

Title:	Claim Adjustment Grid Process		
ADJ_54		Department:	CLM
Effective Date:	04/14/2017		
Review Date:	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		
Revision Date:	03/26/2018, 03/27/2018, 03/28/2018, 04/02/2018, 04/03/2018, 04/16/2018, 04/17/18, 04/18/2018		

Purpose:

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
 - o In the dropdown list, click "Provider Manual and Newsletter"
 - o Click "Claim Forms"
 - o 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
- Receive an acknowledgement email within one (1) business day of receipt
 - o 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.

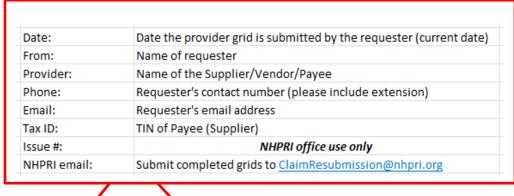
Provider Follow-up Process

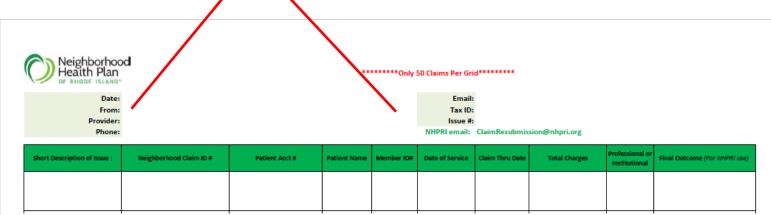
- If an acknowledgement is not received after submission, please email <u>claimresubmission@nhpri.org</u> to verify that a grid has been received.
- If a grid has not been returned by the expected due date (as indicated in the acknowledgement email), respond to the acknowledgement email to request a status update.
- For questions regarding the final outcome of *specific claims* on a completed grid for which a claim adjustment has <u>not</u> 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.





Completing the Required Fields on the Adjustment Grid:





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