

Claims Corner

Neighborhood News - October 2022

Claim Adjustment Requests

The Electronic Visit Verification (EVV) question on Neighborhood's adjustment eForms relates to Medicaid-funded personal care or home health services rendered by a provider during an in-home visit. Such services must be verified in Sandata prior to claim submission. If this verification has not occurred and/or does not match the accompanying claim, a denial will be issued.

When requesting a claim adjustment, be sure to select the correct radio button for the EVV question on the eForm.

Is this adjustment request for services that denied for EVV? *

- Yes **Note: Only providers rendering home care services should select "yes," if applicable.**
- No

If the wrong option is selected, the adjustment request will be returned to the submitter for correction and resubmission.

The "yes" button should only be selected for **personal or home care services** claims that were denied for EVV.

- If the claim applies to personal or home care services but was not denied for electronic visit verification (EVV), the "no" button should be selected.
- If the claim *does not* apply to personal or home care services, the "no" button should always be selected.

Claim Submission Reminders for Providers and Billers

1. Neighborhood uses technology to scan paper forms and eliminate keystroke errors. All new and corrected paper claims must be submitted on original (not photocopied) print versions of the industry standard CMS-1500 and CMS-1450 (UB-04) forms, as they are printed in special optical character recognition (OCR)-scannable red ink.
2. Claim forms must not contain any handwritten elements, stamps, correction fluid, or staples.
3. Data entered on the claim form must be properly aligned and fall completely within the applicable text fields. Data that is misaligned or ghosted elsewhere on the form is systematically recognized as an error and will result in the claim being returned to the sender for correction.
4. The member name on the claim form must match the member name as it appears on the Neighborhood Health Plan of Rhode Island insurance card. This verification will help to ensure timely and accurate processing of all clean claim submissions.
5. Populate fields 33 (Billing Provider) and 32 (Service Facility Location) on CMS-1500 claim forms carefully. If the service location is not receiving payment as intended, please contact Neighborhood Provider Services at (800) 963-1001 to make an update.
6. It is not necessary to provide a W-9 form with a claim unless it is the first time a claim is submitted to Neighborhood on a provider's behalf.
7. New and corrected claims may also be submitted via an Electronic Data Interchange (EDI) 837(X) transaction. This methodology allows the submissions to be handled systematically, affording a more accurate and timely outcome.

Current Forms

Please remember to use the most current request forms available on our website. Provider request forms are available in the *Forms* section of the [Provider Resources menu](#) on the Neighborhood website.

- The **Corrected Claim** request form is writeable, so it can be typed online, then printed and submitted to Neighborhood.
- **Claim Adjustment** and **Claim Reconsideration** requests are only accepted when they are submitted electronically via the eForm on the Neighborhood website. Outdated and improperly-submitted forms will be returned to the sender for correction.

For help deciding which form to use, the **Claim Form Finder**, located in the *Forms* section of the [Provider Resources menu](#) on the Neighborhood website can help to determine which form must be completed and submitted to Neighborhood, along with additional information related to the submission of each form.