Neighborhood Health Plan OF RHODE ISLAND™

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Update to 835 Reporting for INTEGRITY for Duals Claims

Neighborhood News – July 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) has heard feedback from providers regarding the way certain 835 electronic remittance advice files are being read by provider billing systems for **Neighborhood INTEGRITY for Duals (HMO D-SNP)** claims.

Based on this feedback, Neighborhood is changing the way base and wrap payment information is reported on the 835 file for INTEGRITY for Duals claims. These changes are intended to reduce confusion when provider systems read and reconcile 835 files and will be implemented in the **June 8** pay cycle.

What is changing?

For INTEGRITY for Duals claims, Neighborhood is changing how transactions are identified and reported on the 835 file.

1. Previously, both the base and wrap transactions reported **CLP02 = 1**, which identifies the transaction as primary. This caused some provider systems to read both transactions as primary, making it difficult to distinguish between the base and wrap portions of the claim.

   Going forward, the 835 will identify the transactions separately:

   - The base transaction will report **CLP02 = 1, identifying it as primary**.
   - The wrap transaction will report **CLP02 = 2, identifying it as secondary**.

   This change will help provider systems recognize that the wrap transaction is separate from, and in addition to, the base transaction.

2. In addition, the billed amount will be captured only once on the base transaction. The wrap transaction will reflect only the applicable Medicaid wrap payment information, rather than repeating the full billed amount or all related adjustment details.

In the example below, the claim has a billed amount of $43.00. The base transaction is reported with **CLP02 = 1**, identifying it as primary, and includes the billed amount. The wrap transaction is reported separately with **CLP02 = 2**, identifying it as secondary, and reflects only the Medicaid wrap payment amount of $28.58.

What does this mean for providers?

Providers do not need to change how they submit claims as a result of this update.

These changes only impact how INTEGRITY for Duals claim payment information is reported on the 835 file. It is intended to support clearer reconciliation in provider billing systems and reduce instances where billed amounts or adjustments appear to be duplicated.

Lines of business impacted

These changes apply to INTEGRITY for Duals claims where both base and wrap reporting are applicable.

There are no changes to 835 reporting for Commercial, Medicaid, or Dual CONNECT which do not include base/wrap reporting.

Neighborhood appreciates the feedback providers have shared regarding remittance and payment reconciliation. We will continue to review provider feedback and make updates where appropriate to support clearer payment reporting.