

Policy Title:	Electronic Claim Reconsideration Submission		
Policy Number:	000451	Department:	CLM
Effective Date:	04/01/2017		
Review Date:	12/28/2018		
Revision Date:	03/24/2017, 12/28/2018		
Purpose:	To allow providers to submit requests for claim reconsideration in a timely manner, while also providing acknowledgment of their receipt by Neighborhood Health Plan of Rhode Island (Neighborhood).		
Scope:	This process applies only to the submission of claim reconsiderations. Corrected claims, claim adjustments, and requests for claim status must go through the standard processes.		
Policy Statement:	A Claim Reconsideration Request form must accompany submitted documentation in order for a request to be processed. All requests, submissions, and forms must be submitted correctly to qualify for the reconsideration process.		

Definition:

1. **Reconsideration:** A review, with medical notes, of a claims payment decision

Overview:

1. A provider may submit a request, with complete notes attached, for claim reconsideration. Providers have 365 days from the date of the initial remittance advice (RA) to submit for further consideration.
2. A completed [Claim Reconsideration Request Form](#) must accompany submitted documentation.
3. Submit only one cover letter, set of notes, and applicable remittance advice for each individual claim.
 - a. Multiple claims for the same member must still be submitted separately.
4. Providers will be notified in writing of any upheld denial.
5. If a reconsidered claim denial is upheld, the provider may pursue the matter through Neighborhood's appeals process. All providers have one year from the date of the original RA to appeal a denial.
6. Neighborhood is not responsible for administrative fees related to records submitted as part of a claim reconsideration request.

Procedure:

Electronic Faxing

1. E-faxing may be useful for submitting single reconsideration requests.
2. E-fax reconsideration submissions must include:
 - a. A completed [Claim Reconsideration Request form](#)
 - b. A copy of the applicable Neighborhood remittance advice (RA)
 - c. Medical notes
3. In order to keep submitted documentation with the intended claim, only one (1) request per transaction will be accepted.
4. Fax a completed Claim Reconsideration Request form and associated documentation to (401) 709-7009.

Secure E-mail

1. Secure e-mail may be best suited for the submission of multiple reconsideration requests.
2. E-mail reconsideration submissions must include, for each individual claim:
 - a. A completed [Claim Reconsideration Request form](#)
 - b. A copy of the applicable Neighborhood remittance advice (RA)
 - c. Medical notes
3. Multiple requests may be submitted in one e-mail, but each claim must be saved in a separate file (or as individual files). Please do not combine multiple claims.
4. Send a completed Claim Reconsideration Request form and associated documentation to Reconsideration@nhpri.org

****Please note that electronic reconsiderations that are missing required documentation or are submitted incorrectly will be returned for revision and resubmission.**