

Claims Corner

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Claim Adjustments and Reconsiderations

To submit requests for claim adjustments and reconsiderations please use the secure web-based <u>electronic forms</u> available under the <u>Provider Resources menu</u> on the Neighborhood website. Upon submission, you will receive a confirmation receipt and an issue number pending resolution. Please note, paper submissions are not accepted and will be returned to the sender for resubmission electronically, adhering to timely filing guidelines.

Reminder: Do not attach claims to these submissions. Such requests will be returned to the sender for correction and resubmission.

Please note that Neighborhood will not respond to duplicate and triplicate requests, as the first submission will be considered the official request in these instances. For additional information, please refer to the <u>Provider Manual</u>.

Coordination of Benefits (COB)/Secondary Claims

Neighborhood requires that Coordination of Benefits (COB)/secondary claims be filed electronically. This method is not only more accurate but also enhances efficiency and expedites payments to providers.

Corrections to claims involving coordination of benefits must be submitted as corrected claims, not as claim adjustments.

Provider Administrative Appeals

Before requesting an administrative appeal, ensure you have received a decision on your claim adjustment or reconsideration. Administrative appeals must be submitted within sixty (60) calendar days from the date of the adjustment or reconsideration determination letter and can only accepted through the <u>Provider Administrative Appeal E-Form</u>. Please note that a letter indicating submission errors does not constitute a determination. For guidance on selecting the appropriate form, please use the <u>Claim Form Finder</u> available on our website. Further details about this process are available in the <u>Provider Manual</u>.

Timely Filing

Please be aware that a rejection report is not recognized as proof of timely filing. All claim submissions must meet the criteria of a complete claim as defined in Neighborhood's <u>Provider Manual</u>. Claims that are rejected are not considered complete ("clean") and will not fulfill timely filing requirements.