

This guide is to help Neighborhood Health Plan of Rhode Island's (Neighborhood's) 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 contact Neighborhood Provider Services by calling 1-800-963-1001.

Claims			
<p><b>Claim Forms</b></p> <p>Questions on which form to use? Consult the <a href="#">Claim Form Finder</a> for more information.</p>	<p>For requesting Neighborhood review on a previously processed claim:</p> <ul style="list-style-type: none"> <li>• See the <a href="#">Claim Adjustments</a> webpage for guidance by Neighborhood line of business (product) on requesting an adjustment to a previously processed singular claim or multiple claims for reasons such as, but not limited to, coordination of benefits, payment modifications, and/or timely filing denials.</li> <li>• Use the <a href="#">Corrected (Replacement)/Voided Claim Request Form</a> 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.</li> <li>• Submit a <a href="#">Claim Reconsideration Request eForm</a> with medical notes, to request reconsideration of a claims payment decision.</li> <li>• Submit a <a href="#">Provider Claim Dispute &amp; Provider-initiated Appeal Form</a> or <a href="#">Provider Claim Dispute &amp; Provider-initiated Appeal eForm</a> for review of a denied claim, typically following the adverse outcome of a Reconsideration Request, an Adjustment Request, a denied or absent authorization.</li> </ul>		
<b>Claim Status</b>	Neighborhood is contracted with <a href="#">NaviNet</a> to provide 24/7 claims status lookup including deductible, out of pocket information, and additional claim detail for 317 denials.		
<b>Claim Submission</b>	Neighborhood has partnered with <b>ABILITY</b> to offer our network providers a way to submit claims electronically – at no cost for all Neighborhood claims. For more information, <a href="#">click here</a> .		
	<table border="1"> <tr> <td> <p><b>For electronic claims submission:</b></p> <ul style="list-style-type: none"> <li>• Medicaid Claims Payer ID is 05047</li> <li>• Exchange/Commercial and INTEGRITY (MMP) Claims Payer ID is 96240</li> </ul> </td> <td> <p><b>For paper claims submission, mail to:</b></p> <p>Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700</p> </td> </tr> </table>	<p><b>For electronic claims submission:</b></p> <ul style="list-style-type: none"> <li>• Medicaid Claims Payer ID is 05047</li> <li>• Exchange/Commercial and INTEGRITY (MMP) Claims Payer ID is 96240</li> </ul>	<p><b>For paper claims submission, mail to:</b></p> <p>Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700</p>
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Email <a href="mailto:EDISupport@nhpri.org">EDISupport@nhpri.org</a> to report clearinghouse issues with electronic claim submission.			
<b>Direct Deposit and eRA Set Up</b>	Complete and submit the <a href="#">Electronic Payment and Remittance Advice Application</a> eForm to initiate the process for direct deposit set-up, as well as, requesting electronic remittance advice (eRA)/explanation of payment (EOP) statements.		
<b>Duplicate RA/EOP Requests</b>	Complete the <a href="#">Application to Request Duplicate Remittance Advice (RA) Statements</a> to initiate the process to retrieve duplicate R's/EOPs as needed.		
<b>Payment Policies</b>	The Neighborhood website has a complete list of <a href="#">Billing Guidelines and Payment Policies</a> .		
Provider Data Integrity			
<b>Provider Data Updates</b>	<p>Providers are required to notify Neighborhood of any changes to their practice or profile set-up; including but not limited to, changes in office hours, address updates, etc.</p> <ul style="list-style-type: none"> <li>• Use <a href="#">Update Your Information</a> to notify Neighborhood of any important changes to your profile or practice, as well as, to add a new provider/location to an existing contracted group, terminate a provider and/or location, and submit a name change.</li> </ul> <p>Email <a href="mailto:providerdata@nhpri.org">providerdata@nhpri.org</a> with any questions regarding updating your information.</p>		

Medical Prior Authorization			
<b>Out-of-Network Requests</b>	Providers must complete an <a href="#">Out of Network Prior Authorization Form</a> or <a href="#">eForm</a> to receive approval to refer a member to a provider not contracted/participating with Neighborhood.		
<b>Prior Authorization Reference Guide</b>	Searchable Prior Authorization Reference Guides, by line of business: <ul style="list-style-type: none"> <li>• <a href="#">Prior Authorization Reference Guide – Medicaid</a></li> <li>• <a href="#">Prior Authorization Reference Guide – INTEGRITY</a></li> <li>• <a href="#">Prior Authorization Reference Guide – Exchange</a></li> </ul> If a specific service is not listed in the guide, it may be that the service is a non-covered benefit.		
<b>Prior Authorization Request Forms</b>	<a href="#">Prior Authorization Request Forms</a> for each service requiring prior authorization are located on the Neighborhood website (scroll to the bottom of the “Forms” page).		
Member Benefits & Eligibility			
<b>Benefit and Eligibility Information</b>	Membership eligibility and benefits are available via <a href="#">NaviNet</a> 24/7. NaviNet users can view complete eligibility and primary care provider 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.		
<b>Interpreter Services</b>	Complete the <a href="#">Interpreter Request eForm</a> to request language services, including American Sign Language, for a member.		
Network Participation			
<b>Verify Participation</b>	To verify/search in-network providers, Neighborhood's online <a href="#">Find a Doctor</a> tool can be used to view and search providers, hospitals and facilities, pharmacies and more.		
Credentialing			
<b>Application Status</b>	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.		
<b>Re-credentialing</b>	Neighborhood’s Credentialing Department contacts a provider when it is time for re-credentialing. Any questions can be emailed to <a href="mailto:credentialing@nhpri.org">credentialing@nhpri.org</a> .		
New Providers – Join the Network			
<b>Neighborhood</b>	Visit <a href="#">Join Our Network</a> for more information.		
<b>Behavioral Health</b>	Contact <a href="#">Optum</a> , Neighborhood’s behavioral health vendor.		
<b>DME</b>	Email Integra Provider Expansion, Neighborhood’s Durable Medical Equipment (DME) provider network, at: <a href="mailto:network@accessintegra.com">network@accessintegra.com</a> .		
<b>Pharmacy</b>	Pharmacy providers will need to contract with <a href="#">CVS Caremark</a> .		
Other Frequently Used Phone Numbers			
<b>Optum - Behavioral health</b>	Medicaid, Call: (401) 443-5997	Commercial/Exchange, Call: (833) 470-0578	INTEGRITY (MMP), Call: (401) 443-5995
<b>New Century Health (NCH)</b>	Program for oncology-related drugs and/or treatment	Call (888) 999-7713 or log into the NCH provider portal: <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a>	
<b>Integra Partners</b>	DME provider network	Call (888)-729-8818	
<b>Equian (Optum)</b>	Third party subrogation cases	Call (866) 876-2791	
<b>eviCore</b>	Radiology management program	Call (888) 693-3211 or log into the <a href="#">eviCore</a> portal	