

Title:	Claim Adjustment Grid Process		
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Purpose: To provide a streamlined and more efficient process to manage the input and flow of claim adjustment requests received via email through a dedicated reconsideration portal.			

➤ *Why Submit a Claim Adjustment Grid?*

- Adjustment grids are submitted through a secure portal
- Requests flow directly to the staff responsible for reviewing adjustments
- Senders are provided with an acknowledgement email containing expected completion dates, as well as an issue number for tracking
- The electronic format is easy to use
- Provider staff spends less time on the phone with the Neighborhood's Call Center
- ✗ **Claim status requests are not accepted through the claim adjustment grid process. Grids are for claim adjustments only.**

➤ *How to Submit a Claim Adjustment Grid*

- Locate the Neighborhood Health Plan of Rhode Island Claim Adjustment Grid
 - From the home page on the Neighborhood website, click on the "Providers" tab at the top of the screen
 - In the bulleted list, click "Provider Resources"
 - Click "Forms"
 - Click "Claim Adjustment Grid"
- **Do not alter the format of the grid, or it will be returned to the submitter**
- Download the grid and save it before data is added, or changes will not be saved
- Complete all fields, including the requester's information, on the form. Neighborhood will populate the "Final Outcome" field once the grid has been worked.
- Submit a maximum of fifty (50) claims per grid
- Email the completed grid to Neighborhood at: claimresubmission@nhpri.org
- Receive an acknowledgement email within one (1) business day of receipt

- Grids emailed on weekends or holidays will be acknowledged the next business day

Types of Requests to Include on an Adjustment Grid
• Duplicate Denials
• Claims Processed Incorrectly
• GLOBAL Denials
• Timely Filing Overrides
• Incorrect COB Denials
• Some CES (317) Denials

➤ *What does this mean?*

- Once Neighborhood has received a grid through secure email, it is acknowledged and an issue number is created.

***Only properly-formatted grids received through secure email will be acknowledged and entered into the Neighborhood workflow.**

- This issue number and an email are sent to the requestor.
- Once the grid has been researched, the “Final Outcome” column is updated by a Neighborhood representative with an issue number for each adjustment that is made and a brief description of the disposition of the claim. (Claims that paid or denied correctly will not receive an issue number.)
- The completed grid is then sent back to the requester via secure email.

➤ *Provider Follow-up Process*

- If a grid has not been returned by the estimated completion date (as indicated in the acknowledgement email), or to check on the status of an adjustment for which an issue number was provided, please contact the Provider Services call center at 1-800-963-1001 to request a status update.
- For questions regarding the final outcome of *specific claims* on a completed grid for which a claim adjustment has not been made (therefore no issue number has been provided for that claim), please “Reply All” to the determination e-mail sent by the Neighborhood representative who completed the grid and reference the claim in question.

<p>Email: gwashington@provider.com Tax ID: 111111111 Issue #: NHPRI email: ClaimResubmission@nhpri.org</p>						
Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)
Abraham Lincoln	00000xyz	04/02/2018	04/02/2018	230.00	P	Claim denied correctly for no authorization, as the allowed units on the auth have been exhausted.

Completing the Required Fields on the Adjustment Grid:

Date:	Date the provider grid is submitted by the requester (current date)
From:	Name of requester
Provider:	Name of the Supplier/Vendor/Payee
Phone:	Requester's contact number (please include extension)
Email:	Requester's email address
Tax ID:	TIN of Payee (Supplier)
Issue #:	NHPRI office use only
NHPRI email:	Submit completed grids to ClaimResubmission@nhpri.org



Date:
From:
Provider:
Phone:

*****Only 50 Claims Per Grid*****

Email:
Tax ID:
Issue #:
NHPRI email: ClaimResubmission@nhpri.org

Short Description of Issue :	Neighborhood Claim ID #	Patient Acct #	Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)

Item	Required?	Description
Short Description of the Issue	Y	Reason for each unique adjustment request
Neighborhood Claim ID#	Y	Found on the Neighborhood remittance advice or 835 file; unique to Neighborhood and each encounter
Patient Acct #	Y	Provided by requester
Patient Name	Y	Patient's full name
Member ID#	Y	Member ID on Neighborhood card, <i>NOT</i> Social Security # or Medicare ID#
Date of Service	Y	Date services were rendered
Claim Thru Date	Y	End date of services rendered
Total Charges	Y	Total billed amount for this claim
Professional or Institutional	Y	Type of claim billed
Final Outcome	Office use only	Neighborhood will provide after review