June 1, 2016

To: Neighborhood Health Plan of Rhode Island Providers

From: Provider Network Management

Re: Revised Remittance Advice

Dear Provider:

We are pleased to announce that Neighborhood Health Plan of Rhode Island (Neighborhood) has improved and reformatted our Remittance Advice (RA).

The improved RA will be effective June 8, 2016 and a key of the document terminology is included with this letter. The changes are based on the feedback that you, our outstanding network of providers and office teams, have given us – thank you!

Highlights of the revised RA include:
- All detailed transactions that total to the amount of the payment
- Reason codes that support and match to the corresponding payment amount
- Negative balances that posted against the corresponding positive payment
- Re-adjudicated claims, particularly those with multiple claim lines, are identified via an individual line item

Neighborhood's goal with this revision is to streamline the process of posting payments, improving communication, and increasing the usability of the information we provide.

Thank you for your continued patience during this process and for supporting our mission to deliver access to high-quality, cost-effective health care for Rhode Island's at-risk populations. Our work would not be possible without your dedication and partnership.

For questions regarding this communication, please contact your Provider Network Management Administrator.

For questions regarding your RA content, please contact the Provider Claims Services Department at (401) 459-6080.

Best Regards,

Shantha Diaz
Chief Operating Officer

Remittance Advice Key Terms

Field Name	Description
Line ("Ln")	Claim line number.
Line of Business ("LOB")	- RIte Care ("**MED**") - Children with Special Health Care Needs ("**CSN**") - Substitute Care ("**SUB**") - Extended Family Planning ("**EFP**") - Rhody Health Expansion ("**RHE**") - Rhody Health Partners ("**RHP**") - Rhody Health Options ("**RHO**")
Professional/Institutional ("P/I")	Identification of services billed as Professional or Institutional.
Transaction Type ("Trans")	- Claim Payable ("Pybl") means the positive amount payable created by the initial adjudication or re-adjudication of a claim line. - Receivable Recoupments ("Recp") are recoupments of any receivables created by readjudicating a claim line. - Interest ("Int") is accrued interest. - Adjustment ("Adj") occurs during manual entry into the system and usually reflective of an advance check or refund check sent by the Provider.
Service/Revenue ("REV")/ Modifier ("MOD")	The service or revenue code and appended modifier.
Received Date ("Rec Dt.")	Date the Clean Claim was received by Neighborhood.
Date of Service ("DOS")	Date services were rendered to the member.
Line Status Code ("Ln St")	Provides the status, adjudicated (a) or denied (d), of each claim line.
Billed Amount ("Bill Amt")	Service amount billed by Provider.
Allowed Amount ("Allow Amt")	Service amount allowed by Neighborhood.

Field Name	Description
Coordination of Benefits ("COB")	To ensure that the payments of more than one plan do not exceed 100% of the covered charges.
Patient Share ("Pt Sh")	Patient Share is the amount the member is responsible to pay.
Amount	Amount paid by Neighborhood to Provider. Note: the "Amount" could be different from the "Allow Amount" when this is a secondary claim or patient share is appropriate.
Capitated ("Cp")	Indicates if service code is capitated per the Participating Provider Agreement.
Reason Code ("Reas Code")	The Reason Codes are numeric values pertinent to the adjudication of the claim line and described in the legend located at the end of the RA. *Note: The legend is not inclusive of all Reason Codes.
Claim	The Neighborhood Claim Number.
Patient Account ("Patient Acct")	The Provider assigned member account number.
Member	Neighborhood Member Identification - Member's full name in a Last Name, First Name format. - Member's date of birth