to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on https://www.medicare.gov</p>
You need drugs to treat your illness or condition (continued)			<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Integra Synergy MAP (HMO SNP) for certain drugs.</p> <p>An extended day supply is available through mail order. The cost of an extended day supply is the same as the cost for a one month supply.</p>
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. There is a \$100 allowance for eligible over the counter items per month. Balances do not carry over month to month.
	Diabetes medications	\$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 help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is required.
	Medical equipment for home care	\$0	Prior authorization is required.
You need foot care	Podiatry services	\$0	Prior authorization is required for non-routine foot care. Routine foot care is limited to 4 visits per year.
	Orthotic services	\$0	Prior authorization is required.
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Evidence of</i>	\$0	Prior authorization is required. Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding. Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall



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	Coverage for more information.)		include modified solid food products that are low-protein or which contain modified protein.
<p>You need help living at home (continued on next page)</p> <p>You need help living at home (continued from previous page)</p>	Home health care services	\$0	<p>Medicare and Medicaid covered services are covered and must be provided by a certified home health agency. Your physician must prescribe these services.</p> <p>Prior authorization is required.</p> <p>Covered services include:</p> <ul style="list-style-type: none"> • Nursing services provided on a part-time or intermittent basis by a registered nurse; • Home health aide services as ordered by a physician; • Physical therapy, occupational therapy, or speech pathology and audiology services; • Medical equipment and supplies.
	Personal care assistant	\$0	<p>Covered when determined to be medically necessary. Must be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner.</p> <p>Prior authorization is required.</p>



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	Changes to your home, such as ramps and wheelchair access	\$0	
	Home services, such as cleaning or housekeeping	\$0	
	Meals brought to your home	\$0	
	Adult day health care or other support services	\$0	
	Social day care	\$0	
Your caregiver needs some time off	Respite care	\$0	
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$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)
Additional services	Over the Counter allowance	\$0	\$100 per month. Balances cannot be carried over month to month.
	Prosthetic services	\$0	Prior authorization is required.
	Care Management	\$0	
	Diabetic supplies	\$0	

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Member Services or read the *Evidence of Coverage* to find out about other covered services.

B. Services covered outside of Integra Synergy MAP (HMO SNP)

This is not a complete list. Call Member Services to find out about other services not covered by Integra Synergy MAP (HMO SNP) but available through Medicare.



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Other services covered by Medicare	Your costs
<p>Hospice care</p> <ul style="list-style-type: none">• Drugs for symptom control and pain relief• Short-term respite care• Home care <p>If you need hospice services while enrolled in our plan, Original Medicare, not Integra Synergy MAP (HMO SNP) will pay for the cost of your services. If you need non-hospice services while enrolled in hospice care, Integra will pay for and coordinate those services.</p>	\$0



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Services not covered by Integra Synergy MAP (HMO SNP), Medicare, or Medicaid

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Integra Synergy MAP (HMO SNP), Medicare or Medicaid
Services considered not reasonable and necessary, according to the standards of Original Medicare
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
Services of a provider that are not part of your care plan
Fees charged for care by your immediate relatives or members of your household
Reversal of sterilization procedures and or non-prescription contraceptive supplies
Acupuncture
Naturopath services (uses natural or alternative treatments)



If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

C. Your rights as a member of the plan

As a member of Integra Synergy MAP (HMO SNP), 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 *Evidence of Coverage*. Your rights include, but are not limited to, the following:

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, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
 - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers
 - Have your questions and concerns answered completely and courteously
 - Apply your rights freely without any negative effect on the way Integra Synergy MAP (HMO SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - Integra Synergy MAP (HMO SNP)
 - The services we cover



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Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

- How to get services
- How much services will cost you
- Names of health care providers and Care Managers
- Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call <insert number> if you want to change your PCP.
 - See 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 as far as the law allows, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Integra Synergy MAP (HMO SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **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



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Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

- 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, other providers, and your health plan. Call <insert number> if you need help with this service
- Have your *Evidence of Coverage* and any printed materials from Integra Synergy MAP (HMO SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See 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. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by Integra Synergy MAP (HMO SNP)



If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
- Ask for a State Appeal (State Fair Hearing)
- Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a Integra Synergy MAP (HMO SNP) member
 - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
 - Notify Integra Synergy MAP (HMO SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed



If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

- Partner with your Care Team and work out treatment plans and goals together
- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from Integra Synergy MAP (HMO SNP).** You should:
 - Get all your health care from Integra Synergy MAP (HMO SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless Integra Synergy MAP (HMO SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your Integra Synergy MAP (HMO SNP) Member ID Cards to obtain healthcare services
 - Notify Integra Synergy MAP (HMO SNP) when you believe that someone has purposely misused Integra Synergy MAP (HMO SNP) benefits or services

For more information about your rights, you can read the Integra Synergy MAP (HMO SNP) *Evidence of Coverage*. If you have questions, you can also call Integra Synergy MAP (HMO SNP) Member Services.

D. How to file a complaint or appeal a denied service or drug

If you have a complaint or think Integra Synergy MAP (HMO SNP) should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Integra Synergy MAP (HMO SNP) *Evidence of Coverage*. You can also call Integra Synergy MAP (HMO SNP) Member Services. To file a complaint, grievance or appeal, please call Member Services at the number at the bottom of the page.



If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

E. 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 health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call Integra Synergy MAP (HMO SNP) Member Services. Phone numbers are at the bottom of the page.
- 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 the New York State Medicaid Fraud Hotline 1-877-87 FRAUD



If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.

Integra Synergy Medicaid Advantage Plus (MAP) (HMO SNP)

Summary of Benefits 2020

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Integra Synergy MAP (HMO SNP) Member Services:

1-877-388-5195

Calls to this number are free. Hours are 7 days a week from 8 am to 8 pm eastern standard time from October 1 to March 31 and Monday through Friday from 8 am to 8 pm eastern standard time from April 1 to September 30. Member Services also has free language interpreter services available for non-English speakers.

For TTY, call 711.

Calls to this number are free. Hours are 7 days a week.



If you have questions, please call Integra Synergy MAP (HMO SNP) Member Services at 1-877-388-5195, TTY: 711, 7 days a week from 8 am to 8 pm from October 1 through March 31 and Monday to Friday, from 8 am to 8 pm from April 1 through September 30. The call is free. **For more information**, visit www.integramanagedcare.com.