



NextLevelHealth

Provider Manual

February 24, 2016

24/7 Helpline: 844-807-9734

TDD/TTY: Illinois Relay 711

www.NextLevelHealthIL.com

Table of Contents

Table of Contents	1
Introduction	3
How To Use This Manual	4
Key Contacts	4
Product Summary	5
NextLevel’s Health Home	6
Overview of NextLevel’s Care Coordination Services	6
NextLevel Primary Care Provider (PCP) Requirements	7
NextLevel Primary Care Provider (PCP) Responsibilities	8
Member Freedom of Choice and Access to All Willing and Qualified Providers	11
Voluntarily Leaving the Network	11
NextLevel Member Care Plan	12
NextLevel Health Member Benefits	12
Value Added Services	13
NextLevel’s Quality Program	14
Information about NextLevel at Your Office	15
NextLevel’s Professional Advisory Committee	16
Provider Directory	16
Care Standards	17
Verifying Eligibility	17
Prior Authorization	19
Billing and Claims Submission	19
Members Connectivity with ILHIE	23
ADA Compliance	24
Provider Education	24
Clinical Practice Guidelines	24
Screening for Mental Health and Substance Abuse Issues	25
Behavioral Health Services	25
EPSDT	27
Pharmacy	28
Interpretive Services	32
Abuse, Neglect, Exploitation and Critical Incidents	32
Grievances	35
Member Rights	36



<u>HIPAA</u>	<u>37</u>
<u>Credentialing and Re-credentialing</u>	<u>38</u>
<u>Cultural Competency</u>	<u>40</u>
<u>Fraud and Abuse</u>	<u>42</u>



Introduction

Welcome

Welcome to NextLevel Health. We thank you for being part of NextLevel Health's network of participating physicians, hospitals, and other healthcare professionals. Our number one priority is the promotion of healthy lifestyles through preventive healthcare. NextLevel Health works to accomplish this goal by partnering with the Providers who oversee the healthcare of NextLevel Health Members, such as you.

About Us

NextLevel Health is committed to improving the health of Chicago and Cook County communities. Our approach is simple... to provide care needs and support services to our Members within their communities and homes.

Our mission is to effectively manage the health and wellness of our Members through strong partnerships, defined care workflows, and a focus on anticipatory management of health concerns and conditions through a coordinated approach.

NextLevel is deeply committed to reversing the persistent nature of underserved communities in Chicago and individuals that are vulnerable to fragmented care. NextLevel Health will contribute towards re-engineering a responsive health ecosystem with and for our network Providers and Members. Our vision is to transform one of the most underserved individuals and communities in Chicago into a community where:

- **Enhanced Access:** Each individual enjoys access to the appropriate care across the continuum of care.
- **Delivery Transformation:** Where the delivery of health and wellness activities are transformed into a seamless, highly coordinated and integrated approach to the Member in the community.
- **Technologically Optimized:** Utilizing a mobile health technology platform to support seamless interaction and communication among and between the health team, the Member, and caregivers.

The combined value of our strategy and tools uniquely positions NextLevel to lead the change for our Members and to provide Members the necessary tools and resources toward better health and outcomes.



How To Use This Manual

NextLevel Health is committed to working with our Provider community and Members to provide a high level of satisfaction in delivering quality healthcare benefits. We are committed to provide comprehensive information through this Provider Manual as it relates to NextLevel Health operations, benefits, and policies and procedures to Providers.

Please contact the Provider Network department at 1-844-807-9734 if you need further explanation on any topics discussed in the manual.

You may also access this manual through our web site at www.NextLevelHealthIL.com/provider/resources.

