

Neighborhood Health Plan of Rhode Island (Neighborhood) has a comprehensive process to review and respond to provider appeals and disputes regarding claim payment decisions. The table below shows the levels of appeal available for each Neighborhood line of business. Providers must complete a [Provider Claim Dispute & Provider-Initiated Appeal Form](#) and return it to Neighborhood's Grievance and Appeals Unit (GAU), according to the stated timeframes. For more information, please refer to the [Neighborhood Provider Manual](#).

Line of Business	Internal Appeal		Next Level/External Appeal, if available
Product	Filing Timeline	Decision	Filing Timeline
Medicaid	60 Calendar Days from Initial Decision	72 Hours for Expedited	<ul style="list-style-type: none"> Qualified Cases*: Request External Appeal within four (4) months of Appeal Denial Letter; and/or Request a State Fair Hearing within 120 Calendar Days of Appeal Denial Letter
		30 Days for Standard	
Commercial - Health Benefits Exchange (HBE)	180 Calendar Days from Initial Decision	Medical: 72 Hours for Expedited	<ul style="list-style-type: none"> Qualified Cases*: Request External Appeal within four (4) months of Appeal Denial Letter
		Pharmacy: 24-72 Hours for Expedited	
		30 Days for Standard	
INTEGRITY - MMP Part C	60 Calendar Days from Initial Decision ⁱⁱ	72 Hours for Expedited	<p><u>For Medicare Only and Overlap Services:</u></p> <ul style="list-style-type: none"> Appeals are auto-forwarded to MAXIMUS if Upheld by GAU. <p><u>For Overlap and Medicaid Only Services:</u></p> <ul style="list-style-type: none"> Qualified Cases*: Request External Appeal within four (4) Months of Appeal Denial Letter; and/or Request a State Fair Hearing within 120 Calendar Days of Appeal Denial Letter
		30 Days for Standard	
INTEGRITY - MMP Part B Pre-Service Appeals (Part B = "buy and bill" drugs)	60 Calendar Days from Pharmacy Decision Letter	72 Hours for Expedited	<ul style="list-style-type: none"> All Part B Appeals are auto-forwarded to MAXIMUS if Upheld by GAU
		7 Days for Standard	
INTEGRITY - MMP Part D (Handled by CVS Caremark)	60 Calendar Days from Initial Decision	72 Hours for Expedited	<ul style="list-style-type: none"> Member or Provider must request External Appeal directly with MAXIMUS within 60 Calendar Days of Appeal Denial Letter
		7 Days for Standard	
Provider Claim Disputes	60 Calendar Days from the date of Reconsideration/ Adjustment / Claim Denial ⁱⁱⁱ	60 Calendar Days	<ul style="list-style-type: none"> No external appeal level available

All appeal filing deadlines, appeal levels, turnaround times, and external appeal review rules are compliant with applicable regulations and Neighborhood policy. Absence of the required form(s) or no response to the requests sent by GAU will result in dismissal of appeal.

GAU Mailing Address: Grievance and Appeals Unit Coordinator
Neighborhood Health Plan of Rhode Island
910 Douglas Pike - Smithfield, RI 02917

GAU Fax Number: (401) 709-7005

*External Appeal process is only available when a clinical decision has been rendered on the Internal Appeal.

ⁱ Fees may exist for HBE members

ⁱⁱ When filing an appeal related to Level of Care denials issued by Neighborhood Utilization Management, the provider / facility should file the claim first, then, upon receipt of an adverse claim decision, file an appeal within 60 days following the date on the Remittance Advice.

ⁱⁱⁱ Unless provider contract states otherwise