



Upcoming Changes To Neighborhood's New Core System

<i>What's Changing</i>	<i>Effective in Health Edge</i>
<u>CLAIM SUBMISSION</u>	
Pharmaceutical Submissions on CMS1500 Claims	Neighborhood will require National Drug Codes (NDC) on claims in addition to the standard CPT/HCPCS codes for CMS 1500 claims submission to be compliant with Federal Deficit Reduction Act of 2005 (DRA). See our website at New Core System under NDC Requirements.
Claim Edit Reason Codes	Neighborhood will replace current edit codes with ICES edits. See our website at New Core System under ICES Reason codes.
Claim Adjudication Past 30 days	Should any claims fail to adjudicate within 30 days from the date of receipt, Neighborhood will send a report to notify you. Previously, this information was contained in your RA but it will soon be sent in a separate report. Additional claim information is also available on NaviNet.
<u>PAYMENT</u>	
Remittance Advice & Checks will be electronic	Please submit your ERA or EFT information if your office has not already provided this to us. See our website at New Core System Communications and Electronic Payment and Remittance Advice Application for the forms that need to be completed.
<u>MEMBER INFO</u>	
Group ID Numbers Are Now Called Benefit Plan ID	<p>Numeric Group Numbers are changing to an alpha code Benefit Plan ID</p> <ul style="list-style-type: none"> • All new ID cards issued after Go Live will reflect the alpha code. • Current members' ID cards will not change, and will continue to have numeric group numbers until replaced. • Claims may continue to be submitted with the numeric group numbers. • The remittance advice will reflect the new alpha coding.
Member ID	The last 2 digits of the member ID will no longer determine the relationship to the main subscriber. Members will only have one ID number even if they are reinstated after termination.

Friday, April 1, 2011



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<u>AUTHORIZATION CHANGES</u>	
Newborn Authorizations	<p>Newborn Authorizations will not be required</p> <ul style="list-style-type: none"> • DELIVERY INFORMATION WILL STILL BE REQUIRED • The delivery information will now be a requirement to complete the Maternity authorization • Extended Newborn Stays -Newborns will require authorization if the baby stays beyond the mother's discharge.
Observation Authorizations	Observation will not require an authorization
Outpatient Authorization Forms	Please use appropriate form located on our website under For Providers/Administrative Resources/Prior Authorization Information/Medical Management Request Forms
<u>PROVIDER CHANGES</u>	
Covering doctor information	<p>PCPs need to provide covering provider information. Covering providers must also be NHPRI providers. If your office has not submitted the list of your covering doctors to the Provider Service Department, please send it to ajenkins@nhpri.org.</p> <p>Reimbursement may be interrupted if we do not have an updated list of the covering doctors.</p>