

## Provider Quick Reference Guide

This guide is to help Neighborhood Health Plan of Rhode Island's (Neighborhood) provider community with frequently asked questions. It is categorized by business area and includes hyperlinks (in green) to the Neighborhood website. For more information on any of the topics below, please consult the Neighborhood **Provider Manual** or call Neighborhood's provider line at 1-800-963-1001.

Claims			
Claim Forms  Questions on which form to use? Consult the Claim Form Finder for more information.	<ul> <li>Adjustment Request eForm to request an adjustment made to a previously processed singular claim for reasons such as (but not limited to) coordination of benefits or payment modifications and timely filing (TF) denials. Adjustments for multiple claims can be requested via the Claim Adjustment Grid Process using the Claim Adjustment Grid.</li> <li>Corrected (Replacement)/Voided Claim Request Form to void or submit changes to a previously processed claim, such as correcting a diagnosis or CPT code, date of service, or adding additional information such as an NDC number or modifier</li> <li>Claim Reconsideration Request Form with medical notes, to request reconsideration of a claims payment decision</li> <li>Provider Claim Dispute &amp; Provider-initiated Appeal Form for review of a denied claim, typically following the adverse outcome of a Reconsideration Request, an Adjustment Request, a denied or absent authorization.</li> </ul>		
Claim Status	Neighborhood is contracted with <b>NaviNet</b> to provide 24/7 claims status lookup including deductible and out of pocket information.		
Claim Submission	For electronic claims submission:  • Medicaid Claims Payer ID is 05047  • Exchange/Commercial and INTEGRITY (MMP) Claims Payer ID is 96240  Fmail FDISupport@phpri.org to report clear	For paper claims submission, mail to: Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700 inghouse issues with electronic claim submission.	
Direct Deposit Set Up	Complete and submit the Electronic Payment and Remittance Advice Application.		
Payment Policies	The Neighborhood website has a complete list of Billing Guidelines and Payment Policies.		
RA/EOP	Complete the Application to Request Duplicate Remittance Advice (RA) Statements eForm to be able to retrieve duplicate RA's/EOP's as needed.		
Medical Prior Authori	zation		
Out-of-Network Requests	Providers must complete an <b>Out of Network Prior Authorization Form</b> or <b>eForm</b> to receive approval to refer a member out-of-network.		
Prior Authorization Reference Guide	Neighborhood has created <b>Prior Authorization Reference Guides</b> , by line of business, of services that require prior authorization. If a specific service is not listed on these guides, it may be that the service is a non-covered benefit.		
Prior Authorization Request Forms	Prior Authorization Request Forms for each service requiring prior authorization are located on the Neighborhood website.		

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Credentialing					
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Application Status		s of their credentialing application at least once every 15 s of any missing information. Providers are informed within 5 n is deemed complete.			
Re-credentialing	1 -	nborhood's Credentialing Department contacts a provider when it is time for re- entialing. Any questions can be emailed to <u>credentialing@nhpri.org</u>			
Member Benefits & E	ligibility				
Benefit and Eligibility Information	Membership eligibility and benefits are available via <b>NaviNet</b> 24/7. NaviNet users can view complete eligibility and primary care provider (PCP) history for Neighborhood members. For Neighborhood's Commercial/Exchange line of business, NaviNet displays benefit/cost-sharing information, such as co-pay, deductible, out-of-pocket and pharmacy spend.				
Interpreter Services	Complete the Interpreter Request eForm to request language services for a member.				
Provider Data					
Demographics and Data	Email PECCredentialing@nhpri.org to notify Neighborhood of an update to a practice/group or demographic information. Updates are made within thirty (30) days. Providers can validate the update was made by calling 1-800-963-1001 (select Provider Services), Monday through Friday, 8 a.m. to 6 p.m.				
Network Participation	n				
Add a New Provider to a Contracted Group	Email PECCredentialing@nhpri.org to add a new provider to an existing contracted group. Confirmation of receipt will be sent.  To confirm the effective date a provider was linked to a group, please call Provider Services at 1-800-963-1001, Monday through Friday, 8 a.m. to 6 p.m.				
Verify Participation	To verify/search in-network providers, Neighborhood's online <b>Find a Doctor</b> tool can be used to view and search providers, hospitals and facilities, pharmacies and more.				
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