

<b>Title:</b>	Claim Adjustment Grid Process		
<b>ADJ_54</b>		<b>Department:</b>	CLM
<b>Effective Date:</b>	04/14/2017		
<b>Review Date:</b>	04/13/2017, 03/26/2018, 03/27/2018, 03/28/2018, 04/02/2018, 04/03/2018, 04/16/2018, 04/17/18, 04/18/2018		
<b>Revision Date:</b>	03/26/2018, 03/27/2018, 03/28/2018, 04/02/2018, 04/03/2018, 04/16/2018, 04/17/18, 04/18/2018		
<b>Purpose:</b>	To provide a streamlined and more efficient process to manage the input and flow of claim adjustment requests received via email through a dedicated reconsideration portal.		

➤ *Why Submit a Claim Adjustment Grid?*

- Adjustment grids are submitted through a secure portal
- Requests flow directly to the staff responsible for reviewing adjustments
- Senders are provided with an acknowledgement email containing expected completion dates, as well as an issue number for tracking
- The electronic format is easy to use
- Provider staff spends less time on the phone with the Neighborhood’s Call Center
  - ✘ **Status requests are not accepted through the claim adjustment grid process. Grids are for claim adjustments only.**

➤ *How to Submit a Claim Adjustment Grid*

- Locate the Neighborhood Health Plan of Rhode Island Claim Adjustment Grid
  - From the home page on the Neighborhood website, mouse over the “Providers” menu
  - In the dropdown list, click “Provider Manual and Newsletter”
  - Click “Claim Forms”
  - Click on the Claim Adjustment Grid
- **Do not alter the format of the grid, or it will be returned to the submitter**
- Download the grid and save it before data is added, or changes will not be saved
- Complete all fields, including the requester’s information, on the form. Neighborhood will populate the “Final Outcome” field once the grid has been worked.
- Submit a maximum of fifty (50) claims per grid
- Email the completed grid to Neighborhood at: [claimresubmission@nhpri.org](mailto:claimresubmission@nhpri.org)
- Receive an acknowledgement email within one (1) business day of receipt
  - Grids emailed on weekends or holidays will be acknowledged the next business day

Types of Requests to Include on an Adjustment Grid
• Duplicate Denials
• Claims Processed Incorrectly
• GLOBAL Denials
• Timely Filing Overrides
• Incorrect COB Denials
• Some CES (317) Denials

➤ **What does this mean?**

- Once Neighborhood has received a grid through secure email, it is acknowledged and an issue number is created.  
**\*Only properly-formatted grids received through secure email will be acknowledged and entered into the Neighborhood workflow.**
- This issue number and an email are sent to the requestor.
- Once the grid has been researched, the “Final Outcome” column is updated by a Neighborhood representative with an issue number for each adjustment that is made and a brief description of the disposition of the claim. (Claims that paid or denied correctly will not receive an issue number.)
- The completed grid is then sent back to the requester via secure email.


➤ **Provider Follow-up Process**

- If an acknowledgement is not received after submission, please email [claimresubmission@nhpri.org](mailto:claimresubmission@nhpri.org) to verify that a grid has been received.
- If a grid has not been returned by the expected due date (as indicated in the acknowledgement email), respond to the acknowledgement email to request a status update.
- For questions regarding the final outcome of *specific claims* on a completed grid for which a claim adjustment has not been made (therefore no issue number has been provided for that claim), please e-mail the Neighborhood representative who completed the grid and reference the claim in question.

<p>Email: gwashington@provider.com  Tax ID: 111111111  Issue #:  NHPRI email: <a href="mailto:ClaimResubmission@nhpri.org">ClaimResubmission@nhpri.org</a></p>						
Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)
Abraham Lincoln	00000xyz	04/02/2018	04/02/2018	230.00	P	Claim denied correctly for no authorization, as the allowed units on the auth have been exhausted.

Completing the Required Fields on the Adjustment Grid:

Date:	Date the provider grid is submitted by the requester (current date)
From:	Name of requester
Provider:	Name of the Supplier/Vendor/Payee
Phone:	Requester's contact number (please include extension)
Email:	Requester's email address
Tax ID:	TIN of Payee (Supplier)
Issue #:	<b>NHPRI office use only</b>
NHPRI email:	Submit completed grids to <a href="mailto:ClaimResubmission@nhpri.org">ClaimResubmission@nhpri.org</a>



\*\*\*\*\*Only 50 Claims Per Grid\*\*\*\*\*

**Date:**

**From:**

**Provider:**

**Phone:**

**Email:**

**Tax ID:**

**Issue #:**

NHPRI email: [ClaimResubmission@nhpri.org](mailto:ClaimResubmission@nhpri.org)

Short Description of Issue :	Neighborhood Claim ID #	Patient Acct #	Patient Name	Member ID#	Date of Service	Claim Thru Date	Total Charges	Professional or Institutional	Final Outcome (For NHPRI use)

Item	Required?	Description
Short Description of the Issue	Y	Reason for each unique adjustment request
Neighborhood Claim ID#	Y	Found on the Neighborhood remittance advice or 835 file; unique to Neighborhood and each encounter
Patient Acct #	Y	Provided by requester
Patient Name	Y	Patient's full name
Member ID#	Y	Member ID on Neighborhood card, <i>NOT</i> Social Security # or Medicare ID#
Date of Service	Y	Date services were rendered
Claim Thru Date	Y	End date of services rendered
Total Charges	Y	Total billed amount for this claim
Professional or Institutional	Y	Type of claim billed
Final Outcome	<b>Office use only</b>	Neighborhood will provide after review