

# Skilled Nursing Facility Information Session

May 21, 2026

# Neighborhood D-SNP Plans

## Neighborhood INTEGRITY for Duals (HMO D-SNP)

A fully integrated dual special needs plan (FIDE-SNP) that integrates ALL covered **Medicare and Medicaid** managed care benefits into one plan.

- ❑ Members enrolled in Neighborhood INTEGRITY for Duals have their Medicare and Medicaid claims processed by Neighborhood without the provider resubmit the claim for Medicaid payment.

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## Neighborhood Dual CONNECT (HMO D-SNP)

A coordination-only dual special needs plan (CO D-SNP) where only **partial dual eligible individuals** who participate in the Rhode Island Medicare Premium Payment Program are eligible.

- ❑ Neighborhood manages the Medicare portion, while providers must submit copays/coinsurance amounts and **Medicaid only** benefits to the RI EOHHS for reimbursement. **Providers can not bill members for cost-share.**

# Claims Submission



- All claims **must be filed electronically** except claims with any type of attachment including, but not limited to the following, which must be submitted in paper form:
  - Medical records
  - Single case agreements
- Complete claims must be received within 180 days from the date of service unless otherwise specified in the provider's contract.
- For dates of service on and after January 1, 2026, nursing facility providers must bill Neighborhood in the same manner they bill Medicare and submit claims on an **institutional claim form**.

**Electronic claims payer ID number for all lines of business (effective 1/1/26):**

**05047**

**Paper claims can be mailed to:**  
Neighborhood Health Plan  
of Rhode Island  
P.O. Box 28259  
Providence, RI 02908-3700

*Note: All coordination of benefit (COB) claims, also known as secondary claims, must be submitted electronically.*

# Skilled Nursing Billing Requirements



At a minimum, providers must ensure claims are submitted in accordance with the applicable requirements in [Chapter 6](#) and [Chapter 7](#) of the Medicare Claims Processing Manual.

UB-04 Field	Report
Form Locator (FL) 04 Type of Bill (TOB)	21X for SNF inpatient services 18X for hospital swing bed services
FL 06 Statement Covers Period	From date must be admission date or, for a continuing stay bill, the day after the previous bill date. Through date is the last day of the billing period.
FL 31–FL 34 Occurrence Code and Date	50 with the assessment reference date for each assessment period on claims with revenue code 0022. 70 with dates of the 3-day qualifying stay when applicable.
FL 42 Revenue Code	0022 to show submission of the SNF PPS claim.

- [Skilled Nursing Facility Billing Reference Guide](#)

# Skilled Nursing Billing Requirements



UB-04 Field	Report
FL 44 HCPCS/Rate/HIPPS Rate Code	HIPPS rate code. Codes must be in the same order the patient received that level of care.
FL 46 Units of Service	Number of covered days for each HIPPS rate code.
FL 47 Total Charges	Zero for 0022 revenue code lines.
FL 67 Principal Diagnosis Code	ICD-10-CM code for the principal diagnosis.
FL 67A–FL 67Q Other Diagnosis Codes	ICD-10-CM codes for up to 8 other conditions.

- [Skilled Nursing Facility Billing Reference Guide](#)

# Custodial Claim Reimbursement

Claims are reimbursed for custodial nursing facility services in accordance with patient-driven payment model (PDPM) state fee-for-service rates.

- 837 Institutional file format (UB-04)
- Type of bill 26X
- Revenue code 0100 with the corresponding PDPM-HIPPS code for the member

Billing guidelines require the 5-digit HIPPS code

PDPM 5 Character HIPPS Code Breakdown

- Character 1: PT/OT Payment Group
- Character 2: SLP Payment Group
- Character 3: Nursing Payment Group
- Character 4: NTA Payment Group (Non-therapy Ancillary) based on comorbidities
- Character 5: Assessment Indicator (e.g. “1” for 5-day assessment, “0” for IPA (Interim Payment Assessment))

# Common Billing Errors



	Billing Error	Skilled vs Custodial	Results In...	Recommended Action
1	Billing charges on HIPPS claim line	Skilled	Claim will not process correctly	Charges on the HIPPS line should be billed as \$0.00
2	Billing revenue code 0022 along with additional room and board revenue codes	Skilled	Claim will deny	Claims billed with 0022 should not also include room and board revenue codes
3	Billing skilled and custodial services on the same claim	Both	Claim will deny or process incorrectly	Skilled and custodial services should be billed separately
4	Missing occurrence code 50 when applicable	Skilled	Claim will deny or process incorrectly	Include occurrence code 50 when applicable
5	Missing occurrence code 70 when applicable	Skilled	Claim will not process correctly	Include occurrence code 70 when applicable



# Common Billing Errors

	Billing Error	Skilled vs Custodial	Results In...	How to Avoid
6	Billing incorrect covered day units for HIPPS rate codes	Skilled	Claim will not process correctly	Use correct number of covered day units
7	Billing incorrect or incomplete HIPPS codes	Both	Claim will not process correctly	Submit the complete and appropriate five-character HIPPS code
8	Submitting claims on the incorrect claim type	Both	Claim will not process correctly.	Submit claims on an institutional UB-04 claim form
9	Using incorrect member ID numbers	Both	Claim will not process correctly	Use the member's INTEGRITY for Duals ID which begins with "12"
10	Submitting duplicate skilled nursing Part B claims	Skilled	Claim will deny as duplicate	Verify whether the claim was previously submitted or processed prior to rebilling.

