

Temporary Process for Submitting Claim Adjustments

INTEGRITY for Duals and Dual CONNECT

March 6, 2026

Neighborhood Health Plan of Rhode Island is aware of an issue affecting the electronic Claim Adjustment Request Form and Multiple Claim Adjustment Grid for **Neighborhood INTEGRITY for Duals (HMO D-SNP)** and **Dual CONNECT (D-SNP)** claims.

At this time, the Claim Adjustment Request Form and Multiple Claim Adjustment Grid do not accept the full 12-digit member ID required for **INTEGRITY for Duals** and **Dual CONNECT** members.

Please note: *Commercial, Medicaid and INTEGRITY (MMP) claims are not affected by this issue.*

Temporary Workaround (Effective Immediately):

Until the updated form is available, providers should:

1. Access the [Single Claim Adjustment Request Form](#) on the Neighborhood website.
2. Select INTEGRITY as the line of business.
3. Enter the first 11 digits of the member ID.
4. Complete all other mandatory fields accurately with no missing data.

Neighborhood will use the additional claim and member information submitted to identify and process the adjustment request appropriately

Please see below for a screenshot of a section of the claim adjustment form representing the above steps.

Adjustment Request Form

Add Attachments

** Note: Adjustment requests with claims attached will be returned to the sender. **

Upload only PDF

Choose File No file chosen

Accepted file types: pdf. Max. file size: 10 MB.

1. Please complete the following:

Which Line of Business are you submitting an Adjustment Request Form for? *

- Medicaid
 Integrity
 Commercial

Is this adjustment request for services that denied for EWV? *

- Yes **Note: Only providers rendering home care services should select "yes," if applicable.**
 No

Member ID # *

Integrity

0 of 11 max characters

Important Notes:

- This temporary workaround applies **only to INTEGRITY for Duals and Dual CONNECT claim adjustments**.
- The Multiple Claim Adjustment Grid cannot be used for INTEGRITY for Duals or Dual CONNECT at this time.
- Providers may continue to submit reconsideration and appeal requests for all lines of business through their standard processes without change.

An updated Claim Adjustment Form and Multiple Claim Adjustment Grid that accommodates the 12-digit member ID are expected to be available by the end of March. A follow-up communication will be issued once the revised forms are live.

We apologize for the inconvenience and appreciate your patience as we work to resolve this issue.