



# New Provider Orientation

2025

# Agenda

- About Neighborhood
- Plans and Products
- ID Cards and PCP Assignment
- Eligibility and Benefits
- Claims Submission
- Policies and Guidelines
- Provider Resources
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# About Us

## Mission

Neighborhood Health Plan of Rhode Island (Neighborhood), an innovative health plan in partnership with Rhode Island Community Health Centers, secures access to high quality, cost-effective health care for Rhode Island's at-risk populations.

## Members

Neighborhood insures about 60 percent of “vulnerable” Rhode Islanders – those with low income, disabilities or other special needs. We are committed to a culture of caring and ensuring our members have access to the medical treatment and community services necessary within a culturally and linguistically appropriate setting to achieve health and wellbeing.

# Member Plans

## Medicaid

- High-quality plans for children, families, pregnant women and adults who are eligible for Medicaid through the State of Rhode Island.

## Commercial Plans: For individuals and families and small businesses

- Commercial plans for individuals and families cover all of the essential health benefits at an affordable price. Some members may qualify for tax-credits to help cover some of the cost of their premium.
- Neighborhood offers a variety of plans for small businesses (2-50 employees).

## Medicare-Medicaid Plan (MMP) INTEGRITY

- A high-quality health and drug plan for individuals who are eligible for both Medicare and Medicaid.

# Member ID Cards

*All Neighborhood members are assigned a primary care provider (PCP) displayed on the member's Neighborhood identification card.*

- Primary care providers (PCP) must verify the member is assigned to the provider group and one of the group's participating PCPs to receive reimbursement for services rendered. Neighborhood encourages PCPs to verify member site assignment even if your practice is listed on the member's ID card.
- Provider office staff can request a PCP change on behalf of a Neighborhood member by completing a PCP Change Form. [All provider forms are available here](#)



# Member Eligibility

*All providers should verify a member's eligibility when providing services to a member(s) who presents a Neighborhood ID card.*

## NaviNet

Neighborhood is contracted with NaviNet to provide online eligibility and claims status lookup 24/7.

- NaviNet users can view complete eligibility and primary care provider (PCP) history for Neighborhood members.
- NaviNet users can view claim status for all lines of business 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.



# Support for Language Interpreter Services

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## Obtaining Interpreter Services through Neighborhood

Providers or Members can request interpreter services through Neighborhood via completion of the [Interpreter Request E-form](#)

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Interpreter services are free of charge and made available by telephone and/or in person

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Requests for services must be submitted at least 48-72 hours before patient's appointment.

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Sign Language interpreters should be requested 2 weeks in advance.

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# Claims Submission

**Claims that do not require an attachment must be filed electronically.** All coordination of benefit (COB) claims, also known as secondary claims, **must also be submitted electronically.**

Claims with any type of attachment including, but not limited to the following, must be submitted in paper form:

- Medical records
- Single case agreements

Complete claims must be received by Neighborhood within **180 days** from the date of service unless otherwise specified in the provider's contract.

## **Electronic claims payer ID numbers:**

- Commercial and Medicaid Claims: 05047
- MMP Claims: 96240

## **Paper claims can be mailed to:**

Neighborhood Health  
Plan of Rhode Island  
P.O. Box 28259  
Providence, RI 02908-  
3700



# Clearinghouses

Neighborhood has partnered with the following clearinghouses to offer providers a way to submit all Neighborhood claims electronically.

- [Change Healthcare](#)
- [Inovalon](#) (formerly known as ABILITY)
- [Waystar](#)
- [Healthcare Revenue Cycle Solutions \(SSI\)](#)
- [Claim.MD](#)

If you use a clearinghouse other than the ones listed above, please contact your clearinghouse to determine if they partner with any of these clearinghouses. If you have any questions, **please contact** [EDISupport@nhpri.org](mailto:EDISupport@nhpri.org) and our team will assist you.

# Billing Members

Other than allowable co-payments or deductibles for certain lines of business, in **no event can the provider bill, balance bill or have any recourse against Neighborhood members** for services rendered by the provider under their agreement with Neighborhood.

Note: INTEGRITY and Medicaid members do not have copayments or deductibles.

**Providers may NOT bill members for missed appointments**

# Access to Care

## Appointment Availability

Access to healthcare is a critical measure of Neighborhood's mission to deliver high-quality, cost-effective health care for Rhode Island's residents. Neighborhood monitors its network for compliance with access standards during established business and after hours.

The medical accessibility standards are as follows:

Appointment Type	Medicaid	Commercial	INTEGRITY (MMP)
After-hours phone call	24/7	Within one hour of the member contacting the organization*	No specific regulatory requirement
Emergency care	Immediate or emergency facility	Immediate	Immediate
Urgent care	Within 24 hours	Within 24 hours	Immediate
Routine care	Within 30 calendar days	Within 30 business days*	Within 30 business days
Non-emergent, non-urgent, sick visit	No specific regulatory requirement	No specific regulatory requirement	Within 7 business days
Physical examination	180 calendar days	No specific regulatory requirement	Within 30 business days
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Within 6 weeks	No specific regulatory requirement	No specific regulatory requirement
New member	30 calendar days	No specific regulatory requirement	No specific regulatory requirement

# Claim Adjudication

Neighborhood Health Plan of Rhode Island (Neighborhood) has various forms and processes to request a modification to a claim.

