

Provider Manual Updates

2023

Neighborhood's Provider Manual is designed to guide our contracted providers in working with us and supplements your Participating Provider Agreement with Neighborhood.

Neighborhood's Provider Manual was reviewed by all relevant internal business areas and revised for 2023, to include any applicable updates on current procedures or to detail existing processes that were formerly not documented. Please see below for a summary of changes to the 2023 Provider Manual. Note, this list is not exhaustive and we recommend reviewing the **2023 Provider Manual** in-full.

November 1, 2023

Section 4: Billing and Reimbursement

• <u>Lesser of Logic:</u> Neighborhood has updated the guidelines for Lesser of Logic for fee schedule-based claim payments.

October 11, 2023

Section 4: Billing and Reimbursement

- <u>Corrected (Replacement) and Voided Claims:</u> Neighborhood has updated the timely filing for corrected claims to align with our system processing.
- Corrected claims must be resubmitted with all appropriate information within three hundred and sixty-five (365) days from the date of service.
- For date range claim submissions, (i.e., claims that require "from"/ "to" and/or "through" dates) 365 days begins at the "to"/"through" date. In the event Neighborhood retracts payment, providers have three hundred sixty-five (365) days from the date on the RA regarding the retraction to submit a corrected claim, if necessary.

<u>Coordination of Benefits</u>: EOBs that indicate that the primary payer's guidelines were not followed will be considered invalid and will be denied. (see page 37)

September 29, 2023

Section 3: Complaints and Appeals

 Clinical (Medical Necessity) Appeals: Appeals for high-end radiology services for the INTEGRITY line of business must now be filed directly with Neighborhood's Grievance and Appeals Unit.

September 12, 2023

Section 1: Introduction to Neighborhood Health Plan of Rhode Island

 Provider Quick Reference Guide: Changed email address to initiate process for direct deposit set-up to eftproviders@nhpri.org

August 2, 2023

Section 4: Billing and Reimbursement

Neighborhood Claim Submission Standards: Added requirement for electronic claims, see page
24

June 19, 2023

Section 5: Authorization Process and Medical Management

• **Referrals:** Added section on in-network referrals, see page 47.

May 31, 2023

Section 1: Introduction to Neighborhood Health Plan of Rhode Island

• **Provider Quick Reference Guide:** Name of claims clearinghouse Neighborhood partners with to submit claims; electronically changed from "ABILITY" to "Inovalon," see page 7.

January 1, 2023

Section 4: Billing and Reimbursement

 Neighborhood Claim Submission Standards: Guidance for professional and institutional claims, see page 24.

- Industry Standard Coding Requirements: Additional requirements added, see pages 24-25.
- **Provider Claim Disputes:** Updated guidance in Section 4, see pages 37-38.

Section 5: Authorization Process and Medical Management

• Adverse Determinations (Denials): New guidance for Peer-to-Peer Review, see page 51.

Section 7: Pharmacy

- **Coverage Limitations**: Updated general pharmacy/formulary provisions pertaining to covered individuals, see pages 65-66.
- Pharmacy Providers Dispense Medicaid Rebate-able Drugs Only: Updated guidance for medical pharmacy benefit claims, see page 66.
- Generic First: Updated provision regarding access to a recently released generic product, see page 67.
- Non-formulary Exception Process and Prior Authorization Process: Guidance for submitting non-formulary exception requests, see page 68.
- Oncology Reviews: Clarified basis/scope for review, see page 71.
- **Specialty Pharmaceuticals:** New information regarding limited specialty pharmacy network, see page 71.

Section 8: Provider Information

• **Provider Concierge Services:** New information added, see page 77.

Section 10: Compliance and Fraud, Waste, and Abuse

• Onsite Audits: Updated on-site audit guidelines, see page 90.