Provider Quick Reference Guide

This guide is to help Neighborhood Health Plan of Rhode Island's (Neighborhood) provider community with frequently asked questions. It is categorized by business area and includes hyperlinks (in green) to the Neighborhood website. For more information on any of the topics below, please consult the Neighborhood **Provider Manual** or call Neighborhood's provider line at 1-800-963-1001.

Claims	
Claim Forms Questions on which form to use? Consult the **Claim Form Finder** for more information.	Complete and submit the following for action on a previously processed claim: • **Adjustment Request eForm** to request an adjustment made to a previously processed singular claim for reasons such as (but not limited to) coordination of benefits or payment modifications and timely filing (TF) denials. Adjustments for multiple claims can be requested via the **Claim Adjustment Grid Process** using the **Claim Adjustment Grid**. • **Corrected (Replacement)/Voided Claim Request Form** to void or submit changes to a previously processed claim, such as correcting a diagnosis or CPT code, date of service, or adding additional information such as an NDC number or modifier • **Claim Reconsideration Request Form** with medical notes, to request reconsideration of a claims payment decision • **Provider Claim Dispute & Provider-initiated Appeal Form** for review of a denied claim, typically following the adverse outcome of a Reconsideration Request, an Adjustment Request, a denied or absent authorization.
Claim Status	Neighborhood is contracted with **NaviNet** to provide 24/7 claims status lookup including deductible and out of pocket information.
Claim Submission	For electronic claims submission: • Medicaid Claims Payer ID is 05047 • Exchange/Commercial and INTEGRITY (MMP) Claims Payer ID is 96240 For paper claims submission, mail to: Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700
	Email **EDISupport@nhpri.org** to report clearinghouse issues with electronic claim submission.
Direct Deposit Set Up	Complete and submit the **Electronic Payment and Remittance Advice Application**.
Payment Policies	The Neighborhood website has a complete list of **Billing Guidelines and Payment Policies.**
RA/EOP	Complete the **Application to Request Duplicate Remittance Advice (RA) Statements eForm** to be able to retrieve duplicate RA's/EOP's as needed.

Medical Prior Authorization	
Out-of-Network Requests	Providers must complete an **Out of Network Prior Authorization Form** or **eForm** to receive approval to refer a member out-of-network.
Prior Authorization Reference Guide	Neighborhood has created **Prior Authorization Reference Guides**, by line of business, of services that require prior authorization. If a specific service is not listed on these guides, it may be that the service is a non-covered benefit.
Prior Authorization Request Forms	**Prior Authorization Request Forms** for each service requiring prior authorization are located on the Neighborhood website.

Credentialing

Application Status	Providers are notified of the status of their credentialing application at least once every 15 calendar days, informing providers of any missing information. Providers are informed within 5 business days when the application is deemed complete.
Re-credentialing	Neighborhood's Credentialing Department contacts a provider when it is time for re-credentialing. Any questions can be emailed to **credentialing@nhpri.org**

Member Benefits & Eligibility

Benefit and Eligibility Information	Membership eligibility and benefits are available via **NaviNet** 24/7. NaviNet users can view complete eligibility and primary care provider (PCP) history 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.
Interpreter Services	Complete the **Interpreter Request eForm** to request language services for a member.

Provider Data Integrity

Provider Data Updates	Go to **Update Your Information** to notify Neighborhood of any important changes to your profile or practice; including but not limited to, changes in office hours, address, phone/fax number, and provider panel status. You can also use **Update Your Information** to add a new provider/location to an existing contracted group, terminate a provider and/or location, and submit a name change. Any questions regarding updating your information, can be emailed to **providerdata@nhpri.org**

Network Participation

Verify Participation	To verify/search in-network providers, Neighborhood's online **Find a Doctor** tool can be used to view and search providers, hospitals and facilities, pharmacies and more.

New Providers – Join the Network

Neighborhood	Visit **Join Our Network** for more information.
Behavioral Health	Contact **Optum,** Neighborhood's behavioral health vendor.
DME	Contact **DMEnsion,** Neighborhood's Durable Medical Equipment (DME) vendor.
Pharmacy	Pharmacy providers will need to contract with **CVS Caremark**.

Other Frequently Used Phone Numbers

Optum - Behavioral health	Medicaid, Call: (401) 443-5997	Commercial, Call: (833) 470-0578	INTEGRITY, Call: (401) 443-5995
New Century Health (NCH)	Program for oncology-related drugs and/or treatment	Call (888) 999-7713 or log into the NCH provider portal: https://my.newcenturyhealth.com	
DMEnsion	DME benefit management	Call: (866) 205-2122 or Email: dmensionprovider-relations@dmension.net	
Equion	Third party subrogation cases	Call (866) 876-2791	
eviCore	Radiology management program	Call (888) 693-3211 or log into the eviCore portal	