

Policy Title:	Electronic Claim Reconsideration Submission		
Policy Number:	000451	Department:	CLM
Effective Date:	04/01/2017		
Review Date:	12/28/2018, 11/8/19, 12/17/20, 8/27/21		
Revision Date:	03/24/2017, 12/28/2018, 12/17/20		
Purpose: To allow providers to submit requests for claim reconsideration in a timely manner, while also providing acknowledgment of their receipt by Neighborhood Health Plan of Rhode Island (Neighborhood).			
Scope: This process applies only to the submission of claim reconsiderations. Corrected claims, claim adjustments, and requests for claim status must go through the standard processes.			
Policy Statement: A Claim Reconsideration Request form must accompany submitted documentation in order for a request to be processed. All requests, submissions, and forms must be submitted correctly to qualify for the reconsideration process.			

Definition:

1. **Reconsideration:** A review, with medical notes, of a claims payment decision

Overview:

1. A provider may submit a request, with complete notes attached, for claim reconsideration. Providers have 365 days from the date of the initial remittance advice (RA) to submit for further consideration.
2. A completed Claim Reconsideration Request Form must accompany submitted documentation.
3. Submit only one cover letter, set of notes, and applicable remittance advice for each individual claim.
 - a. Multiple claims for the same member must still be submitted separately.
4. Providers will be notified in writing of any upheld denial.
5. If a reconsidered claim denial is upheld, the provider may pursue the matter through Neighborhood's Provider Claim Dispute process.
6. Neighborhood is not responsible for administrative fees related to records submitted as part of a claim reconsideration request.

Procedure:

Electronic Faxing

1. E-faxing may be useful for submitting single reconsideration requests.
2. E-fax reconsideration submissions must include:
 - a. A completed Claim Reconsideration Request form
 - b. A copy of the applicable Neighborhood remittance advice (RA)
 - c. Medical notes
3. In order to keep submitted documentation with the intended claim, only one (1) request per transaction will be accepted.
4. Fax a completed Claim Reconsideration Request form and associated documentation to (401) 709-7009.

Secure E-mail

1. Secure e-mail may be best suited for the submission of multiple reconsideration requests.
2. E-mail reconsideration submissions must include, for each individual claim:
 - a. A completed Claim Reconsideration Request form
 - b. A copy of the applicable Neighborhood remittance advice (RA)
 - c. Medical notes
3. Multiple requests may be submitted in one e-mail, but each claim must be saved in a separate file (or as individual files). Please do not combine multiple claims.
4. Send a completed Claim Reconsideration Request form and associated documentation to Reconsideration@nhpri.org

****Please note that electronic reconsiderations that are missing required documentation or are submitted incorrectly will be returned for revision and resubmission.**