

Important Billing Guidance for Skilled Home Health Claims

INTEGRITY for Duals and Dual CONNECT

April 17, 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) appreciates the patience and partnership of our skilled home health 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 skilled home health 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.

For dates of service on and after January 1, 2026, home health providers must bill Neighborhood in the same manner they bill Medicare and submit claims on an institutional claim form. Claims submitted on a 1500 professional claim form will not pay.

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
- appropriate Medicare bill type

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 have been adjudicated.

Authorizations

Neighborhood is currently reviewing the authorization process for episodic skilled home health services. **At this time, existing authorizations will suffice for current services already approved.**

For new authorizations, providers should continue to follow the current authorization process until further notice. Neighborhood will communicate any future changes once they are finalized.

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.