HEALTH PLAN INFORMATION:

NextLevel Health
3019 W Harrison St
Chicago, IL 60612
1-844-807-9734

www.NextLevelHealthIL.com

Key Contacts

The following chart includes several important telephone and fax numbers available to our office. When calling NextLevel Health, please have the following information available:

- NPI (National Provider Identifier) number
- Tax ID Number (“TIN”) number
- Member’s ID number or Medicaid ID number

NextLevel Health Provider Services	1-844-807-9734 provider.services@nlhpartners.com www.NextLevelHealthIL.com 3019 W Harrison St Chicago, IL 60612
Member Eligibility Verification	1-844-807-9734 Medical Electronic Data Interchange (MEDI) System: www.myhfs.illinois.gov
Fraud and Abuse	1-888-859-2690
Illinois Client Enrollment Services	1-877-912-8880



(Maximus)	TTY: 1-866-565-8576 http://enrollhfs.illinois.gov/
Translation and Interpretation Services	1-844-807-9734 www.NextLevelHealthIL.com

Product Summary

Integrated Care Program

NextLevel Health manages the full spectrum of Medicaid covered services through an integrated care delivery system to Affordable Care Act (ACA) Adults and Family Health Plan Children and adults.

Home and Community Based Waiver Services

NextLevel Health manages home and community based waiver services for Members of the Integrated Care Program. These services are provided to Members to assist them in remaining out of nursing homes and living independently in the community. NextLevel Health is responsible for managing the following waivers:

- **Aging Waiver:** For individuals 60 years and older that live in the community.
- **Individuals with Disabilities Waiver:** For individuals that have a physical disability, that are between the ages of 19-59.
- **HIV/AIDS Waiver:** For individuals that have been diagnosed with HIV or AIDS.
- **Individuals with Brain Injury Waiver:** For individuals with an injury to the brain.
- **Supportive Living Facilities:** This is for individuals that need assistance with the activities of daily living, but do not need the care of a nursing facility.

Long Term Care

NextLevel Health also manages room and board for Members of the Integrated Care Program that reside in Long Term Care facilities. This also includes managing their medical, behavioral health, dental, vision and pharmacy benefits.

Eligibility for HCBS Waivers, SLFs and LTC NextLevel Health Members may qualify for home and community-based services waivers (HCBS), or long term care (LTC). Eligibility for these programs is determined by the state of Illinois. This is done through an assessment tool, the Determination of Need (DON). The Member will be asked a series of questions, and given an



overall score. Based on the Member's DON score, the state will determine if the Member is eligible for a waiver service or to reside in a supportive living facility or long term care facility.

To confirm if a Member is eligible for these services, contact NextLevel Health's Clinical Operations. The Care Managers will be able to verify if a Member is eligible for these types of services.

NextLevel's Health Home

NextLevel Health and its network of hospitals, Primary Care Providers (PCPs), Federally Qualified Health Centers (FQHCs), and ancillary Providers provide services to coordinate and eventually integrate across the varied Providers that are needed to respond to the complex co-morbid conditions of Members served through the development of the NextLevel health home. NextLevel shall recognize existing medical homes and leverage them into the health home model. NextLevel has adopted the definition of health home to meet Section 2703 of the Affordable Care Act (ACA) as "a designated provider (including a provider that operates in coordination with a team of health care professionals) or a health team selected by an eligible individual with chronic conditions to provide health home services." NextLevel Health definition of care coordination is:

"Member centered, assessment-based interdisciplinary approach integrating health care and social support services in which an individual's needs and preferences are assessed, a comprehensive care plan is developed, and services are managed and monitored by an identified care coordinator following evidence-based standards of care."

Overview of NextLevel's Care Coordination Services

NextLevel provides care coordination services across the continuum of care to include medical, behavioral health, social services, Long Term Services and Supports (LTSS) and ancillary providers through a community-based approach to improve health outcomes of the Members served.

NextLevel Health augments the role of the Primary Care Provider with an interdisciplinary care approach via an Interdisciplinary Care Team to improve the health and quality of life for Members with complex health conditions through advocacy, encouraging self-management techniques where appropriate and empowering through education to improve the Member's understanding of his/her condition(s). NextLevel assures access to all necessary care as well as ensures that all care is:

- Provided in a culturally and linguistically appropriate manner;
- Includes caregivers, when appropriate;
- Provided in the appropriate care setting including the home and community;
- Is person-centered; and
- Encourages consumer-direction.



