Neighborhood Health Plan OF RHODE ISLAND™

Provider Manual Update

Summary of Changes for March 16, 2022 and *April 6, 2022

Section 2: Member Services and Benefits

- ***Page 14:** Under "Requesting a PCP Change for a Member," added clarifying guidance on use of the PCP Change Form. The PCP Change Form was also revised with updated instructions for use on 4.8.2022.
    - The PCP Change Form must be completed by the provider (or office representative) who the member has requested be their new PCP.

Section 4: Billing and Reimbursement Procedures

- **Page 25:** New Section Added, "Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS) Claims."
    - New section for guidance on electronic and paper DMEPOS claims submission to Neighborhood's DMEPOS vendor, Integra.
- **Page 25:** Added "Paper" after "Requirements for CMS-1500 Claim Submission."
- **Page 27:** Under "Requirements for CMS-1500 Claim Submission (Paper)," in the table of claim information on the CMS-1500 form;
    - Item 23 – Added "or CLIA Number" to "Prior Authorization Number" Heading.
    - Item 32 – Heading, "Service Facility Location Information," instruction changed from "required" to "required, if applicable."
- **Page 32:** New guidance under "Corrected (Replacement) and Voided Claims" section regarding timeframes in the event of payment retractions/recoupments.
    - Added new language; *In the event Neighborhood retracts payment, providers have one hundred eighty (180) days from the date on the RA regarding the retraction to submit a corrected claim, if necessary.*
- **Page 33:** New guidance under "Adjusted Claims" section regarding timeframes in the event of payment retractions/recoupments.
    - Added new language; *In the event Neighborhood retracts payment, providers have one hundred eighty (180) days from the date on the RA regarding the retraction to submit a corrected claim, if necessary.*
- **Page 35:** New guidance under "Claim Reconsideration Request" section regarding use of the Claim Reconsideration Request electronic form (eForm).
    - Currently, requests for claim reconsideration can be submitted via the paper/fillable pdf or eForm. After June 1, 2022, the paper/fillable pdf will no longer be an option and all requests for claim reconsideration must be submitted to Neighborhood via the Claim Reconsideration Request eForm.

Section 5: Authorization Process and Medical Management

- **Page 44**: Under Section, "Retroactive Authorization Requests," Neighborhood will accept a request for retroactive authorization if the request meets **either** of the following guidelines:
    - The request precedes a bill for services (no claim received by Neighborhood) and is within **seven (7) calendar days** (formerly 72 hours) of the service, **or**
    - The request precedes a bill for services (no claim received by Neighborhood) and one of the extenuating circumstances detailed in the Provider Manual (page 44) applies.

Section 5: Authorization Process and Medical Management, *Continued*

- ***Page 44**: Under Section, "Extenuating Circumstances," updated to align with timeframe for Retroactive Authorization Requests.
  - If the request is **more than seven (7) calendar days** (formerly 72 hours) and less than 14 calendar days after the date of service, the provider must indicate which of the extenuating circumstance apply.
- ***Page 44**: "*For requests beyond 14 calendar days from the date of service*" section edited to update the timeframe from the former 72 hours to 7 calendar days.

Click here to view the updated Provider Manual