## Provider Appeal Process and Timeline

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

<table>
<thead>
<tr>
<th>Product</th>
<th>Internal Appeal</th>
<th>Next Level/External Appeal, if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>60 Calendar Days from Initial Decision</td>
<td>72 Hours for Expedited decision, 30 Days for Standard decision</td>
</tr>
<tr>
<td>Commercial - Health Benefits Exchange (HBE)</td>
<td>180 Calendar Days from Initial Decision</td>
<td>Medical: 72 Hours for Expedited decision, Pharmacy: 24-72 Hours for Expedited decision, 30 Days for Standard decision</td>
</tr>
<tr>
<td>INTEGRITY - MMP Part C</td>
<td>60 Calendar Days from Initial Decision</td>
<td>72 Hours for Expedited decision, 30 Days for Standard decision</td>
</tr>
<tr>
<td>INTEGRITY - MMP Part B</td>
<td>60 Calendar Days from Pharmacy Decision Letter</td>
<td>72 Hours for Expedited decision, 7 Days for Standard decision</td>
</tr>
<tr>
<td>INTEGRITY - MMP Part D (Handled by CVS Caremark)</td>
<td>60 Calendar Days from Initial Decision</td>
<td>72 Hours for Expedited decision, 7 Days for Standard decision</td>
</tr>
<tr>
<td>Provider Claim Disputes</td>
<td>60 Calendar Days from the date of Reconsideration/Adjustment/Claim Denial</td>
<td>60 Calendar Days</td>
</tr>
</tbody>
</table>

### Filing Timeline

- For Medicare Only and Overlap Services:
  - Appeals are auto-forwarded to MAXIMUS if Upheld by GAU.
- For Overlap and Medicaid Only Services:
  - 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
- All Part B Appeals are auto-forwarded to MAXIMUS if Upheld by GAU
- Member or Provider must request External Appeal directly with MAXIMUS within 60 Calendar Days of Appeal Denial Letter
- No external appeal level available

### Provider Appeal Process and Timeline

- 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.

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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  
GAU Email: GAUMailbox@nhpri.org

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

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1 Fees may exist for HBE members
2 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.
3 Unless provider contract states otherwise