The program includes a systematic approach for early identification of Members, completion of their needs assessment tools, and development and implementation of an individualized care plan that includes member/family education and actively links the member to providers and support services as well as outcome monitoring and reporting back to the PCP. The PCP is included in the creation of the care plan as appropriate to assure that the plan incorporates considerations related to the medical treatment plan and other observations made by the provider. The care plan is made available to the provider in writing.

Our care coordination team will integrate covered and non-covered services and provide a holistic approach to a member's medical and behavioral health care, as well as functional, social and other needs. Our program incorporates clinical determinations of need, functional status, and barriers to care such as lack of caregiver supports, impaired cognitive abilities, and transportation needs.

A care coordination team member is available to help all providers improve the health of NextLevel Health Members. We look forward to hearing from you about any NextLevel Health Members that you think can benefit from the addition of a NextLevel Healthcare coordination team member.

NextLevel Primary Care Provider (PCP) Requirements

The following Provider types are eligible to serve as a NextLevel Health PCP:

- Physicians including Family and General Practitioners, Internists, Pediatricians, OB/GYNs and other Specialists;
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and other clinics;
- Local health departments; and
- Nurse Practitioners and Physician Assistants.

NextLevel Health offers pregnant Members, or Enrollees with chronic illnesses, disabilities, or special healthcare needs the option of selecting a specialist as their PCP. An Enrollee, family member, caregiver or Provider may request a specialist as a PCP at any time.

In order to participate in the NextLevel network as a PCP, Providers must adhere to the following:

- Execute a NextLevel Health Provider Agreement;
- Comply with all requirements of the above mentioned agreement;
- Provide preventive services to NextLevel Members;
- Utilize NextLevel provided tools, as needed, such as the Health Risk Screening and Health Risk Assessment;
- Maintain a medical record for each Member;
- Provide health education to Members including preventive care and disease-specific information;



- Promote compliance with treatment directives through education and encourage Member-directed care;
- Establish a secure method of data exchange with NextLevel Health within 90 days of joining the NextLevel network;
- Access and utilize, when needed, NextLevel’s HIT solution, Virtual Health; and
- Be Enrolled with HFS as a Medicaid provider

NextLevel Primary Care Provider (PCP) Responsibilities

Primary Care Provider (PCP) Responsibilities and Medical Home

The PCP is the cornerstone of NextLevel Health’s service delivery model. The PCP serves as the “medical home” for the member. The “medical home” concept assists in establishing a member- provider relationship, supports continuity of care, eliminates redundant services and ultimately improves outcomes in a more cost effective way.

The PCP must:

- Be available for or provide on-call coverage through other source 24-hours a day for management of member care. After-hours access to the Health Home or covering NextLevel Health provider can be via answering service, pager, or phone transfer to another location; recorded message instructing the Enrollee to call another number; or nurse helpline. In each case, all calls must be returned within 30 minutes.
- Educate Members on how to maintain healthy lifestyles and prevent serious illness.
- Provide culturally competent care and education.
- Maintain confidentiality of medical information.
- Obtain authorizations for selected inpatient and outpatient services as listed on the current prior authorization list, except for emergency services up to the point of stabilization.
- Provide screening, well care, and referrals to community health departments and other agencies in accordance with HFS (Department of Healthcare and Family Services) provider requirements and public health initiatives.
- Accommodate the physical access and flexible scheduling needs of their enrollees.
- Agree to communicate with enrollees in a manner that accommodates the enrollee’s individual needs and work with NextLevel Health to coordinate specialized services (e.g., interpreters for those who are deaf or hard of hearing and accommodations for enrollees with cognitive limitations).
- Agree to NextLevel Health’s Waste, Fraud, and Abuse policy and procedures.

NextLevel Health PCPs should refer to their contract for complete information regarding providers’ obligations and mode of reimbursement.