**Claim Adjustments:** Providers may request to have an adjustment made to a previously processed claim for reasons such as, but not limited to, coordination of benefits, incorrectly processed claims and timely filing (TF) denials.

**Claim Reconsiderations:** Providers may request reconsideration of a claims payment decision. Providers must provide the necessary medical documentation to validate the billed services.

**Not sure what form to use?**

**Neighborhood's Claim Form Finder** identifies the most common reasons a claim modification is requested, as well as, the accompanying form or process.

# Provider Appeals

## Administrative Appeals

A provider administrative appeal can only be submitted if a provider has first submitted a claim adjustment request or claim reconsideration request. If either of those requests are denied, an administrative appeal can then be submitted. These requests must be submitted to Neighborhood **within 60 days** from the date of the claim denial, reconsideration request denial, or adjustment request denial.

## Clinical Appeals

A clinical appeal is a request for review of an initial adverse clinical determination, such as services requiring prior authorization or those based on medical necessity. **For behavioral health services, clinical appeals should only be used for out-of-network or non-covered benefits.** Providers should use this form in the following circumstances:

- Medicaid appeals (within 60 days of receiving the initial denial)
- Commercial/Exchange appeals (within 180 days of receiving the initial denial)
- INTEGRITY (MMP) appeals (within 60 days of receiving the initial denial/organization determination)

# Policies and Guidelines

## Payment Policies and Billing Guidelines

- Updated regularly and are subject to change as State, Federal, CMS, AMA, and other industry standards change

## Clinical Medical Policies

- Reviewed annually and updated accordingly based on a thorough review of current medical literature and standards of practice
- Include criteria for prior authorization requirements

## Prior Authorization Search Tool

- Searchable by procedure/service code to obtain authorization information; the particular code will display with any authorization requirements

All of the above can be accessed via the following webpage:  
<https://www.nhpri.org/providers/policies-and-guidelines/>



# Provider Resources and Forms

## Provider Manual

- Comprehensive resource to guide you in working with Neighborhood and supplements your participating provider Agreement with Neighborhood.
- Updated annually, at minimum, but may also be updated ad hoc.

## Forms

- From administrative and claims forms, to prior authorization request forms; centralized webpage hosts all of the various forms necessary to do business with Neighborhood.

## Quick Reference Guide

- Easily access the most frequently used Neighborhood webpages and resources, including contact information for all of our business areas and vendors.

Provider Resources Webpage: <https://www.nhpri.org/providers/provider-resources/>

*Bookmark or save as a favorite today!*

# Update Your Information

Neighborhood wants to ensure **members** have the most recent, accurate, and complete information regarding our participating provider partners.

Keeping your provider and practice information current is not just a contractual requirement - it helps patients locate and contact your practice.

1. Validate your current provider setup by searching Neighborhood's [Find a Doctor](#) online provider directory.
2. Visit [Update Your Information](#) on our website and select the form for your specific need

# Partners and Programs

*Neighborhood has vendor partnerships for the following services:*

## **Behavioral Health**

- Optum

## **Dental**

- Delta Dental Rhode Island (Pediatric Medicaid only)

## **Durable Medical Equipment, Prosthetics, Orthotics and Medical Supply (DMEPOS)**

- Integra Partners

## **Oncology-related drugs and/or treatment, Outpatient Radiology, and Physical Medicine**

- Evolent

## **Pharmacy**

- CVS Caremark

# Mandatory Provider Training

Neighborhood network providers are required to complete an annual training. The training offers an overview of Neighborhood, including its plans, policies, and procedures.

In the fall of 2025, Neighborhood will be updating its annual training to comply with state and federal requirements. Providers will need to complete the updated training by December 31, 2025, **regardless of whether they have already taken the training this year.** Details around the updated training will be provided by October 1<sup>st</sup>.

Please note that completing the training is contractually required as part of your provider agreement with Neighborhood.

**All providers must complete this training annually**



# Next Steps

## 1. Sign-up for email from Neighborhood

Registering your email for [Neighborhood News](#) will ensure you receive critical news and information on matters such as new initiatives, policy changes, and much more.

## 2. Keep your practice and provider information up-to-date

Neighborhood wants to ensure we have the most recent, accurate, and complete information regarding our participating provider partners and has made it easy for providers to [update your information](#) with Neighborhood. You can validate your current provider set-up by searching Neighborhood's [Find a Doctor](#) online provider directory.

# Here for You



## Provider Services

Provider Services (call center) is your first point of contact for any non-clinical inquiries, assistance with claims payment, and questions related to member benefits, eligibility, and prior authorization requirements.

**Call Provider Services 1-800-963-1001, Monday through Friday, 8 a.m. to 6 p.m.**

## Provider Relations

Provider Relations (PR) is the key liaison for the provider with Neighborhood. Our job is to help you do business with Neighborhood and to make that interaction a positive experience. If necessary, Provider Services will escalate your matter to PR.