

Benefit Coverage

Covered Benefit for lines of business including:
INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Excluded from Coverage:
RItecare (MED), Substitute Care (SUB), Children with Special Needs (CSN), Rhody Health Partners (RHP), Extended Family Planning (EFP), ACA Adult Expansion (RHE), Health Benefits Exchange (HBE)

Medicare Distinction

For INTEGRITY for Duals and Duals CONNECT members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

In the absence of an applicable or incomplete NCD, LCD, or other CMS published guidance OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

Description

Special Supplemental Benefits for the Chronically Ill (SSBCI) benefits are in addition to the benefits that traditional Medicare covers and can include non-primarily health related benefits as long as there is a reasonable expectation of improving or maintaining the health or overall function of the member. SSBCI can be offered to Medicare members that meet the established criteria.

Neighborhood offers the following SSBCI benefits to qualifying members:

INTEGRITY & CONNECT members:

- An additional \$125 per month non-rolling allowance for healthy food, **and**

INTEGRITY members only:

- 120 hours per year of companionship services through Papa Pals.

Rewards and Incentives (Member Rewards) are rewards offered to members for completing eligible health-related activities. Neighborhood offers the following Member Rewards to qualifying members:

Eligible Activity	Annual Reward
Annual Well Visit	\$25
Diabetes Eye Exam	\$10
Diabetes Blood Sugar Controlled	\$10
Diabetes Kidney Health Evaluation	\$10
Diabetes Blood Pressure Control	\$10

Coverage Determination

Special Supplemental Benefits for the Chronically Ill (SSBCI)

Neighborhood utilizes 2 methods to determine member SSBCI eligibility:

1. **Auto Eligibility Process:** Using data from claims, an internal algorithm identifies members that meet CMS's criteria. This automatic process refreshes monthly.
2. **Manual Eligibility Process:** Members without claims data/medical records can complete an assessment with a Neighborhood care manager to determine their eligibility.

Per CMS guidelines, to be eligible for SSBCI benefits the member must have a qualifying chronic condition and meet **all** the criteria below:

- Has a high risk for hospitalization or other adverse health outcomes;
- Require intensive care coordination; and
- Has one or more comorbid and medically complex chronic conditions that are life-threatening or significantly limits the overall health and function of the member:

The following clinical guidelines are used to ensure members and their clinical teams have a clear understanding of how Neighborhood determines if a member is eligible for SSBCI benefits (by meeting all 3 of the criteria set forth above). A member is eligible for SSBCI benefits if they:

1. Have a valid chronic condition as listed in their Evidence of Coverage (EOC),
 - ✓ INTEGRITY for Duals Member Handbook – page 70
 - ✓ Dual CONNECT Evidence of Coverage – page 79

AND

2. Any of the following are true:
 - Had one or more inpatient admissions (medical or behavioral health) related to the chronic condition in the last 12 months.

- ❑ Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months.
- ❑ Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months.
- ❑ Member requires home health visits related to the chronic condition.
- ❑ Member has an impairment in daily living activities related to the chronic condition (bathing, dressing, toileting, transferring, and eating) or cognitive impairments.
- ❑ Member receives outpatient durable medical equipment (DME) including but not limited to: wheelchair, ventilator (invasive and noninvasive), wound vacuum, bipap machine, hospital bed, environmental modifications, or seat lift chairs.

Member Rewards

INTEGRITY and CONNECT members are eligible to receive Member Rewards each year as long as they complete the required eligible activities.

- Annual Wellness Visits Reward: All members are eligible each year as long as they have completed their Annual Wellness Visit with their primary care provider (PCP).
- Diabetes Eye Exam: Members with a diagnosis of diabetes are eligible each year as long as they have completed a diabetic eye exam.
- Diabetes Blood Sugar Controlled: Members with a diagnosis of diabetes are eligible each year as long as they have completed blood sugar screenings (i.e. A1C).
- Diabetes Kidney Health Evaluation: Members with a diagnosis of diabetes are eligible each year as long as they have completed a diabetic kidney health evaluation.
- Diabetes Blood Pressure Control: Members with a diagnosis of diabetes are eligible each year as long as they have completed a blood pressure screening.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

Exclusions

1. Papa Pals is not a benefit for Duals CONNECT members.
2. Each Reward & Incentive can be collected once per calendar year.

CMP Number:	CMP# I-009
CMP Cross Reference:	
Created:	December 2025
Annual Review Month:	December
Review Dates:	12/10/25, 6/10/26
Revision Dates	12/10/25, 6/10/26
CMC Review Date:	12/10/25, 6/10/26
Medical Director Approval Dates:	12/10/25, 6/10/26
Effective Dates:	12/10/25, 6/10/26

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:

- Code of Federal Regulations. Title 42. Chapter IV. Subchapter B. Part 422. Subpart C. 422.102 Supplemental Benefits.
- Centers for Medicare and Medicaid Services. CMS-4201-F Medicare Advantage and Part D Final Rule 2024. Rev.121, 4-22-16.
- Centers for Medicare and Medicaid Services. Medicare Managed Care Manual; Chapter 4 – Benefits and beneficiary Protections.
- Neighborhood INTEGRITY for Duals Member Handbook.
- Neighborhood Duals CONNECT Evidence of Coverage.