

**Provider Appeal Process and Timeline**

Neighborhood Health Plan of Rhode Island (Neighborhood) has a comprehensive process to review and respond to provider appeals. The table below shows the levels of appeal available for each Neighborhood line of business. Providers must complete a [**Provider Appeal Form**](https://www.nhpri.org/wp-content/uploads/2023/08/Provider-Claim-Dispute_Provider-initiated-Appeal-Form.pdf) and return it to Neighborhood’s Grievance and Appeals Unit (GAU), according to the stated timeframes. For more information, please refer to the [**Neighborhood Provider Manual**](https://www.nhpri.org/provider-manual/).

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| **Line of Business** | **Internal Appeal** | | **Next Level/External Appeal, if available** |
| **Product** | **Filing Timeline** | **Decision** | **Filing Timeline** |
| **Medicaid** | 60 Calendar Days from Initial Decision | 72 Hours for Expedited | * Qualified Cases\*: Request External Appeal within four (4) months of Appeal Denial Letter; and/or * Request a State Fair Hearing within 120 Calendar Days of Appeal Denial Letter |
| 30 Days for Standard |
| **Commercial - Health Benefits Exchange (HBE)** | 180 Calendar Days from Initial Decision | **Medical**: 72 Hours for Expedited  **Pharmacy**: 24-72 Hours for Expedited | * Qualified Cases\* Request External Appeal within four (4) months of Appeal Denial Letter   \* a fee may apply for HBE external reviews. |
| 30 Days for Standard |
| **INTEGRITY - MMP Part C** | 60 Calendar Days from Initial Decision[[1]](#endnote-1) | 72 Hours for Expedited | For Medicare Only and Overlap Services**:**   * Appeals are auto-forwarded to MAXIMUS if Upheld by GAU.   For Overlap and Medicaid Only Services:   * Qualified Cases\*: Request External Appeal within four (4) Months of Appeal Denial Letter; and/or * Request a State Fair Hearing within 120 Calendar Days of Appeal Denial Letter |
| 30 Days for Standard |
| **INTEGRITY - MMP Part B**  Pre-Service Appeals (Part B = “buy and bill” drugs) | 60 Calendar Days from Pharmacy Decision Letter | 72 Hours for Expedited | * All Part B Appeals are auto-forwarded to MAXIMUS if Upheld by GAU |
| 7 Days for Standard |
| **INTEGRITY - MMP Part D**  (Handled by  CVS Caremark) | 60 Calendar Days from Initial Decision | 72 Hours for Expedited | * Member or Provider must request External Appeal directly with MAXIMUS within 60 Calendar Days of Appeal Denial Letter |
| 7 Days for Standard |
| **Provider Administrative Claim Appeals** | 60 Calendar Days from the date of Denied Reconsideration/  Denied Adjustment / Denied Claim for No Authorization[[2]](#endnote-2) | 60 Calendar Days | * No external appeal level available |
| *All appeal filing deadlines, appeal levels, turnaround times, and external appeal review rules are compliant with applicable regulations and Neighborhood policy. Absence of the required form(s) or no response to the requests sent by GAU will result in dismissal of appeal.* | | | |

**GAU Mailing Address:** Grievance and Appeals Unit Coordinator **GAU Fax Number:** (401) 709-7005

Neighborhood Health Plan of Rhode Island **GAU Email:** [GAUMailbox@nhpri.org](mailto:GAUMailbox@nhpri.org)

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\**External Appeal process is only available when a clinical decision has been rendered on the Internal Appeal*

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1. When filing an appeal related to Level of Care denials issued by Neighborhood Utilization Management, the provider / facility should file the claim first, then, upon receipt of an adverse claim decision, file an appeal within 60 days following the date on the Remittance Advice. [↑](#endnote-ref-1)
2. Unless provider contract states otherwise [↑](#endnote-ref-2)