
Reminders: Provider Training, Timely Filing, Credentialing Process, Lesser of Logic

September 1, 2023

Neighborhood Health Plan of Rhode Island (Neighborhood) is sharing a series of reminders for its providers. Below you will find information on regulations, contractual obligations, as well as available resources.

If you have any questions regarding these reminders, please contact Provider Services at 1-800-963-1001.

Mandatory Provider Training

Neighborhood providers are **required** to complete an annual training as mandated by the Centers for Medicare & Medicaid Services and the State of Rhode Island's Executive Office of Health and Human Services. The training offers an overview of Neighborhood including its plans, policies, and procedures, as well as specific education for providers who serve INTEGRITY (MMP) members.

Neighborhood's mandatory provider training presentation has been updated for 2023 and is available to view in either PowerPoint or Adobe PDF. Providers, or an authorized representative, can access the training any time on [Neighborhood's Provider Training webpage](#). **An authorized representative from each provider organization must complete the training and attest to having done so. This authorized representative also attests that all providers in their organization who provide direct member care have reviewed Neighborhood's training.**

Please note:

- New providers are required to complete the training prior to treating members or within 60 days of notification.
- Current providers must complete the training requirement on an annual basis.

Please email any questions to providertraining@nhpri.org.

If you have already completed the training, please disregard this email.

Timely Filing Guidelines for Claim Submissions

Neighborhood emphasizes the importance of "timely claim submissions," or those submitted within a provider's contracted timeframe. As a reminder, all **claims** submitted outside of a provider's contracted timeframe will be denied. Unless stated otherwise in your contract, providers should follow claim submission and processing timelines outlined in Neighborhood's [Provider Manual](#) (See page 32).

Neighborhood strictly adheres to timely filing guidelines and encourages providers to familiarize themselves with their contracted terms. By ensuring claims are filed within a timely manner, providers benefit from a smoother claims process, faster reimbursements, and minimized administrative delays.

For additional information regarding claims submission and processing timelines, please refer to your Neighborhood contract, Neighborhood's [Provider Manual](#), or contact the Provider Services team.

Credentialing Required to Receive Participating Rates

Neighborhood is reminding its contracted groups that providers not credentialed through Neighborhood are not eligible to receive participating provider rates and must adhere to non-participating processing. **To be reimbursed at the participating provider rate, providers must complete the credentialing process.** Contracted suppliers have a responsibility to ensure all affiliated providers are credentialed prior to seeing Neighborhood patients.

As a non-participating provider in the Neighborhood network, you may be required to obtain prior authorization for certain services. Neighborhood encourages you to visit our [Prior Authorization Reference Guide](#) for additional information on services that require prior authorization. Please note that the prior authorization reference guides are organized by line of business.

Neighborhood is committed to partnering with providers to deliver the highest quality care to our members. Joining our provider network offers a variety of benefits including access to a large member base and competitive reimbursement rates.

Credentialing and Re-credentialing Procedures

To begin the credentialing process, providers should complete the [online form located here](#).

The process for credentialing and re-credentialing is conducted in a confidential, non-discriminatory manner and decisions are based on established criteria and recruitment standards. Credentialing and re-credentialing of providers includes primary source verification of information provided on the application and information collected from monitoring other secondary source verification. Neighborhood renders a decision regarding the provider's credentialing within 45 calendar days of receipt of a complete credentialing application. Providers are notified of the status of their credentialing application at least once every 15 calendar days, informing providers of any missing information. Providers are informed within five (5) business days when the application is deemed complete.

Lesser of Logic

Neighborhood is reminding providers that lesser of logic applies to all fee schedule-based claim payments. Lesser of logic reimburses providers the lesser of the billed charge or the contracted fee schedule.

Additional information regarding lesser of logic can be found in Neighborhood's [Provider Manual](#) (See page 37).

Thank you for your continued partnership and dedication to quality care.