

Claims Corner

Neighborhood News – April 2024

Check Submissions for Overpayments

Neighborhood Health Plan of Rhode Island (Neighborhood) is requesting that providers not submit unsolicited checks for overpaid claims. Providers should instead request a claim adjustment via electronic form (e-form), found on [Neighborhood's Forms page](#), which can be submitted without being subjected to timely filing limits.

Current Forms

Please remember to use the most current request forms available on our website. Provider request forms are available in the **Forms** section of the [Provider Resources menu](#) on the Neighborhood website.

1. **The Corrected (Replacement)/Voided Claim Request Form has recently been updated.** This writeable form can be filled in online, printed, and submitted to Neighborhood.
2. Claim Adjustment and Claim Reconsideration requests are only accepted when they are submitted electronically via e-form. Outdated and improperly submitted forms will be returned to the sender for correction.

The **Claim Form Finder**, also located in the **Forms** section, can help to determine which form must be completed and submitted to Neighborhood, along with additional information related to the submission of each form.

Electronic Claims

Claims that do not require an attachment must be submitted electronically via an Electronic Data Interchange (EDI) 837(X) transaction. Claims submitted improperly will be returned to the provider.

Paper Claims

1. Neighborhood uses technology to scan paper forms and eliminate keystroke errors. When submitting paper claims, it is essential to use original (not photocopied) red and white print versions of the CMS-1500 and CMS-1450 (UB-04) forms. These forms are printed in special optical character recognition-scannable ink to facilitate accurate processing.
2. Ensure that data entered on the claim form is properly aligned and falls completely within the applicable text fields. Misaligned or ghosted data on the form is flagged as an error, resulting in the claim being returned for correction.
3. All dates of birth must be provided in mm/dd/yyyy format.
4. For professional claims:
 - a. In Field 14, the date of current illness, injury, or pregnancy must be in the mm/dd/yy format.
 - b. In Field 24, **both** "From" and "To" dates are required and must be in the mm/dd/yy format.
5. A W-9 form is not needed with every claim submission. It is only necessary if it is the first time a claim is submitted to Neighborhood on a provider's behalf. The W-9 must be signed and dated within six (6) months of the request.