# Claim Denials

## If you have submitted a claim that did not pay:

- If the original claim rejected, submit a **new claim** with the required billing elements on an institutional claim form.
- 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.

# Remittance Advice

Line #	Date of Service	Procedure Code	Mod (s)	Units	Charged Amount	Allowed Amount	Denied Amount	Deduct. Amount	Copay /Coins	OI Allowed	OI Paid	Payment	CP	EX Code
1	01/05/26-01/05/26	71046		1.00	125.00	33.97	0.00	0.00	0.00/6.79	0.00	0.00	26.64	N	27 Sequestration 1185
1	01/05/26-01/05/26	71046		1.00	125.00	0.00	0.00	0.00	0.00/0.00	17.75	0.00	0.00	N	172 3032 1185
Interest Paid												0.00		
Withholds												0.00		
Claim Totals					125.00	33.97	0.00	0.00	0.00/6.79	17.75	0.00	26.64		

## Understanding the Medicare Payment (Row 1)

For the Medicare portion of the claim:

1. The Medicare allowed amount is determined
2. Member Cost share is applied
3. A 2% sequestration reduction is applied to the remaining balance
4. The final result is the payment amount shown on the ERA

# Remittance Advice

Line #	Date of Service	Procedure Code	Mod (s)	Units	Charged Amount	Allowed Amount	Denied Amount	Deduct. Amount	Copay /Coins	OI Allowed	OI Paid	Payment	CP	EX Code
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Interest Paid												0.00		
Withholds												0.00		
Claim Totals					125.00	33.97	0.00	0.00	0.00/6.79	17.75	0.00	26.64		

## Why Coinsurance Appears on the ERA

When a service is covered by both Medicare and Medicaid:

- **The first row of each claim line** reflects the **Medicare** adjudication outcome of the claim.
  - Medicare may apply a patient cost share amount (i.e. deductible/copayment/coinsurance)
- **The second row of each claim line** reflects the **Medicaid** adjudication outcome of the claim.
  - Medicaid processing eliminates the patient responsibility

# Remittance Advice

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## Medicare/Medicaid Crossover

The Medicaid program will pay the lesser of:

- The difference between the Medicaid program allowed amount and the Medicare payment (Medicaid program allowed minus Medicare paid); or
- The Medicare coinsurance and deductible up to the Medicaid program allowed amount

When the Medicare reimbursement is greater than the Medicaid allowance, no reimbursement is issued as the service is considered paid in full by the primary payor, in this instance Medicare.

# Billing Members

Other than allowable co-payments or deductibles for certain lines of business, **in no event can the provider bill, balance bill or have any recourse against Neighborhood members** for services rendered by the provider under their agreement with Neighborhood.

**Note:** Members enrolled in INTEGRITY for Duals (D-SNP) may NOT be billed for Medicare cost share amounts for covered services.

**Providers may NOT bill members for missed appointments.**

# Deemed Eligibility

- A temporary period where members continue to receive Medicare Advantage benefits after losing Medicaid eligibility.

- ❖ INTEGRITY for Duals (90 days)
- ❖ Dual CONNECT (30 days)

- Medicaid benefits, cost-sharing and premium coverage may be paused during this time. Members may be responsible for out-of-pocket costs or increased cost-sharing for Medicare covered services.
- Neighborhood works with members to restore Medicaid eligibility and adjusts claims once it's reinstated.

# Resources



## General

- [Provider Manual](#)
- [Quick Reference Guide](#)
- [Claims and Eligibility Information](#)
- [Claim Adjustments](#)
- [Navinet \(claim status, member eligibility\)](#)

## SNF Specific

- [Skilled Nursing Facility Billing Reference Guide](#)
- Medicare Claims Processing Manual
  - [Chapter 6 \(Part A\)](#)
  - [Chapter 7 \(Part B\)](#)
- [SNF Prior Authorization](#)
- [EOHHS LTSS Resources](#)
- [LTSS Waiver Application](#)
- [EOHHS Portal](#)
- [SNF Payment Policy](#)
- [SNF Coverage Guidance \(D-SNP\)](#)
- [SNF Coverage Guidance \(Medicaid/Commercial\)](#)
- [LTSS Page](#)

# Questions?



Please contact **Provider Services** at (800) 963-1001 for questions regarding any of the below topics:

- Contract rates
- Member eligibility issues
- Claim status/issues
- Specific payment policy questions
- General prior authorization inquiries
- Member Benefit questions

If your patients have any concerns, please have them contact Member Services at

1-866-696-4774

Neighborhood is contracted with [NaviNet](#) to provide online eligibility and claims status lookup 24/7.