

Claims Corner

Neighborhood News – April 2023

CMS_1500 Paper Claim Submission Updates for 2023

The Centers for Medicare and Medicaid Services (CMS) is now requiring all dates of birth on the CMS-1500 claim form to be submitted in 8-digit (MM|DD|YYYY) format. Additionally, Neighborhood is requiring all other date fields to be submitted in 6-digit (MM|DD|YY) format. Please refer to Neighborhood’s Provider Manual to review all form field requirements. Claims that do not comply with these requirements will be returned to the sender for correction and resubmission.

Claim Adjustment Requests

Due to a higher volume of requests, Neighborhood is experiencing a delay in processing all claim adjustment requests. The former 30 day turnaround timeframe was increased to 90 days as of late December. We apologize for an inconvenience this may cause.

On each **Claim Adjustment Request eForm**, there is a question, “Is this adjustment request for services that denied for EVV.” This question is in regard to Electronic Visit Verification (EVV) for 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

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.

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

Coordination of Benefits

If a member notifies a provider that their primary insurance coverage (primary to Neighborhood) has terminated, it is the provider’s responsibility to notify Neighborhood’s Provider Services department. This will alleviate claims denying unnecessarily for another plan’s payment information and allow for subsequent claims to process appropriately. Please see Neighborhood’s Provider Manual for more information.

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. 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. *Please note that the W-9 must be signed and dated within six (6) months of the request.*
6. 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.

Claim 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.