

This guide is to help Neighborhood Health Plan of Rhode Island's (Neighborhood's) 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 contact Neighborhood Provider Services by calling 1-800-963-1001.

Claims					
<p>Claim Forms</p> <p>Questions on which form to use? Consult the Claim Form Finder for more information.</p>	<p>For requesting Neighborhood review on a previously processed claim:</p> <ul style="list-style-type: none"> • See the Claim Adjustments webpage for guidance by Neighborhood line of business (product) on requesting an adjustment to a previously processed singular claim or multiple claims for reasons such as, but not limited to, coordination of benefits, payment modifications, and/or timely filing denials. • Use the 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. • Submit a Claim Reconsideration Request Form or Claim Reconsideration Request eForm with medical notes, to request reconsideration of a claims payment decision. • Submit a Provider Claim Dispute & Provider-initiated Appeal Form or Provider Claim Dispute & Provider-initiated Appeal eForm for review of a denied claim, typically following the adverse outcome of a Reconsideration Request, an Adjustment Request, a denied or absent authorization. 				
<p>Claim Status</p>	<p>Neighborhood is contracted with NaviNet to provide 24/7 claims status lookup including deductible, out of pocket information, and additional claim detail for 317 denials.</p>				
<p>Claim Submission</p>	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>For electronic claims submission:</p> <ul style="list-style-type: none"> • Medicaid Claims Payer ID is 05047 • Exchange/Commercial and INTEGRITY (MMP) Claims Payer ID is 96240 </td> <td style="vertical-align: top; width: 50%;"> <p>For paper claims submission, mail to:</p> <p>Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700</p> </td> </tr> <tr> <td colspan="2"> <p>Email EDISupport@nhpri.org to report clearinghouse issues with electronic claim submission.</p> </td> </tr> </table>	<p>For electronic claims submission:</p> <ul style="list-style-type: none"> • Medicaid Claims Payer ID is 05047 • Exchange/Commercial and INTEGRITY (MMP) Claims Payer ID is 96240 	<p>For paper claims submission, mail to:</p> <p>Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700</p>	<p>Email EDISupport@nhpri.org to report clearinghouse issues with electronic claim submission.</p>	
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<p>Direct Deposit and eRA Set Up</p>	<p>Complete and submit the Electronic Payment and Remittance Advice Application eForm to initiate the process for direct deposit set-up, as well as, requesting electronic remittance advice (eRA)/explanation of payment (EOP) statements.</p>				
<p>Duplicate RA/EOP Requests</p>	<p>Complete the Application to Request Duplicate Remittance Advice (RA) Statements to initiate the process to retrieve duplicate R's/EOPs as needed.</p>				
<p>Payment Policies</p>	<p>The Neighborhood website has a complete list of Billing Guidelines and Payment Policies.</p>				
Provider Data Integrity					
<p>Provider Data Updates</p>	<p>Providers are required to notify Neighborhood of any changes to their practice or profile set-up; including but not limited to, changes in office hours, address updates, etc.</p> <ul style="list-style-type: none"> • Use Update Your Information to notify Neighborhood of any important changes to your profile or practice, as well as, to add a new provider/location to an existing contracted group, terminate a provider and/or location, and submit a name change. <p>Email providerdata@nhpri.org with any questions regarding updating your information.</p>				

Medical Prior Authorization			
Out-of-Network Requests	Providers must complete an Out of Network Prior Authorization Form or eForm to receive approval to refer a member to a provider not contracted/participating with Neighborhood.		
Prior Authorization Reference Guide	Searchable Prior Authorization Reference Guides, by line of business: <ul style="list-style-type: none"> • Prior Authorization Reference Guide – Medicaid • Prior Authorization Reference Guide – INTEGRITY • Prior Authorization Reference Guide – Exchange If a specific service is not listed in the guide, 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 (scroll to the bottom of the “Forms” page).		
Member Benefits & Eligibility			
Benefit and Eligibility Information	Membership eligibility and benefits are available via NaviNet 24/7. NaviNet users can view complete eligibility and primary care provider 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, including American Sign Language, for a member.		
Network Participation			
Verify Participation	To verify/search in-network providers, Neighborhood's online Find a Doctor tool can be used to view and search providers, hospitals and facilities, pharmacies and more.		
Credentialing			
Application Status	Providers are notified of the status of their credentialing application at least once every 15 calendar days, informing providers of any missing information. Providers are informed within 5 business days when the application is deemed complete.		
Re-credentialing	Neighborhood’s Credentialing Department contacts a provider when it is time for re-credentialing. Any questions can be emailed to credentialing@nhpri.org .		
New Providers – Join the Network			
Neighborhood	Visit Join Our Network for more information.		
Behavioral Health	Contact Optum , Neighborhood’s behavioral health vendor.		
DME	Email Integra Provider Expansion, Neighborhood’s Durable Medical Equipment (DME) provider network, at: network@accessintegra.com .		
Pharmacy	Pharmacy providers will need to contract with CVS Caremark .		
Other Frequently Used Phone Numbers			
Optum - Behavioral health	Medicaid, Call: (401) 443-5997	Commercial/Exchange, Call: (833) 470-0578	INTEGRITY (MMP), Call: (401) 443-5995
New Century Health (NCH)	Program for oncology-related drugs and/or treatment	Call (888) 999-7713 or log into the NCH provider portal: https://my.newcenturyhealth.com	
Integra Partners	DME provider network	Call (888)-729-8818	
Equian (Optum)	Third party subrogation cases	Call (866) 876-2791	
eviCore	Radiology management program	Call (888) 693-3211 or log into the eviCore portal	