

Behavioral Health Frequently Asked Questions

Neighborhood News – October 2025

Thank you to everyone who attended one of our Behavioral Health Orientation Sessions. The purpose of these sessions is to provide information on how to do business with Neighborhood. We continue to appreciate your thoughtful engagement.

If you were unable to attend a session, providers can [click here to view the orientation slide deck](#). We encourage you to share this link with anyone in your office that could benefit, such as practice managers, billing personnel, etc. This deck provides an overview of key processes, including claims submission, member eligibility, policy guidelines and how to access provider resources.

If you are interested in participating in another orientation session, please send an email to: providercomms@nhpri.org.

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 understand there may be delays in processing claims and setting up NaviNet access. Please allow at least 14 business days from the date your contract was signed for Neighborhood to enter your information into our systems before submitting claims or attempting to access NaviNet.

To support provider onboarding, we've compiled and organized the most frequently asked questions from our orientation sessions.

Claims, Billing & Payment

1. How does Neighborhood accept electronic claims?

Neighborhood partners with several clearinghouses for electronic submission:

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

Many billing systems connect through these partners. If you use a clearinghouse or billing system not listed above, please check with them to confirm if they partner with one of Neighborhood's approved clearinghouses. If you don't currently use a clearinghouse or are only submitting claims through Optum's Provider Express, email providercomms@nhpri.org for assistance.

All claims must be submitted electronically including Commercial and Medicaid Coordination of Benefits (COB) claims. Exceptions apply only to cases requiring attachments, such as, but not limited to, medical notes or records.

2. What Payer ID should I use?

Payer IDs are based on a member's line of business, not on specialty. As of September 1, 2025, please use:

- 05047 for Medicaid and Commercial claims
- 96240 for INTEGRITY (MMP) claims

3. Can I bill members directly for missed appointments?

No. Providers may not bill Neighborhood members for missed appointments. Neighborhood also does not reimburse for missed appointments.

4. How can I request a copy of Neighborhood's fee schedule?

Please email bhcontracting@nhpri.org.

5. If I'm still waiting for payment from Optum for services rendered before September 1, 2025, how will those be handled?

Optum will continue to pay and adjust claims for all dates of service prior to September 1, 2025.

6. How should I enter my TIN when submitting claims to Neighborhood Health Plan of Rhode Island?

Behavioral health providers must enter the Taxpayer Identification Number (TIN) exactly as it appears on the W-9 submitted during onboarding.

- If your W-9 lists a **Social Security Number (SSN)** as your TIN, use the **SY** qualifier.
- If your W-9 lists an **Employer Identification Number (EIN)** as your TIN, use the **EI** qualifier.

If you are submitting claims using a 1500 form, please check off the box that indicates whether you're using a social security number or an employee identification number. Please [click the link](#) to see an example of the 1500 form.

Using the wrong qualifier may result in your claim being **denied or rejected**, so it's important to double-check that both the TIN and qualifier match your W-9.

7. How do I receive electronic remittance advices (ERAs)?

You will need to complete Neighborhood's [Electronic Payment and Remittance Advice Application](#). If you provided an email address for ERAs as part of your application to join the network, you do not have to fill this application out again. The processing of the application can take up to eight weeks. Remittances are available in two formats: PDF (sent via secure email) or machine-readable ASC X12 835 (retrieved through ftp/sftp).

8. How can providers have ERAs sent directly to their clearinghouses?

You can modify where ERAs are sent by using the [Electronic Payment and Remittance Advice Application](#). Be sure to check the "Revised" box on the application and complete both the *Provider* section and the *Billing Company or Clearinghouse* section. Please note that processing may take up to eight weeks.

9. How often does Neighborhood's pay cycle run?

Neighborhood's pay cycle runs once a week. Providers will receive two separate payments, one for Medicaid and Commercial claims, and one for INTEGRITY (MMP) claims. Clean claims will process within thirty (30) days of receipt.

10. When should providers receive their ERAs?

You can expect to receive your ERA or 835 by Friday of each week. If you do not receive your ERA or 835 by Friday, please fill out [this form](#).

11. Will the explanation of payment/remittance advice (EOP/RA) include both behavioral health and medical claims?

Yes. If the provider renders both types of services, they will receive an EOP/RA which includes both behavioral health and medical claims (i.e., all finalized claims within a payment cycle).

