Neighborhood Health Plan OF RHODE ISLAND™

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Skilled Home Health Claims Submission Guidance for INTEGRITY for Duals

Neighborhood News – July 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) recently hosted a provider webinar regarding skilled home health claims submission, billing guidance and operational requirements for Neighborhood INTEGRITY for Duals and Dual CONNECT.

During the webinar, Neighborhood reviewed several common claim submission issues impacting the processing of skilled home health claims and provided additional guidance regarding billing requirements and claim submission expectations.

To support providers following the webinar, Neighborhood is issuing the following billing guidance and reminders for providers billing skilled home health services for members enrolled in INTEGRITY for Duals and Dual CONNECT.

The webinar presentation and billing reference guide are available below for providers who attended the session and for those who were unable to attend:

- **Skilled Home Health Claims and Billing Slide Deck for D-SNP**
- **D-SNP Skilled Home Health Billing Reference Guide**

Providers should also review the applicable Medicare Claims Processing Manual requirements for full home health billing requirements and claim submission expectations

Claims Submission Reminder

For dates of service on and after January 1, 2026, skilled nursing facility providers must bill Neighborhood in the same manner they bill Medicare.

Claims must be submitted on an institutional UB-04 claim form. Claims submitted on a 1500 professional claim form will not process correctly.

Corrected Claims and Rejected Claims

Neighborhood has identified instances where providers submitted corrected claims for claims that previously rejected.

Rejected claims should be resubmitted as new claims rather than corrected claims.

Providers are encouraged to review remittance advice (RA) and 835 files carefully prior to resubmitting claims to help avoid duplicate claim submissions.

Common Claim Submission Issues Identified

Neighborhood has identified several common claim submission issues that may result in claims denying, rejecting or not processing correctly.

	Billing Error	Results In…	How to Avoid
1	Absence of HIPPS REV Code 0023, - claim line data element	Claim will deny	Include Code 0023 for skilled home care
2	Billing single days for skilled home care – claim header data element	Claim will deny	Statement coverage period must be episodic (30 days)
3	Missing condition codes - claim header data element	Claim will deny	Include condition codes
4	Missing value codes - claim header data element	Claim will deny	Include value codes
5	Missing site of service procedure code – claim line data element	Claim will deny	Include site of service
6	Incorrect type of bill used for Medicare billing	Claim will not process correctly.	Re-submit on institutional (UB-04) claim form
7	Using wrong member ID	Claim will not process correctly	Use the member's INTEGRITY for Duals ID which begins with "12"

Providers should review the applicable Medicare billing requirements and Neighborhood billing guidance for additional claims submission expectations and operational guidance.

Neighborhood appreciates your continued partnership and attention to this guidance. Thank you for your dedication to our members.