Behavioral Health Provider Orientation

2025

Neighborhood Health Plan OF RHODE ISLAND™

Agenda

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

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.

Coming Soon

Neighborhood INTEGRITY for Duals and Neighborhood Dual CONNECT

Effective **January 1, 2026**, Neighborhood is introducing two new product offerings Neighborhood **INTEGRITY for Duals (HMO D-SNP)** and **Neighborhood Dual CONNECT (HMO DSNP).** These new plans are being introduced as the current Medicare-Medicaid Plan (MMP), Neighborhood INTEGRITY, will be sunset as of December 31, 2025, as required by the Centers for Medicare and Medicaid Services (CMS). Read more here.

- **INTEGRITY for Duals:** A Fully Integrated Dual-Eligible Special Needs plan specifically designed for individuals with both Medicare and Medicaid. Existing MMP members will be automatically enrolled in the FIDE-SNP. Providers bill directly to Neighborhood.

- **Dual CONNECT:** A Coordination-Only Dual Eligible Special Needs Plan, which serves only partial-dual eligible individuals. Providers must submit Medicare covered benefits to Neighborhood and any remaining copays/coinsurance amounts and Medicaid only benefits (if available) to EOHHS for reimbursement.

For more information, see our D-SNP Provider Resource Page

Neighborhood Health Plan OF RHODE ISLAND™

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**.

Neighborhood Health Plan OF RHODE ISLAND™

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 need to directly contract with Neighborhood to continue serving Neighborhood members as of **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 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

Neighborhood Health Plan OF RHODE ISLAND™

Provider Screening

The Cures Act requires all states to screen all Medicaid providers. Providers who are not screened may be removed from the Rhode Island Medicaid managed care network and have claims denied.

If a provider was moved into non-participating status, they must **re-apply for medicaid enrollment** AND **re-apply as a new contracted provider** to Neighborhood to receive participating rates from Neighborhood.

To check your screening status or apply, visit the Rhode Island Medicaid Health Care Portal on the EOHHS website.

Note: Providers are responsible for ensuring their screening status is current.

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.

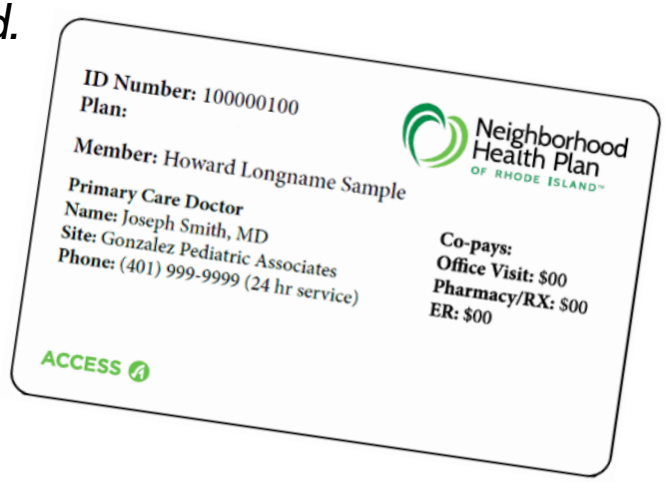
Authorizations

- 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

Neighborhood Health Plan OF RHODE ISLAND™

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.
- When submitting claims or checking member eligibility on NaviNet, a valid and properly formatted numerical member identification number must be used exactly as it appears on the member's identification 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. 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.

Navinet Pending Registrations

We understand that many provider registrations with NaviNet are still pending approval. In the interim, you can email **bh_member_eligibility_check@nhpri.org** to receive all Neighborhood eligibility information. All emails to that address must include:

- Provider Name
- Provider NPI
- Member Name
- Member ID
- Member DOB

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

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

Neighborhood Health Plan OF RHODE ISLAND™

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.

Electronic Remittance Advices

- If you entered an email in the "Email for Remittance Advice" field on your contracting application, you'll receive ERAs via email.

- To send ERAs directly to a clearinghouse, Use the **Electronic Payment and Remittance Advice Application**:
  - Check the **"Revised"** box.
  - Complete both the **Provider** and **Billing Company/Clearinghouse** sections.

- ERA application processing may take up to **8 weeks**

- **Neighborhood's pay cycle** runs weekly:
  - **Clean claims** process within **30 days** of receipt.

- Expect your ERA by Friday of each week. If not received, submit this form.

Important Claim Reminders

- The taxpayer identification number (TIN) entered when submitting claims must match the information provided on the W-9 submitted during the onboarding process.
    - If you submitted your W-9 with a **Social Security Number (SSN)** in the TIN field, you must use the **SY qualifier**.
    - If you submitted your W-9 with an **Employer Identification Number (EIN)** in the TIN field, you must 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.
- When submitting claims, **a valid and properly formatted numerical member identification number** must be used exactly as it appears on the member's identification card. Do not truncate or shorten the Member ID number.

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.

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

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 for Duals appeals (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. Behavioral Health Payment Policies 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
  - ❑ Telemedicine/Telephone Services Payment Policy

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

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

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

Neighborhood Health Plan OF RHODE ISLAND™

Neighborhood Provider Training

Required 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)

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.

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

Bookmark or save as a favorite today!

Neighborhood Health Plan OF RHODE ISLAND™

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 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 (continued)

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 provides member eligibility status and claims status updates.

5. Complete your Provider Training

Make sure to complete your mandatory 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

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.**

Email: providercomms@nhpri.org

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

Neighborhood Health Plan OF RHODE ISLAND™