

Title:	Claim Adjustment Grid Process		
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Purpose:	To provide a streamlined and more efficient process to manage the input and flow of claim adjustment requests received via email through a dedicated reconsideration portal.		

➤ *Why Submit a Claim Adjustment Grid?*

- Adjustment grids are submitted through a secure portal
- Requests flow directly to the staff responsible for reviewing adjustments
- Senders are provided with an acknowledgement email containing expected completion dates, as well as an issue number for tracking
- The electronic format is easy to use
- Provider staff spends less time on the phone with the Neighborhood’s Call Center
 - ✘ **Claim status requests are not accepted through the claim adjustment grid process. Grids are for claim adjustments only.**

➤ *How to Submit a Claim Adjustment Grid*

- Locate the Neighborhood Health Plan of Rhode Island Claim Adjustment Grid
 - From the home page on the Neighborhood website, click on the “Providers” tab at the top of the screen
 - In the bulleted list, click “Provider Resources”
 - Click “Forms”
 - Click “Claim Adjustment Grid”
- **Do not alter the format of the grid, or it will be returned to the submitter**
- Download the grid and save it before data is added, or changes will not be saved
- Complete all fields, including the requester’s information, on the form. Neighborhood will populate the “Final Outcome” field once the grid has been worked.
- Submit a maximum of fifty (50) claims per grid
- Email the completed grid to Neighborhood at: claimresubmission@nhpri.org
- Receive an acknowledgement email within one (1) business day of receipt
 - Grids emailed on weekends or holidays will be acknowledged the next business day

Types of Requests to Include on an Adjustment Grid
• Duplicate Denials
• Claims Processed Incorrectly
• GLOBAL Denials
• Timely Filing Overrides
• Incorrect COB Denials
• Some CES (317) Denials

➤ *What does this mean?*

- Once Neighborhood has received a grid through secure email, it is acknowledged and an issue number is created.

***Only properly-formatted grids received through secure email will be acknowledged and entered into the Neighborhood workflow.**

- This issue number and an email are sent to the requestor.
- Once the grid has been researched, the “Final Outcome” column is updated by a Neighborhood representative with an issue number for each adjustment that is made and a brief description of the disposition of the claim. (Claims that paid or denied correctly will not receive an issue number.)
- The completed grid is then sent back to the requester via secure email.


➤ *Provider Follow-up Process*

- If a grid has not been returned by the estimated completion date (as indicated in the acknowledgement email), please contact the Provider Services call center at 1-800-963-1001 to request a status update.
- For questions regarding the final outcome of *specific claims* on a completed grid for which a claim adjustment has not been made (therefore no issue number has been provided for that claim), please “Reply All” to the determination e-mail sent by the Neighborhood representative who completed the grid and reference the claim in question.

<p>Email: gwashington@provider.com Tax ID: 111111111 Issue #: NHPRI email: ClaimResubmission@nhpri.org</p>						
Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)
Abraham Lincoln	00000xyz	04/02/2018	04/02/2018	230.00	P	Claim denied correctly for no authorization, as the allowed units on the auth have been exhausted.

Completing the Required Fields on the Adjustment Grid:

Date:	Date the provider grid is submitted by the requester (current date)
From:	Name of requester
Provider:	Name of the Supplier/Vendor/Payee
Phone:	Requester's contact number (please include extension)
Email:	Requester's email address
Tax ID:	TIN of Payee (Supplier)
Issue #:	NHPRI office use only
NHPRI email:	Submit completed grids to ClaimResubmission@nhpri.org



*****Only 50 Claims Per Grid*****

Date:		Email:
From:		Tax ID:
Provider:		Issue #:
Phone:		NHPRI email: ClaimResubmission@nhpri.org

Short Description of Issue :	Neighborhood Claim ID #	Patient Acct #	Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)

Item	Required?	Description
Short Description of the Issue	Y	Reason for each unique adjustment request
Neighborhood Claim ID#	Y	Found on the Neighborhood remittance advice or 835 file; unique to Neighborhood and each encounter
Patient Acct #	Y	Provided by requester
Patient Name	Y	Patient's full name
Member ID#	Y	Member ID on Neighborhood card, <i>NOT</i> Social Security # or Medicare ID#
Date of Service	Y	Date services were rendered
Claim Thru Date	Y	End date of services rendered
Total Charges	Y	Total billed amount for this claim
Professional or Institutional	Y	Type of claim billed
Final Outcome	Office use only	Neighborhood will provide after review