



# Behavioral Health Provider Orientation

2025

# Agenda

- Introduction
- About Neighborhood
- Onboarding Process
- Claims/Billing
- Provider Resources
- Next Steps

# Speakers

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Director of Behavioral Health

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Quality Improvement Specialist

# 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.

# Member Plans

## Medicaid

- High-quality plans for children, families, pregnant women and adults who are eligible for Medicaid through the State of Rhode Island.

## Commercial Plans: For individuals and families and small businesses

- Commercial plans for individuals and families cover all the essential health benefits at an affordable price. Some members may qualify for tax-credits to help cover some of the cost of their premium.
- Neighborhood offers a variety of plans for small businesses (2-50 employees).

## Medicare-Medicaid Plan (MMP) INTEGRITY

- A high-quality health and drug plan for individuals who are eligible for both Medicare and Medicaid.

# Behavioral Health Insourcing

Effective for dates of service on or after **September 1, 2025**, Neighborhood will begin 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**.

- **There is no change to processes or benefits currently accessed via Optum prior to September 1, 2025. Providers should continue to contact Optum for any questions by visiting their website, [Provider Express site](#) or calling Optum's Provider Services at 1-877-614-0484.**



# Join Our Network

If you have **not contracted with Neighborhood yet**, you must submit an application through the [Join Our Network](#) page. That application will start the contracting and credentialing processes.

Behavioral health providers will need to directly contract with Neighborhood to continue serving Neighborhood members after **September 1, 2025**.

Once you receive your counter-executed contract from Neighborhood, your contracting process is complete. If you're unsure of your status, you can email [bhcontracting@nhpri.org](mailto:bhcontracting@nhpri.org) to request an update.

**Please be sure to complete the application as soon as possible to avoid any delays in contracting with Neighborhood.**

# Credentialing

## Providers currently credentialed through Optum

Providers can continue to treat Neighborhood members while undergoing Neighborhood's credentialing process if they have completed an application and signed a contract with Neighborhood.

- ☐ Providers can continue to see members while the credentialing is in process which may take up until **February 28, 2026**.

## 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



# Quality Improvement

## Neighborhood's Quality Improvement Team:

- Designs and implements interventions with providers to improve quality measures.
- Implements priority quality measures including:
  - **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et (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](#)

# Referrals and Authorizations

## Referrals

- Neighborhood does **NOT** require members to have a referral to see behavioral health providers.

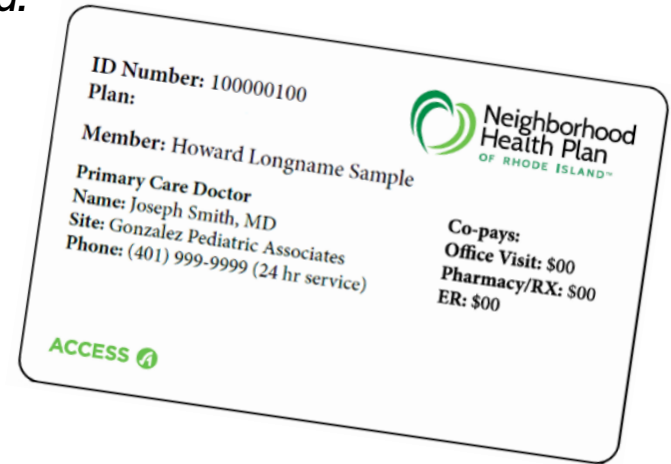
## Authorizations

- The only services that require prior authorization are non-covered and out-of-network services.
- Please reference Neighborhood's [Prior Authorization Search Tool](#) to determine what Neighborhood services require prior auth
- Providers must complete an [Out of Network Prior Authorization E-Form](#) to receive approval to refer a member out-of-network

# 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. Neighborhood encourages PCPs to verify member site assignment even if your practice is listed on the member's ID card.



- Provider office staff can request a PCP change on behalf of a Neighborhood member by completing a PCP Change Form. [All provider forms are available here](#)

# 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. If you have completed the contracting process, please create an account, but functionality won't be available until September 1, 2025. Please [contact NaviNet support](#) if you have any issues gaining access to the portal.

- 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.

# Access to Care

## Appointment Availability for Behavioral Health

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. The accessibility standards are as follows:

Appointment Type	Medicaid	Commercial	INTEGRITY (MMP)
Emergency Care	Immediate or refer to emergency facility	Immediate	Immediate
Urgent Care	Within 24 hours	Within 24 hours	Immediate
Routine Care	Within 10 calendar days	Within 10 calendar days	Within 5 business days

# Support for Language Interpreter Services

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## Obtaining Interpreter Services through Neighborhood

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

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

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

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Sign Language interpreters should be requested 2 weeks in advance.