Terminating Care of a Member

A Primary Care Provider may terminate the care of a member in his/her panel if the member:

- Repeatedly breaks appointments
- Repeatedly fails to keep scheduled appointments
- Is abusive to the provider or the office staff(physically or verbally)
- Fails to comply with the treatment plan
- The provider may discontinue seeing the member after the following steps have been taken:
 - The incidents have been properly documented in the member's chart
 - NextLevel Health has been notified of the intent to terminate the member with documentation provided to the health plan.
 - A certified letter has been sent to the member documenting the reason for the termination, indicating the date for the termination, informing the member that the provider will be available for emergency care for the next 30 days from the date of the letter, and instructing the member to call NextLevel Health's member services department for assistance in selecting a new primary care provider
 - A copy of the letter must be sent to NextLevel Health and a copy must be kept in the member's chart

Specialist Responsibilities

The PCP is responsible for coordinating the Members' healthcare services and making referrals to specialty providers when care is needed that is beyond the scope of the PCP. The specialty physician may order diagnostic tests without PCP involvement by following NextLevel Health referral guidelines. The specialty physician must abide by the prior authorization requirements when ordering diagnostic tests; however, the specialist may not refer to other specialists or admit to the hospital without the notification to the PCP, except in a true emergency situation.

The specialist provider must:

- Execute a NextLevel Health Provider Agreement;
- Comply with all requirements of the above mentioned agreement;
- Provide preventive services to NextLevel Members;
- Utilize NextLevel Health provided tools, as needed, such as the Health Risk Screening and Health Risk Assessment;
- Maintain a medical record for each Member;
- Provide health education to Members including preventive care and disease-specific information;
- Promote compliance with treatment directives through education and encourage Member-directed care;
- Establish a secure method of data exchange with NextLevel Health within 90 days of joining the NextLevel network; and
- Maintain contact with the PCP



- Obtain referral or authorization from the member's PCP and/or NextLevel Health Medical Management department (Medical Management) as needed before providing services
- Coordinate the member's care with the PCP
- Provide the PCP with consult reports and other appropriate records within five business days
- Be available for or provide on-call coverage through another source 24-hours a day for management of member care. After-hours access can be via answering service, pager, or phone transfer to another location; recorded message instructing the member to call another number; or nurse helpline. In each case, all calls must be returned within 30 minutes
- Maintain the confidentiality of medical information
- Accommodate the physical access and flexible scheduling needs of their enrollees
- Agree to NextLevel Health's Waste, Fraud, and Abuse policy and procedures

Waiver Service Providers Responsibilities

- Execute provider agreement
- Work collaboratively with NextLevel Health's care coordination team to provide services according to the care plan.
- Provide only the services as outlined in the care plan. If you believe a change is necessary for the member's well-being, contact NextLevel Health's Integrated Care Team to discuss the change.
- Provide culturally competent care
- Maintain confidentiality of medical information
- Maintain contact with the PCP
- Obtain authorization from a NextLevel Health Care Coordinator as needed before providing services.
- Must allow member freedom of choice and access to all willing and qualified providers.
- Report any instances of alleged fraud, abuse, neglect or exploitation within required reporting parameters. Agree to NextLevel Health's Waste, Fraud, and Abuse policy and procedures

Supportive Living Facilities and Long Term Care Facilities Responsibilities:

- Execute provider agreement
- Notify NextLevel Health's Utilization Management department of emergency hospital admissions, elective hospital admissions within 24-48 hours of the admission.
- Notify the PCP, when possible, within 24-48 hours after the member's visit to the emergency department
- Notify NextLevel Health's Medical Management department of NextLevel Health member emergency room visits for the previous business day. This can be done via Fax,



(224) 231-0070 or electronic file, um-authenzations@nlhpartner.com. The notification should include member's name, Medicaid ID, presenting symptoms, diagnosis, date of service, and member phone number, if available

- Agree to NextLevel Health's Waste, Fraud, and Abuse policy and procedures

Member Freedom of Choice and Access to All Willing and Qualified Providers

NextLevel Health ensures that Members have freedom of choice of the providers they utilize for waiver services and long term care. NextLevel Health Members have the option to choose their providers, which includes all willing and qualified providers. Subject to the member's care plan, member access to in-network non-medical providers offering waived services will not be limited or denied except when quality, reliability or similar threats pose potential hazards to the well-being of our Members.

Freedom of choice with network providers will not be limited for plan participants, nor will providers of qualified services be stopped from providing such service as long as the goal of high quality, cost efficient care is met or exceeded and providers adhere to the contractual standards outlined in the NextLevel Health contract with the state of Illinois.

