



Provider Manual Updates

2024

Below is a summary of recent changes to the [2024 Provider Manual](#).

June 1, 2024

Section 1: Introduction to Neighborhood Health Plan of Rhode Island

- **Quick Reference Guide:** Updated name of oncology vendor from New Century Health to Evolent. Changed name of radiology and physical medicine management program vendor to Evolent and updated contact information, aligning with February 1, 2024 notice: [Evolent Health to Manage Services for Neighborhood](#).

Section 3: Complaints and Appeals

- **Clinical (Medical Necessity) Appeals:** Changed high-end radiology vendor from eviCore to Evolent, aligning with February 1, 2024 notice: [Evolent Health to Manage Services for Neighborhood](#).
- **Provider Administrative Appeals:** Removed option to mail Provider Administrative Appeals to align with April 1, 2024 notice: [Update to Provider Appeals Submission Process](#).

Section 5: Authorization Process and Medical Management

- **Retroactive Authorization Requests:** Changed radiology and physical medicine vendor from eviCore to Evolent, aligning with February 1, 2024 notice: [Evolent Health to Manage Services for Neighborhood](#).
- **Medical Review Process:** Updated name of oncology vendor from New Century Health to Evolent.

Section 7: Pharmacy

- **Oncology Reviews:** Updated name of oncology vendor from New Century Health to Evolent.

May 27, 2024

Section 1: Introduction to Neighborhood Health Plan of Rhode Island

- **Quick Reference Guide:** Changed Commercial Payer ID to 05047 aligning with March 27, 2024 notice: [Important Updates to Claim Processing for Neighborhood's Commercial Line of Business.](#)

Section 4: Billing and Reimbursement

- **Neighborhood Claim Submission Standards:** Added requirement to submit Commercial and Medicaid coordination of benefit (COB) claims electronically, aligning with March 27, 2024 notice: [Important Updates to Claim Processing for Neighborhood's Commercial Line of Business.](#)
- **Claim Submission Timeframe Requirements:** Changed Commercial Payer ID to 05047 aligning with March 27, 2024 notice: [Important Updates to Claim Processing for Neighborhood's Commercial Line of Business.](#)

May 1, 2024

Section 8: Provider Information

- **Access to Care Standards:** Added grid to align with May 1, 2024 notice: “[Update to Neighborhood’s Access to Care Standards for INTEGRITY Members.](#)”

April 17, 2024

Section 3: Complaints and Appeals

- **Member Administrative Appeals (Non-Clinical “Benefit”):** Updated section title and wording to include “member” for clarity.
- **Provider Complaints:** Updated wording for clarity.
- **Provider Administrative Appeals:** Added as a new subsection (same language found in Section 4).

Section 4: Billing and Reimbursement

- **Claim Submission Timeframe Requirements:** Updated requirement language for clarity.
- **Requests for Claim Review:** Updated requirement language for clarity.
- **Provider Administrative Appeals:** Updated section title and wording; added Grievances and Appeals Unit’s (GAU) fax number.

April 15, 2024

Section 1: Introduction to Neighborhood Health Plan of Rhode Island

- **Quick Reference Guide:** Added Change Healthcare and Waystar as options for providers to submit claims electronically to Neighborhood.

March 1, 2024

Section 1: Introduction to Neighborhood Health Plan of Rhode Island

- **Quick Reference Guide:** Updated title of “Provider Claim Dispute & Provider-Initiated Appeal” form and e-form to “Provider Appeal” form and e-form.

Section 3: Complaints and Appeals:

- **Provider Claim Appeals (Administrative Appeals):** Updated title of section from Provider Claim Disputes to Provider Claim Appeals (Administrative Appeals) and updated section with language to align with January 1, 2024 notice: [“Requests for Claim Review; Reminders and New Terminology.”](#)

Section 4: Billing and Reimbursement:

- **Adjusted Claims:** Updated section with language to align with January 1, 2024 notice: [“Requests for Claim Review; Reminders and New Terminology.”](#)
- **Provider Claim Appeals:** Changed title of section from “Provider Claim Disputes” to “Provider Claim Appeals” and updated section with language to align with January 1, 2024 notice: [“Requests for Claim Review; Reminders and New Terminology.”](#)
- **Claim Reconsideration Request:** Updated section with language to align with January 1, 2024 notice: [“Requests for Claim Review; Reminders and New Terminology.”](#)

Section 5: Authorization Process and Medical Management

- **Retroactive Authorization Requests:** Updated section with language to align with January 1, 2024 notice: [“Requests for Claim Review; Reminders and New Terminology.”](#)