



New Provider Orientation

2026

Agenda

- About Neighborhood
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- ID Cards and PCP Assignment
- Eligibility and Benefits
- Claims Submission
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About Us

Mission

Neighborhood Health Plan of Rhode Island (Neighborhood), an innovative health plan in partnership with Rhode Island Community Health Centers, secures access to high quality, cost-effective health care for Rhode Island's at-risk populations.

Members

Neighborhood insures about 60 percent of “vulnerable” Rhode Islanders – those with low income, disabilities or other special needs. We are committed to a culture of caring and ensuring our members have access to the medical treatment and community services necessary within a culturally and linguistically appropriate setting to achieve health and wellbeing.

Neighborhood Member Plans

Medicaid Plans

[High-quality plans](#) for families, pregnant women and adults who are eligible for Medicaid through the State of Rhode Island.

- ❖ Coverage includes access to medical and behavioral health services, including hospitalization and specialists, as well as a broad array of services including primary and preventive care, emergency services, prescription drugs, and behavioral health.

Commercial Plans

Plans for [small businesses](#), [individuals and families](#) cover all essential health benefits at an affordable price.

- ❖ Neighborhood Commercial members have different cost-sharing and benefits based on the plan variation in which they are enrolled.

Neighborhood Member Plans

Neighborhood INTEGRITY for Duals (HMO D-SNP) – New for 2026

A fully integrated dual special needs plan (FIDE-SNP) that integrates ALL covered **Medicare and Medicaid** managed care benefits into one plan. INTEGRITY (MMP) have automatically transitioned to INTEGRITY for Duals as of 1/1/26.

- ❑ Members enrolled in Neighborhood INTEGRITY for Duals will have their Medicare and Medicaid claims processed by Neighborhood without the provider having to resubmit the claim for Medicaid payment.

Neighborhood Dual CONNECT (HMO D-SNP) – New for 2026

A coordination-only dual special needs plan (CO D-SNP) where only **partial dual eligible individuals** who participate in the Rhode Island Medicare Premium Payment Program are eligible.

- ❑ Neighborhood manages the Medicare portion, while providers must submit copays/coinsurance amounts and **Medicaid only** benefits to the RI EOHHS for reimbursement. **Providers can not bill members for cost-share.**

For more information about benefits under these plans please refer to the Member Materials page for [INTEGRITY for Duals](#) and [Dual CONNECT](#).

Neighborhood Provider Training

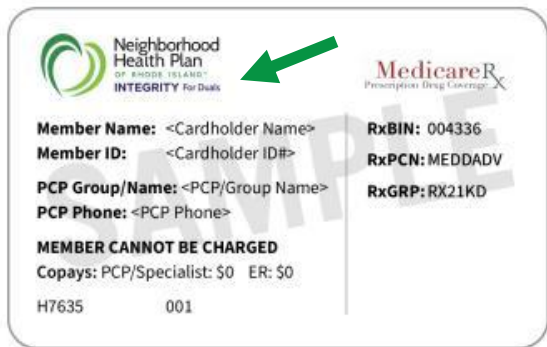
This session is new for Fall 2025 and introduces you to our new products: **Neighborhood INTEGRITY for Duals** and **Neighborhood Dual CONNECT**. Completing this training is mandatory. Only one authorized representative from each provider organization must complete this training and formally attest to having done so. By attesting, the representative agrees to review Neighborhood's training and educate all providers in their organization who provide direct member care.

- [Neighborhood Training Fall 2025 \(Powerpoint\)](#)
- [Neighborhood Training Fall 2025 \(PDF\)](#)

Member ID Cards

All Neighborhood members are assigned a primary care provider (PCP) displayed on the member's Neighborhood identification card.

Primary care providers (PCP) must verify the member is assigned to the provider group and one of the group's participating PCPs to receive reimbursement for services rendered.



All D-SNP members (both **Neighborhood Dual CONNECT** and Neighborhood **INTEGRITY for Duals**) have ID numbers that:

- Are 12 digits in length
- Start with “12” as an identifying prefix

Member Eligibility

All providers should verify a member's eligibility when providing services to a member(s) who presents a Neighborhood ID card.

NaviNet

Neighborhood is contracted with [NaviNet](#) to provide online eligibility and claims status lookup 24/7. To help ensure a smoother registration experience, [we have outlined required steps and key tips to register with NaviNet](#).

- NaviNet users can view complete eligibility and primary care provider (PCP) history for Neighborhood members.
- NaviNet users can view claim status for all lines of business for Neighborhood members.
- For Neighborhood's Commercial/Exchange line of business, NaviNet displays benefit/cost-sharing information, such as co-pay, deductible, out-of-pocket and pharmacy spend.

