Provider Quick Reference Guide

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	
Claim Forms Questions on which form to use? Consult the **Claim Form Finder** for more information.	For requesting Neighborhood review on a previously processed claim: • See the **Claim Adjustments** 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, incorrectly processed claims, and/or timely filing denials. • Use the **Corrected (Replacement)/Voided Claim Request Form** when supporting documentation cannot be communicated on an electronic correction/void submission. • Submit a **Claim Reconsideration Request E-Form** with medical notes, to request reconsideration of a claims payment decision. • Submit a **Provider Administrative Appeal E-Form** for review of a denied claim, typically following the adverse outcome of a reconsideration request or an adverse adjustment request. • Submit a **Provider Clinical Appeal E-Form** for a denied or absent authorization benefit appeal on behalf of a member when the provider is asking for coverage of a service due to medical necessity or non-covered medication.
Claim Status	Neighborhood is contracted with **NaviNet** to provide 24/7 claims status lookup including deductible, out of pocket information, and additional claim detail for 317 denials.
Claim Submission	Neighborhood requires claims to be submitted electronically, with limited exceptions. The Payer ID associated to the member's product as well as the physical address are noted below.

	For electronic claims submission: • Medicaid and Commercial Claims Payer ID is 05047 • INTEGRITY (MMP) Claims Payer ID is 96240	**For paper claims submission, mail to**: Neighborhood Health Plan of Rhode Island P.O. Box 28259 Providence, RI 02908-3700

	Email **EDISupport@nhpri.org** to report clearinghouse issues with electronic claim submission.
Direct Deposit and EOP/RA Setup	Email **this form** to **eftproviders@nhpri.org** to choose the delivery method of receiving explanation of payment/remittance advice (EOP/RA) statements and set up direct deposit.
Duplicate EOP/RA Requests	Email **this form** to **pecremittance@nhpri.org** to initiate the process to retrieve duplicate EOP/RA as needed.
Payment Policies	The Neighborhood website has a complete list of **Billing Guidelines and Payment Policies**.

Provider Data Integrity	
Provider Data Updates	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. • Use **Update Your Information** 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. Email **providerdata@nhpri.org** with any questions regarding updating your information.

Medical Prior Authorization

Out-of-Network Requests	Providers must complete an **Out of Network Prior Authorization E-Form** to receive approval to refer a member to a provider not contracted/participating with Neighborhood.
Prior Authorization Search Tool	Make sure your request requires prior authorization, by consulting Neighborhood's **Prior Authorization Search Tool.** Simply enter the procedure/service code in question and select the member's line of business to determine if prior authorization from Neighborhood is required.
Prior Authorization Request E-Forms	**Prior Authorization Request E-Forms** for each service requiring prior authorization are located on the Neighborhood website.

Pharmacy Prior Authorization

Pharmacy Prior Authorization Forms	CVS Caremark's **CoverMyMeds** is the fastest (and free) way to request prior authorization. Pharmacy's **Prior Authorization Forms webpage** hosts information on how to submit requests and what forms to use for specific drugs, medical authorization, and general requests. **Click here to request a Medicare Prescription Drug Coverage Determination**.

Member Benefits & Eligibility

Benefit and Eligibility Information	Membership eligibility and benefits are available via **NaviNet** 24/7. 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.
Interpreter Services	Complete the **Interpreter Request E-Form** to request language services, including American Sign Language, for a member.

Network Participation

Verify Participation	To verify/search in-network providers, Neighborhood's online **Find a Doctor** tool can be used to view and search providers, hospitals and facilities, pharmacies and more.

Credentialing

Application Status	Providers receive a status of their application at least once every 15 calendar days and informed within five (5) business days when the application is deemed complete.
Re-credentialing	Neighborhood's Credentialing Department contacts a provider when it is time for re-credentialing. Any questions can be emailed to **credentialing@nhpri.org**.

New Providers – Join the Network

Neighborhood	Visit **Join Our Network** for more information.
Behavioral Health	Contact **Optum**, Neighborhood's behavioral health vendor.
DME	Email Integra Provider Expansion, Neighborhood's Durable Medical Equipment (DME) provider network, at: **network@accessintegra.com**.
Pharmacy	Pharmacy providers will need to contract with **CVS Caremark**.

Other Frequently Used Phone Numbers

Optum - Behavioral health	Medicaid, Call: (401) 443-5997	Commercial/Exchange, Call: (833) 470-0578	INTEGRITY (MMP), Call: (401) 443-5995
Evolent – Oncology and Radiation Oncology	Program for oncology-related drugs and/or treatment	Call (888) 999-7713 or log into the provider portal: **https://my.newcenturyhealth.com**	
Integra Partners	DME provider network	Call (888)-729-8818	
Evolent – High-End Radiology and Physical Medicine	Radiology/Physical Medicine	Call (800) 327-0641 or log into the Evolent portal	