

Important Updates to Claim Processing for Neighborhood's Commercial Line of Business

Action Needed to Prevent Claim Impact

August 1, 2023

Neighborhood Health Plan of Rhode Island (Neighborhood) is excited to share some important news with our valued provider partners. As part of our effort to streamline operations, Neighborhood is moving toward a single claim system that will support all lines of business. **The first phase of this transition is to move our Commercial line of business to the platform used for our Medicaid line of business, effective October 1, 2023.**

Neighborhood is confident this transition will provide a more efficient process that significantly reduces administrative tasks and increases the accuracy and timeliness of claim payments. We understand that there will be questions about these changes. In the following sections, we outline key changes and provide resources to ensure you have a smooth transition.

The following changes will all be effective October 1, 2023.

Payer ID and Pay Cycle: **Action Needed**

All Commercial claims submitted electronically to Neighborhood on or after **October 1, 2023**, need to be submitted with **Payer Identification (ID) 05047**. For electronic (EDI 837) claim submissions, use the clearinghouse of your choice with Neighborhood. Submit claims with the Payer ID appropriate to the line of business, as noted in **Figure 1**.

The Payer ID is five digits in length.

Figure 1:

Line of Business	Payer ID
Medicaid	05047
Commercial (Exchange)	05047
Integrity (MMP)	96240

Please ensure your Neighborhood Payer ID is updated in your claims system by **October 1, 2023**, to avoid any potential delays in submissions. Also, please use the name "Neighborhood Health Plan of RI" or "NHPRI" as the payer name in your electronic claim submissions to Neighborhood.

Note: The Payer ID requirement applies to both initial and corrected claims.

With the change to the new Payer ID, the pay cycle for Commercial claims will now be aligned with Medicaid claims. You can expect to receive payments for Medicaid and Commercial claims in the same weekly pay cycle.

Commercial Member ID: Action Needed

Commercial members will receive a new ID number and corresponding ID card. The new ID card will look the same as the current ID card but display the new member ID. Please update your system with the new member ID to reduce or eliminate delays in claim payments.

Note: The new Commercial member ID format will not include a “135” prefix. It is critical that providers check member eligibility before treating Neighborhood members.

New Explanation of Payment (EOP)

The primary benefit of the commercial migration is an updated **Explanation of Payment (EOP)**, also known as a Remittance Advice (RA). Neighborhood has enhanced the EOP/RA to help providers better understand payments and make it easier to reconcile accounts receivable. The following enhancements, which are highlighted in **Figure 2**, apply to both Commercial and Medicaid claims:

1. Payment Summary

Neighborhood has reformatted the Payment Summary section to provide a breakdown of the entire payment, including the following new fields:

- Previous Negative Balance - displays previous outstanding recoupments that are impacting the current payment.
- Negative Balance This Run - displays current recoupments that are impacting the payment.
- Check/EFT # - indicates either the Electronic Funds Transfer (EFT)/direct deposit or paper check number.

2. Line of Business

This new field indicates the Neighborhood line of business for the claims submitted. If the EOP/RA includes claims for multiple lines of business, the EOP/RA will separate claims by each line of business.

3. Claim Details

Claim header definitions will now be displayed for each claim making it easier for providers to read the EOP/RA. Additional claim fields have also been added to the claim detail section, including:

- Other Insurance (OI) Allowed - represents the allowed amount from the members' primary insurance.
- Other Insurance (OI) Paid - represents the paid amount from the members' primary insurance.
- Units - identifies the number of units submitted on the claim.

The prior EOP/RA had a singular field that combined both denied and paid amounts. To help providers reconcile payments, the new EOP/RA breaks down payments into multiple fields:

- Allowed Amount
- Denied Amount
- Payment

4. Payment Methodology


Providers who receive both fee for service (FFS) and capitated payments will now receive a separate EOP/RA for each payment method, facilitating the process of reconciling these payments. Capitated payments will be identified by a “Y” in the CP column in Claim Details and will be noted as “Capitated” in the new Payment Methodology field. FFS payments will display an “N” in the CP column and be noted as “Standard” in the Payment Methodology field.

Figure 2:

Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917

Forwarding Service Requested
Provider Name
Address

Questions or Concerns?
Please contact us at
1-800-963-1001
Hours of Operation: Monday-Friday 8am-6pm



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Payment Summary

Previous Negative Balance:	0.00
Claims Payment This Run:	0.00
Negative Balance This Run:	0.00
Payment Issued:	0.00

Paid To: Provider Name
NPI #:
Payment Date: MM/DD/CCYY
Check/EFT #: 0000000000

Explanation of Payment

Payment Methodology: Standard **4**

Line of Business: Medicaid **2**

Member ID:	Patient Name: Last Name, First Name	Claim ID: 4
Patient Account #: 3	Servicing Provider: (Name)	

Line #	Date of Service	Procedure Code	Mod(s)	Units	Charged Amount	Allowed Amount	Denied Amount	Deduct. Amount	Copay/Coins	OI Allowed	OI Paid	Payment	CP	EX Code
Interest Paid														
Claim Totals														

Updated Claim Adjustment E-Form and Claim Adjustment Grid

As of October 1, 2023, an updated Single Claim Adjustment Form and Claim Adjustment Grid (for multiple claim adjustments) will be available on the [Claim Adjustments section](#) of Neighborhood’s website. There will be an adjustment form/grid for Medicaid and Commercial claims and a separate adjustment form/grid for INTEGRITY claims. Providers simply need to select the corresponding form/grid to their claim’s line of business.

Provider Support

Neighborhood is committed to making this transition as seamless as possible for you and your patients. We hope to enhance efficiency without causing disruptions to your regular processes for filing claims or seeking authorizations.

If you have any questions about these updated processes, please contact Provider Services at 1-800-963-1001.