Support for Language Interpreter Services

Obtaining Interpreter Services through Neighborhood

Providers or Members can request interpreter services through Neighborhood via completion of the [Interpreter Request E-form](#)

Interpreter services are free of charge and made available by telephone and/or in person

Requests for services must be submitted at least 48-72 hours before patient's appointment.

Sign Language interpreters should be requested 2 weeks in advance.

Claims Submission



- All claims **must be filed electronically** except:

Claims with any type of attachment including, but not limited to the following, which must be submitted in paper form:

- Medical records
- Single case agreements

- Complete claims must be received within 180 days from the date of service unless otherwise specified in the provider's contract.

Note: All coordination of benefit (COB) claims, also known as secondary claims, must be submitted electronically.

Electronic claims payer ID number for all lines of business (effective 1/1/26):

05047

Paper claims can be mailed to:

Neighborhood Health Plan
of Rhode Island
P.O. Box 28259
Providence, RI 02908-3700

Clearinghouses

Neighborhood has partnered with the following clearinghouses to offer providers a way to submit all Neighborhood claims electronically.

- [Change Healthcare](#)
- [Inovalon](#) (formerly known as ABILITY)
- [Waystar](#)
- [Healthcare Revenue Cycle Solutions \(SSI\)](#)
- [Claim.MD](#)

If you use a clearinghouse other than the ones listed above, please contact your clearinghouse to determine if they partner with any of these clearinghouses. If you have any questions, **please contact** providercomms@nhpri.org and our team will assist you.

Billing Members

Other than allowable co-payments or deductibles for certain lines of business, in **no event can the provider bill, balance bill or have any recourse against Neighborhood members** for services rendered by the provider under their agreement with Neighborhood.

Note: INTEGRITY for Duals and Medicaid members do not have copayments or deductibles.

Providers may NOT bill members for missed appointments

Access to Care

Access to healthcare is a critical measure of Neighborhood's mission to deliver high-quality, cost-effective health care for Rhode Island's residents. Neighborhood monitors its network for compliance with access standards during established business and after hours.



Medical Accessibility Standards for Appointments

Appointment Type	Standard
Emergency care	Immediate
Urgent care	Within 24 hours
Routine care (primary and OB/GYN)	Within 15 business days
Routine care (specialty)	Within 30 business days
Non-emergent, non-urgent, sick visit	Within 7 business days
Non-Emergent or Non-Urgent Mental Health or Substance Use Services	Within 10 calendar days
Physical examination (for Medicaid Only)	Within 180 days
Early and Periodic Screening, Diagnostic and Treatment (Medicaid Only)	Within 6 weeks
New member (for Medicaid Only)	Within 30 calendar days

Claim Adjudication

Neighborhood Health Plan of Rhode Island (Neighborhood) has various forms and processes to request a modification to a claim.

Claim Adjustments: Providers may request to have an adjustment made to a previously processed claim for reasons such as, but not limited to, coordination of benefits, incorrectly processed claims and timely filing (TF) denials.

Claim Reconsiderations: Providers may request reconsideration of a claims payment decision. Providers must provide the necessary medical documentation to validate the billed services.

Not sure what form to use?

Neighborhood's Claim Form Finder identifies the most common reasons a claim modification is requested, as well as, the accompanying form or process.

Provider Appeals

An [Administrative Appeal](#) is a request to review and reverse a claim denial due to an adverse reconsideration request decision or an adverse adjustment request decision.

- If either of those requests are denied, an administrative appeal can be submitted.
- These requests must be submitted to Neighborhood within 60 days from the date of the claim denial, [reconsideration request](#) denial, or [adjustment request](#) denial.

A [Clinical Appeal](#) is a request for review of an initial adverse clinical determination, such as services requiring prior authorization or those based on medical necessity.

- Medicaid - (within 60 days of receiving the initial denial)
- Commercial/Exchange - (within 180 days of receiving the initial denial)
- INTEGRITY for Duals and Dual CONNECT - (within 65 days of receiving the initial denial/organization determination)

Policies and Guidelines

Payment Policies and Billing Guidelines

- Updated regularly and are subject to change as State, Federal, CMS, AMA, and other industry standards change

Clinical Medical Policies

- Reviewed annually and updated accordingly based on a thorough review of current medical literature and standards of practice
- Include criteria for prior authorization requirements

Prior Authorization Search Tool

- Searchable by procedure/service code to obtain authorization information; the particular code will display with any authorization requirements

All of the above can be accessed via the following webpage:
<https://www.nhpri.org/providers/policies-and-guidelines/>

Provider Resources and Forms

Provider Manual

- Comprehensive resource to guide you in working with Neighborhood and supplements your participating provider Agreement with Neighborhood.
- Updated annually, at minimum, but may also be updated ad hoc.

