

Neighborhood Health Plan of Rhode Island (Neighborhood) has various forms and processes to request a modification to a claim. The table below identifies the most common reasons a claim modification is requested, as well as, the accompanying form/process, and includes hyperlinks (in **green**) to the applicable webpage.

In addition, paper claims received by Neighborhood with missing, invalid, or incomplete information will be returned to sender. Providers will need to correct the information, return to Neighborhood, and it will be processed as a first-time submission. For more information, please refer to Neighborhood's Provider Manual.

Form to Submit	Reason
<p>Adjustment Request eForm <i>eForms to request and adjustment for a single claim or multiple claims, by line of business</i></p>	Adjustment of payment for over- or underpaid claim
	Coordination of Benefits (when designated on original claim submission, but EOB was not attached)
	Duplicate claim
	Incorrect payment or service denial, according to contract terms
	Retraction of payment
	Timely filing limit exceeded
<p>Corrected (Replacement) / Voided Claim Request Form</p>	Addition of information to the claim form
	Amended date of service
	Amended original charge
	Change(s) to, or voiding of, a previously processed claim
	Coordination of Benefits (when <i>not designated</i> on original claim submission)
	Correction of modifier, diagnosis or procedure code(s)
<p>Provider Claim Dispute & Provider-initiated Appeal eForm or Form (pdf)</p>	Dispute:
	Disagreement with a claim adjustment or reconsideration decision
	Retro-authorization requirements outlined in the Provider Manual were not followed by the provider
	Belief that provider received inaccurate information
	Appeal:
	Benefit appeal
<p>Hospital Readmission Reevaluation Request Form</p>	Denial received from Utilization Management or Pharmacy department
	Disagreement with a hospital readmission payment
<p>Claim Reconsideration Request eForm</p>	MEDNT denial reason
	MNRQR or MUTEX denial reason
	PRNOT denial reason
	Submission of patient record/additional information per NHPRI request
	Surgical global denials
<p>Please reference the codes and verbiage cited on the RA and/or on NaviNet</p>	317 denial reason
	Neighborhood is contracted with NaviNet to provide 24/7 claims status lookup and additional claim detail for 317 denials.

Please note that this list is not all-inclusive. For situations not listed above, or for more information, please contact Neighborhood's Provider Services team by calling 1-800-963-1001.