Neighborhood Health Plan OF RHODE ISLAND™

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COB Submission Process for CCBHC Claims - Medicaid

Neighborhood News – July 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) is providing revised guidance to Certified Community Behavioral Health Clinics (CCBHCs) regarding Coordination of Benefits (COB) claim submissions for **Medicaid** members.

This guidance applies when Neighborhood has other insurance on file for a member and a claim denies for COB, or when a qualifying shadow line event is not billable to the member's primary carrier.

Revised process for COB claims

CCBHCs should submit the original claim to Neighborhood electronically.

When the claim denies for COB because Neighborhood has other insurance on file for the member, providers may submit a single claim adjustment request to Neighborhood for review.

The adjustment request must include the primary carrier's explanation of benefits (EOB) when the service was billed to the primary carrier and denied or partially paid. Neighborhood will use the adjustment request and supporting documentation to determine whether the claim can be adjusted.

Providers must use the **single claim adjustment request form** for these requests. The claim adjustment grid should not be used for this process because supporting documentation must be attached.

If the member has other insurance that is not reflected in Neighborhood's files at the time the original claim is submitted, the claim may process without a COB denial. After receiving the remittance advice, providers should still submit a primary carrier's EOB through a single claim adjustment request so Neighborhood can update its records and determine whether the claim requires adjustments.

Required information for adjustment review

For Neighborhood to review and adjust the claim, the applicable service line must already be present on the original claim on file with Neighborhood.

At a minimum, the following information must match between the claim on file with Neighborhood and the supporting documentation submitted with the adjustment request:

- Member
- Date of service
- CPT/HCPCS code
- Units

The rendering provider, billing/group NPI, and modifier information on the primary carrier's EOB may not match exactly in all situations. Neighborhood will not deny an adjustment request solely because those elements do not

match, as long as the claim submitted to Neighborhood includes the correct code and applicable modifier required for Neighborhood's processing.

Shadow code requirements

CCBHCs must continue to submit **all applicable shadow lines** to Neighborhood. This requirement aligns with the "Shadow Billing Process" section in the Rhode Island CCBHC Billing Manual and applies even when the services were also billed to the primary carrier.

If a shadow code is not present on the original claim on file with Neighborhood, Neighborhood cannot adjust that service line through the adjustment request process. In that situation, the provider must first submit a corrected claim that includes the missing shadow code before submitting an adjustment request.

Claims that include only the T-code, or only the T-code and S9986, without the required shadow codes will deny or will not be eligible for adjustment until the claim is corrected.

CCBHCs should ensure that the claim submitted to Neighborhood includes all applicable monthly services and any required shadow codes necessary for payment, reporting, program requirements, and quality measurement, including HEDIS.

Medicaid-only services

If a service is not billable to the primary carrier because it is a Medicaid-only service, providers should clearly indicate on the adjustment request that the service is Medicaid-only and not billable to the primary carrier.

Because an EOB may not be available in these situations, providers may submit these requests using the claim adjustment grid. Neighborhood will review these requests based on the information submitted and the claim on file.

If a CCBHC has shadow lines billable to a primary carrier **and** Medicaid-only services, please submit on a single claim adjustment form.

Timely filing for adjustment requests

Neighborhood will waive timely filing requirements for COB adjustment requests for **dates of service September 1, 2025, through the date of this notice**, when the request is related to the revised process described above.

Providers will have **90 days from the date** of this notice **(August 1, 2026)** to submit adjustment requests for these dates of service. For dates of service after the date of this notice, standard timely filing requirements apply.

Neighborhood appreciates your continued patience and partnership as we work through this process with CCBHC providers