Getting Started with Neighborhood

12. How do I know if I'm contracted with Neighborhood?

Once you receive your counter-executed contract from Neighborhood, your contracting process is complete, and you are considered "in-network" for all lines of business. If you're not sure of your status, you can email bhcontracting@nhpri.org for an update. Once your contract is finalized, it may take up to 14 business days for your information to be entered into the claims system. Please wait until this period has passed before submitting any claims.

13. If I already applied and it was approved, am I automatically enrolled in the credentialing process?

Yes, the contract will kick off the credentialing process. No additional action is needed on your part unless you are outreached by a member of our team.

14. Why am I being asked to re-submit my credentialing application after I am already contracted?

Neighborhood's credentialing team may reach out to providers to re-submit expired documentation. No action is needed from providers unless the credentialing team contacts you directly.

15. How do I add a new provider to my group once we are already contracted?

You can use the [Add a New Provider to a Currently Contracted Practice/Group form](#) once your group is officially contracted with Neighborhood.

16. Is the facility application different from the professional services application?

The facility application is different from the group/individual application, but still encompasses professional services. Therefore, providers with both facility and professional services should apply using the facility application.

17. Which providers need to be credentialed?

We credential the following independently licensed professionals:

- Psychiatrist (MD)
- Psychologist (PhD, PsyD, EdD)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner – Behavioral Health
- Physician Assistant – Behavioral Health
- Licensed Applied Behavioral Analyst (LBA)
- Licensed Chemical Dependency Professional (LCDP)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Marriage and Family Therapist (LMFT)

Note: Physician Assistants must provide the name of a collaborating physician when not practicing in a group. The collaborating physician must be an in-network behavioral health provider. If your practice includes Licensed Clinical Social Workers (LCSWs), LMHC-As, or LMFTAs, they must follow [Neighborhood's Supervisory Billing Payment Policy](#).

18. If I am contracted with Neighborhood, does that mean I am screened?

No, screening status is confirmed through the credentialing process and is determined by EOHHS. We encourage all providers to verify their screening status via the [state portal](#).

NaviNet Access

19. Is there a portal to check claims or eligibility?

Yes, we strongly encourage all behavioral health providers who have completed the contracting process [to register for a NaviNet account](#) to ensure you can check eligibility and claims without delay.

If you've registered for an account but haven't received confirmation that it's active within 5–7 business days, please [reach out directly to NaviNet support](#). If your contract was recently finalized, please allow at least two weeks before signing up for NaviNet.

Please note that there is no cost for providers to use NaviNet.

20. Who do I contact to check the status of my NaviNet registration status?

[Please reach out directly to NaviNet support through their website](#) or by calling 888-482-8057.

21. How can I look up member eligibility, if my NaviNet access is still pending?

Neighborhood is aware that some behavioral health providers are experiencing delays in being set up with NaviNet.

On an interim basis, Neighborhood has established [a dedicated inbox](#) to support providers with the following requests:

- Member eligibility
- Cost-share information (for Commercial members only)
- Coordination of benefits

Please note: Non-eligibility inquiries will be returned to the provider.

- The inbox is: bh_member_eligibility_check@nhpri.org

When submitting requests to this inbox, providers must include the following information:

- Member name
- Member ID number
- Member date of birth
- Provider name
- Provider National Provider Identifier (NPI)

22. Can I use NaviNet to submit claims to Neighborhood?

No, Neighborhood does not utilize NaviNet for claim submissions.

23. Can private clinicians with an individual NPI access NaviNet?

Yes, all providers who have been contracted will be able to access NaviNet.

Member IDs

24. Will members get new identification cards?

No, members will not be receiving new identification cards.

25. How should I enter the member ID when submitting claims or checking eligibility?

Enter the member's identification number exactly as it appears on the [member's ID card](#). Be sure to include the entire numerical sequence without truncating or cutting off any digits. Claims submitted with incomplete or incorrectly formatted member IDs will be rejected or denied.

Payment Policies and Benefits

26. What modifier should I use for supervisory billing?

Use the U5 modifier for all outpatient services rendered under supervision. Please refer to [Neighborhood's Supervisory Billing Payment Policy](#) for more details.

27. What modifier should I use for telemedicine services?

Please review the [Telemedicine/Telephone Services Payment Policy](#) for details on which modifier applies to each service.

28. Do you have out of network benefits for behavioral health?

Access to out of network benefits depends on a member's plan. In general, Medicaid does not cover out of network providers except in certain circumstances. If you have a specific member or scenario question, please outreach to Provider Services at 1-800-963-1001.

If you have additional questions, please contact us at providercomms@nhpri.org

We look forward to continuing to support you in delivering high-quality care to Neighborhood members.