**About Neighborhood Integrity / Medicare Medicaid Plan (MMP)**
**Provider Amendment**
**Frequently Asked Questions for Providers**

## Why did I receive an amendment?

As part of Neighborhood Health Plan of Rhode Island's (Neighborhood) readiness requirements, providers are required to have a Medicare Medicaid Plan (MMP) specific amendment. This amendment is similar to the Phase I of the MMP benefit plan integration amendment that you received for the Unity product.

## How will I be paid for Integrity?

Final rates were mailed out on January 15, 2016. For covered services, you will be paid reimbursement rates that are substantially the same, in the aggregate, as you would have been paid, collectively, by the federal Medicare Program and by Neighborhood for the Rhode Island Medicaid program.

## Do I have to change my billing practices for Integrity?

Yes. All claims will come directly to Neighborhood for Integrity members. Providers will bill Neighborhood for all Integrity services. For services previously considered only by Medicare-only, claims should be submitted to Neighborhood in the same format previously submitted to Medicare. For services previously considered Medicaid-only, claims should continue to be submitted to Neighborhood in the same manner.

## What is the intention of the Reimbursement Review section of the amendment?

As standard practice, Neighborhood evaluates its reimbursement rates to providers to ensure that reimbursement is adequate, fair and in accordance with Federal and/or State mandates. Should Neighborhood evaluate the rates and find that they are not adequate, fair and in accordance with Federal and/or State mandates, Neighborhood will amend the reimbursement rates to providers through a proper contract amendment. The amendment will be in accordance with your current provider contract, inclusive of the provider rejection (i.e. opt- out) provisions.

## Will patients be responsible for co-pays?

There are no premiums, deductibles or co-pays for provider visits or hospitals stays. There are also no co-pays for prescription drugs.

## Are there limitations to the number of "skilled" days that will be covered per year, per lifetime, per spell of illness, or other period?

There are no benefits limits. Skilled days will be authorized as medically necessary according to the Managed Care Appropriateness Protocol (MCAP) tool, which is utilized for reviewing medical necessity for nursing homes.

## Can Nursing Homes receive payment for Part B services? What ancillaries are included?

Our Skilled Nursing Per Diems are all inclusive. For custodial services, providers may bill Neighborhood for Part B services (e.g. physical therapy, etc.) in accordance with Neighborhood's Clinical Medical Policies (CMP). CMPs can be found at http://www.nhpri.org as of the go- live date.

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## Do Nursing Home Skilled Days require a prior authorization?

Yes, however there is no benefit limit. Skilled days are authorized using MCAP criteria which is available upon request. A three-day inpatient stay is not required to receive authorization for skilled nursing facility care.

## What is the appeal process when a service is denied?

In addition to offering an integrated benefit the new appeals process is also integrated. This new process is in the final stages of development and will be outlined in detail in the provider manual.

## What are the four levels for nursing home skilled per diems?

The four skilled nursing facility levels remain the same as they are today for the Unity Product. Neighborhood uses MCAP criteria to determine if the member meets SNF level of care.

All SNF and Sub-Acute Levels include Semi-Private Room and Board, Assessment of needs/management of care, plan/observation and Skilled Nursing, Pharmacy and Administration of routine IM, IV, SC or PO Medications as needed, routine Lab, Radiology, Supplies and Miscellaneous Testing, Physical Therapy, Speech Therapy, Occupational Therapy, Case Management and Discharge Planning.

## Will Neighborhood process Medicare claims?

All claims will come to Neighborhood for processing according to the new integrated benefit. We will be working with DST, our delegated entity for Integrity claims processing. DST has extensive experience with Medicare Advantage plans. The claims system will be fully functional by the time the first claim is submitted. Our readiness for claims processing has been determined by CMS and EOHHS.

## What is the billing turnaround time for nursing homes?

The standard turnaround time is 30 calendar days for electronically filed claims and 40 days for paper filed claims. Neighborhood conducted a review for all of Calendar Year 2015 and found that the average number of days from receipt of a clean claim to adjudication of the claim was 1.65 days. This statistic does not include pended claims. Once a claim is adjudicated, the payment will be processed in the next payment cycle, which can be up to fifteen (15) days later.

## Do I need to do anything with the amendment?

In accordance with your current provider contract, Neighborhood reserves the right to amend your contract by notice. You will automatically be a participating provider in the Integrity product if you do not reject this amendment.

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## What happens if I chose to reject the amendment?

In accordance with your current provider contract, Neighborhood acknowledges that providers may reject the amendment no later than sixty (60) days from the date of the amendment. Rejecting the amendment, will terminate the current provider contract its entirety, inclusive of the RIte Care, Substitute Care, Children with Special Health Care Needs, Rhody Health Partners, Rhody Health Expansion, Unity and commercial products.

## How do I reject the amendment?

If you opt to reject this amendment, written notice must be provided to Neighborhood at the following address:

Neighborhood Health Plan of Rhode Island
c/o HEOPS Service Center
P.O. Box 947
Brentwood, TN 37024