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

Action Needed to Prevent Claim Impact

March 27, 2024

Neighborhood Health Plan of Rhode Island (Neighborhood) is excited to share 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 May 27, 2024. Please note that the INTEGRITY line of business will not be impacted by this change.**

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 anticipate that you will have questions. In the following sections, we outline the key changes and provide resources to ensure a smooth transition.

Coordination of Benefit Claims: Action Needed

Once the platform transition is complete, providers will be able to submit **coordination of benefit** (COB) claims electronically - a core benefit that will make this process quicker and easier. Please note that all Commercial and Medicaid COB claims, also known as secondary claims, **must be submitted electronically as of May 27, 2024**.

COB occurs when a member is covered by more than one health insurance carrier (including medical, dental and vision coverage). Members' secondary claim submissions must include the primary insurer's line level information (Loop 2430). A claim submitted without the primary insurer's line level information will be denied. Claim corrections containing line level information may be resubmitted electronically (Claim Frequency Code 7).

When submitting to Neighborhood for COB/secondary payments, please note the following:

- Contracted providers have three hundred sixty-five (365) days from the date on the primary carrier's secondary claims submission to submit for any secondary balances, unless otherwise dictated by provider contract;

- Neighborhood will only pay as secondary for services that are covered benefits under the plan;

- Secondary claims submissions that indicate that the primary payer's guidelines were not followed will be considered invalid and will be denied.

Payer ID and Pay Cycle: Action Needed

All Commercial claims submitted electronically to Neighborhood on or after **May 27, 2024,** 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 **May 27, 2024** 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 11-digit ID number and corresponding ID card. The new ID card will look the same as the current ID card but will 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" or any other identifying prefix. It is critical that providers check member eligibility before treating Neighborhood members.

New Explanation of Payment (EOP)

Another important benefit of the platform transition is the 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:

Updated Claim Adjustment Request E-Form and Claim Adjustment Grid

As of **May 27, 2024**, an updated single claim Adjustment Request E-Form will be available on the Claim Adjustments section of Neighborhood's website. There will continue to be an adjustment grid for Medicaid, Commercial, and INTEGRITY claims. Providers simply need to select the corresponding grid to their claim's line of business.

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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.

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