Neighborhood Health Plan OF RHODE ISLAND™

910 Douglas Pike, Smithfield, RI 02917

Important Reminder: Do Not Bill INTEGRITY for Duals Members for Medicare Cost Share

August 27. 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) continues to identify instances in which INTEGRITY for Duals members are incorrectly being billed for Medicare cost-share amounts. As a reminder, **INTEGRITY for Duals members with active Medicaid eligibility must NOT be billed or balance billed for Medicare cost-share amounts for covered services.** This includes Medicare deductibles, copayments and coinsurance.

This is a Centers for Medicare and Medicaid Services (CMS) and Rhode Island Executive Office of Health and Human Services (EOHHS) requirement and applies **regardless of the amount displayed in the copay/coinsurance fields on the Remittance Advice/Explanation of Payment (RA/EOP).** This amount is processed by Medicaid.

If a member has received a bill for Medicare cost-sharing amounts in error, providers should review the account and take appropriate corrective action, including retracting the bill and stopping any collection activity. Providers should also refund any Medicare deductibles, copayments, or coinsurance previously collected from INTEGRITY for Duals members who had active Medicaid eligibility at the time services were rendered.

In July 2026, Neighborhood updated the INTEGRITY for Duals RA/EOP to display Medicare and Medicaid copayment and coinsurance amounts in separate columns. The RA/EOP also includes a message reminding providers that INTEGRITY for Duals members are not responsible for Medicare copayments or coinsurance, except during a member's deemed eligibility period.

Plan Name: Integrity for Duals Members are not responsible for any Medicare Copay/Coinsurance unless they are in a deeming period.

Member ID: [redacted]	Patient Name: [redacted]	Claim ID: [redacted]	LOB: INTEGRITY for Dual
Patient Account #: [redacted]	Servicing Provider: [redacted]		

Line #	Date of Service	Procedure Code	Mod(s)	Units	Charged Amount	Allowed Amount	Denied Amount	Deduct. Amount	Medicare COPAY /Medicare COINS	Medicaid COPAY/ Medicaid COINS	OI Allowed	OI Paid	Payment	CP	EX Code
1	10/07/25-10/07/25	E0143	NU-KX	1.00	85.40	51.25	0.00	0.00	0.00/10.25	0.00/0.00	0.00	0.00	40.18	N	27 Direct Referral Sequestration 1185
1	10/07/25-10/07/25	E0143	NU-KX	1.00	85.40	0.00	0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	0.00	N	1043 3032 1185
2	10/07/25-10/07/25	E0156	KX-NU	1.00	23.72	18.01	0.00	0.00	0.00/3.60	0.00/0.00	0.00	0.00	14.12	N	27 Direct Referral Sequestration
2	10/07/25-10/07/25	E0156	KX-NU	1.00	23.72	0.00	0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	0.00	N	1043 3032
Interest Paid													0.00		
Withholds													0.00		
Claim Totals					109.12	69.26	0.00	0.00	0.00/13.85	0.00/0.00	0.00	0.00	54.30		

Please ensure that your billing staff are aware of and follow these requirements. **Do not transfer Medicare cost-share amounts or remaining balances to an INTEGRITY for Duals member with active Medicaid eligibility.**