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# Claims Submission

**Claims that do not require an attachment must be filed electronically.** All coordination of benefit (COB) claims, also known as secondary claims, **must also be submitted electronically.**

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

- Medical records
- Single case agreements

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

## **Electronic claims payer ID numbers:**

- Commercial and Medicaid Claims: 05047
- MMP Claims: 96240

## **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** [EDISupport@nhpri.org](mailto:EDISupport@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 and Medicaid members do not have copayments or deductibles.

**Providers may NOT bill members for missed appointments**

# 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

## Administrative Appeals

A provider administrative appeal can only be submitted if a provider has first submitted a claim adjustment request or claim reconsideration request. If either of those requests are denied, an administrative appeal can then 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.

## Clinical Appeals

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. **For behavioral health services, clinical appeals should only be used for out-of-network or non-covered benefits.** Providers should use this form in the following circumstances:

- Medicaid appeals (within 60 days of receiving the initial denial)
- Commercial/Exchange appeals (within 180 days of receiving the initial denial)
- INTEGRITY (MMP) appeals (within 60 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. Behavioral Health Payment Policies will include:
  - ☐ [Autism and Developmental Services](#)
  - ☐ [Behavioral Health Inpatient and 24-hour Services](#)
  - ☐ [Behavioral Health Intermediate Services](#)
  - ☐ [Behavioral Health Outpatient Services](#)
  - ☐ [Psychological and Neuropsychological testing](#)
  - ☐ [Supervisory Billing](#)

**Behavioral Health payment policies are in draft form and are subject to change prior to 9/1/25.**

## 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

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

# 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

# Mandatory Provider Training

Neighborhood network providers are required to complete an annual training. The training offers an overview of Neighborhood, including its plans, policies, and procedures.

In the fall of 2025, Neighborhood will be updating its annual training to comply with state and federal requirements. Providers will need to complete the updated training by December 31, 2025, **regardless of whether they have already taken the training this year.** Details around the updated training will be provided by October 1<sup>st</sup>.

Please note that completing the training is contractually required as part of your provider agreement with Neighborhood.

**All providers must complete this training annually**





# Provider Resources

## Provider Manual

Comprehensive resource to guide you in working with Neighborhood and supplements your participating provider agreement with Neighborhood.

## Quick Reference Guide

This guide is to help the provider community with frequently asked questions.

## Behavioral Health Web Page

Neighborhood has also launched a [Behavioral Health Provider Page](#), where you will find frequently asked questions and other helpful materials to support your practice. We encourage you to visit this page regularly as we will be updating it as we get closer to the implementation date of September 1, 2025.

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

*Bookmark or save as a favorite today!*

# Next Steps

## 1. Contract with Neighborhood

If you have **not contracted with Neighborhood yet**, you must submit an application through the [Join Our Network](#) page. That application will start the contracting and credentialing processes. Behavioral health providers will need to directly contract with Neighborhood to continue serving Neighborhood members after **September 1, 2025**.

## 2. Determine method of electronic claim submission

Neighborhood has partnered with claims clearinghouses [Change Healthcare](#), [Inovalon](#) (formerly known as ABILITY), [Waystar](#), [Healthcare Revenue Cycle Solutions \(SSI\)](#) and [Claim.MD](#) to offer providers a way to submit all Neighborhood claims electronically. **Providers must sign up for one of these services, to submit claims to Neighborhood as of September 1.**

# Next Steps

## 3. Sign-up for email from Neighborhood

Email is the primary way Neighborhood communicates important updates to providers, including policy changes, training opportunities, and network updates. To ensure your office stays informed, including practice managers and billing staff, [sign up for email updates today](#).

## 4. Sign-up for Navinet

If you have completed the contracting process, [please create a Navinet account](#), which will provide member eligibility status and claims status updates, after September 1.

# 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

If you have contacted Provider Services (PS) and the issue remains unresolved, or require additional training beyond this webinar, please send a secure email with your PS **call-reference number**.

**Kyle Edward, Provider Relations Manager - Email: [kedward@nhpri.org](mailto:kedward@nhpri.org)**

As a reminder, all questions about services provided to Neighborhood members prior to September 1, 2025 should be directed to Optum.