

Important Billing Guidance for Nursing Facility Claims

INTEGRITY for Duals and Dual CONNECT

April 17, 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) appreciates the patience and partnership of our nursing facility providers during the transition from the **INTEGRITY Medicare-Medicaid Plan (MMP)** to **INTEGRITY for Duals (HMO D-SNP)** and **Dual CONNECT (HMO D-SNP)**, as we work to ensure claims are processed accurately and in alignment with program requirements.

As Neighborhood began adjudicating previously submitted nursing facility claims in the **April 16 pay cycle**, we identified that many claims may not pay as submitted because they were billed using practices that aligned with Neighborhood's previous **MMP** requirements. Those billing practices are no longer appropriate for **INTEGRITY for Duals** and **Dual CONNECT**, which must be billed in accordance with the applicable **Medicare** and **Medicaid** requirements for the service being provided.

Neighborhood provides the following billing guidance to support accurate claim submission.

Skilled nursing facility services

For dates of service on and after **January 1, 2026**, skilled nursing facilities must bill Neighborhood **in the same manner they bill Medicare and submit claims on an institutional claim form**.

At a minimum, providers must ensure claims are submitted in accordance with the applicable requirements in the [Medicare Claims Processing Manual](#).

During Neighborhood's claim review and quality assurance process, the following examples were identified as common elements missing from claims:

- the appropriate Health Insurance Prospective Payment System (HIPPS) code
- the same type of bill used for Medicare billing

Custodial nursing facility services

For dates of service on and after **January 1, 2026**, custodial nursing facility services for members enrolled in **INTEGRITY for Duals** will reimburse in accordance with [patient-driven payment model \(PDPM\) state fee-for-service rates](#) and submitted on an **institutional claim form**.

During Neighborhood's claim review and quality assurance process, the following examples were identified as common elements missing from claims:

- the appropriate Health Insurance Prospective Payment System (HIPPS) code
- revenue code 0100
- the appropriate bill type within the 21X series

Previously submitted claims that did not pay

- If the original services were submitted on a 1500 professional claim form, **submit a new claim with the required billing elements on an institutional claim form.**
- If the original services were already submitted on an institutional claim form, **submit a corrected claim with the required billing elements.**

Neighborhood will prioritize the review and processing of corrected claims and resubmissions related to this issue.

Note: Providers should not resubmit or correct claims before the original claim has adjudicated.

Neighborhood appreciates your partnership and prompt attention to this matter as we work to support accurate claims adjudication for these services. If you have questions about this notice, or experience issues related to claim submission, correction or resubmission, please contact providercomms@nhpri.org and Neighborhood will work with you to expedite the resolution of any issues.