Neighborhood Health Plan of Rhode Island

EDI Enrollment Instructions:
- The Provider will access the Neighborhood Health Plan Website to complete the enrollment form. Use the link provided to access and complete the form online.
- Complete the form using the provider’s billing/group information as credentialed with this payer.
- Electronic Funds Transfer (EFT) is required to receive the ERA from this payer.
- Enrollment processing timeframe is approximately 15 business days.
- For assistance with the portal registration, please contact the payer at 800-963-1001.

837 Claim Transactions:
Enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:
Go to: Neighborhood Health Plan Electronic Payment and Remittance Advice App
Complete all fields as appropriate
EFT is required, all banking information must be completed.
Clearinghouse Name: eSolutions Inc., dba ClaimRemedi
Clearinghouse Contact: Enrollment Department
Contact Phone: 866-633-4726
Contact Email: enrollment@claimremedi.com

Submit Completed Document online