

## Important Reminder: Member Billing for INTEGRITY for Duals

March 23, 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) is reminding providers that **members enrolled in INTEGRITY for Duals (D-SNP) may NOT be billed for Medicare cost share amounts for covered services.**

This applies regardless of what appears in the coinsurance or copayment fields on the Electronic Remittance Advice (ERA).

Line #	Date of Service	Procedure Code	Mod (s)	Units	Charged Amount	Allowed Amount	Denied Amount	Deduct. Amount	Copay /Coins	OI Allowed	OI Paid	Payment	CP	EX Code
1	01/05/26-01/05/26	71046		1.00	125.00	33.97	0.00	0.00	0.00/6.79	0.00	0.00	26.64	N	27 Sequestration 1185
1	01/05/26-01/05/26	71046		1.00	125.00	0.00	0.00	0.00	0.00/0.00	17.75	0.00	0.00	N	172 3032 1185
Interest Paid												0.00		
Withholds												0.00		
Claim Totals					125.00	33.97	0.00	0.00	0.00/6.79	17.75	0.00	26.64		

## Why Coinsurance Appears on the ERA

When a service is covered by both Medicare and Medicaid:

- The first row of each claim line of the ERA reflects the Medicare adjudication outcome of the claim.
  - Medicare may apply a patient cost share amount (i.e. deductible/copayment/coinsurance)
- The second row of each claim line reflects the Medicaid adjudication outcome of the claim.
  - Medicaid processing eliminates the patient responsibility

## Understanding the Medicare Payment (Line 1)

Neighborhood has received questions about how payment amounts are calculated.

For the Medicare portion of the claim:

1. The Medicare allowed amount is determined
2. Member Cost share is applied
3. A 2% sequestration reduction is applied to the remaining balance
4. The final result is the payment amount shown on the ERA

**Important:**

The sequestration amount is not currently displayed as a separate line item, which may cause the payment amount to appear different than expected when compared to the allowed amount and coinsurance. Neighborhood is evaluating enhancements to improve transparency of this calculation.

**Medicare/Medicaid Crossover**

The Medicaid Program reimbursement for crossover claims is always capped by the established Medicaid Program allowed amount, regardless of coinsurance or deductible amounts. This includes Medicare replacement policies.

The Medicaid program will pay the lesser of:

- The difference between the Medicaid program allowed amount and the Medicare payment (Medicaid program allowed minus Medicare paid); or
- The Medicare coinsurance and deductible up to the Medicaid program allowed amount

When the Medicare reimbursement is greater than the Medicaid allowance, no reimbursement is issued as the service is considered paid in full by the primary payor, in this instance Medicare.

**If you have questions regarding a specific claim, please contact Provider Services at 1-800-963-1001.**