Forms

- From administrative and claims forms, to prior authorization request forms; centralized webpage hosts all of the various forms necessary to do business with Neighborhood.

Quick Reference Guide

- Easily access the most frequently used Neighborhood webpages and resources, including contact information for all of our business areas and vendors.

Provider Resources Webpage: <https://www.nhpri.org/providers/provider-resources/>

Bookmark or save as a favorite today!

Update Your Information

Neighborhood wants to ensure **members** have the most recent, accurate, and complete information regarding our participating provider partners.

Keeping your provider and practice information current is not just a contractual requirement - it helps patients locate and contact your practice.

1. Validate your current provider setup by searching Neighborhood's [Find a Doctor](#) online provider directory.
2. Visit [Update Your Information](#) on our website and select the form for your specific need

Quality Improvement

Neighborhood's Quality Improvement Team:

- Designs and implements interventions with providers to improve quality measures.
- Implements priority quality measures including:
 - Healthcare Effectiveness Data and Information Set (HEDIS)
 - Non-HEDIS quality outcome measures
- Conducts quality meetings with providers including Community Health Centers (CHCs), Certified Community Behavioral Health Centers (CCBHCs) and primary care physicians to review performance, identify opportunities and implement interventions.
- Provides and analyzes data to improve quality measures.

Quality Improvement Provider Resources

- [Provider Performance Guide for Clinical Quality Measures](#)
- [Coding Best Practices](#)

Partners and Programs

Neighborhood has vendor partnerships for the following services:

Dental

- Delta Dental Rhode Island (Pediatric Medicaid only)

Durable Medical Equipment, Prosthetics, Orthotics and Medical Supply (DMEPOS)

- Integra Partners

Medical Management Program for Joint/Spine Surgeries/Interventional Cardiology/Radiology/Physical Medicine

- Evolent

Pharmacy

- CVS Caremark

Next Steps

1. Sign-up for email from Neighborhood

Registering your email for [Neighborhood News](#) will ensure you receive critical news and information on matters such as new initiatives, policy changes, and much more.

2. Keep your practice and provider information up-to-date

Neighborhood wants to ensure we have the most recent, accurate, and complete information regarding our participating provider partners and has made it easy for providers to [update your information](#) with Neighborhood. You can validate your current provider set-up by searching Neighborhood's [Find a Doctor](#) online provider directory.

3. Complete your Provider Training

Make sure to complete your [mandatory 2025 Provider Training](#).

Here for You



Provider Services

Provider Services (call center) is your first point of contact for any non-clinical inquiries, assistance with claims payment, and questions related to member benefits, eligibility, and prior authorization requirements.

Call Provider Services 1-800-963-1001, Monday through Friday, 8 a.m. to 6 p.m.

Provider Relations

Provider Relations (PR) is the key liaison for the provider with Neighborhood. Our job is to help you do business with Neighborhood and to make that interaction a positive experience. If necessary, Provider Services will escalate your matter to PR.

Behavioral Health

Behavioral Health Insourcing

Effective for dates of service on or after **September 1, 2025**, Neighborhood is now directly managing all behavioral health services for members in all lines of business.

- **By managing behavioral health services, Neighborhood creates additional opportunities for integration between medical and behavioral providers.**

Optum, our current behavioral health vendor, will continue to support Neighborhood with behavioral health services for all dates of service through **August 31, 2025**.

- **Providers can contact Optum for any questions by visiting their website, [Provider Express site](#) or calling Optum's Provider Services at 1-877-614-0484.**

Credentialing

Providers currently credentialed through Optum

If you have submitted and signed a contract with Neighborhood prior to January 1, 2026, you can continue seeing Neighborhood members while your credentialing is in process. Credentialing must be completed by February 28, 2026.

Effective January 1, 2026, all providers who submit an application and sign a contract with Neighborhood will be subject to Neighborhood's credentialing process which can take up to 45 days.

Providers not currently in Optum's network

Providers must complete an application, sign a contract, and be approved by Neighborhood's Credentialing Committee.

- To initiate the process, please go to Neighborhood's [Join Our Network](#) page
- Please be sure to complete the application as soon as possible, as the credentialing process may take up to 45 days