We encourage our providers to share this information with Members as well.

Voluntarily Leaving the Network

Providers must give NextLevel Health notice of voluntary termination following the terms of their participating agreement with our health plan. In order for a termination to be considered valid, providers are required to send termination notices via certified mail (return receipt requested) or overnight courier. In addition, providers must supply copies of medical records to the member's new provider upon request and facilitate the member's transfer of care at no charge to NextLevel Health or the member.

NextLevel Health will notify affected Members in writing of a provider's termination. If the terminating provider is a PCP, NextLevel Health will request that the member select a new PCP. If a member does not select a PCP prior to the provider's termination date, NextLevel Health will automatically assign one to the member.

Providers must continue to render covered services to Members who are existing patients at the time of termination until the later of 60 calendar days or until NextLevel Health can arrange for appropriate healthcare for the member with a participating provider.

Upon request from a member undergoing active treatment related to a chronic or acute medical condition, NextLevel Health will reimburse the provider for the provision of covered services for up to 90 calendar days from the termination date. In addition, NextLevel Health will reimburse providers for the provision of covered services to Members who are in the second or third



trimester of pregnancy extending through the completion of postpartum care relating to the delivery.

Exceptions may include:

- Members requiring only routine monitoring
- Providers unwilling to continue to treat the member or accept payment from NextLevel Health

NextLevel Member Care Plan

NextLevel Health's Care Management Team will work with the Member, the Member's family, caregiver and other supports along with the Member's PCP to develop a comprehensive Care Plan. The Care Plan will incorporate the following elements:

- Member's medical and behavioral health, including Home and Community-based Services, and core social and functional needs;
- Identifiable short- and long-term treatment and service goals to address the Member's needs and preferences and to facilitate monitoring of the Member's progress and evolving service needs;
- Member input and participation in the development, implementation, and ongoing assessment of the care plan including from PCP, other providers, and a legal or Authorized Representative and/or family caregiver, if appropriate;
- Risks associated with the Member's care; and
- Other items as required, including but not limited to Member's personal or cultural preferences.

Member's Care Plans will be housed and accessible to Providers through the Provider Portal. The Provider Portal has a projected go live date of May 1, 2016.

NextLevel Health Member Benefits

NextLevel Health offers the same benefits as standard Medicaid Fee for Service. NextLevel will be extremely involved in coordinating care for Members; however, all standard Medicaid benefits and rules apply. These benefits include:

- Doctor visits and services
- Hospital inpatient services
- Hospital emergency room visits
- Hospital ambulatory services
- Ambulatory surgical treatment center services
- Mental health services



- Subacute alcoholism and substance abuse services pursuant to 89 Ill. Admin. Code Sections 148.340 through 148.390, 77 Ill. Admin. Code Part 2090, Day treatment (residential) and Day treatment (detox) treatment
- Visits to a clinic
- Pharmacy services
- Laboratory/x-ray services
- Eye care, including glasses
- Chiropractic services
- Hospice services
- Hearing care
- Dental services
- Family planning services and supplies
- Podiatry
- Transportation to medical appointments
- Long term care services
- Home health
- Physical, occupational and speech therapy
- Dialysis
- Medical supplies, equipment and prostheses
- Respiratory equipment and supplies
- Assistive/Augmentative communication devices
- Blood, blood components and administration
- EPSDT services for enrollees under age twenty-one
- Transplants covered under Illinois Administrative Code
- Services to prevent illnesses and promote health

Value Added Services

24-Hour Nurse Line

NextLevel Health offers a 24-hour Nurse Advice Line for its Members. By calling NextLevel at 1-844-807-9734, Members can have access to a Registered Nurse, to answer any questions he or she may have.

Crisis Line

NextLevel also offers a Crisis Line for any Member that may be experiencing a Behavioral Health Crisis. They can contact NextLevel at 1-844-807-9734, and reach a team of behavioral health specialists that will be able to triage the Member's condition, offer assistance, as well as follow-up with the Members care to ensure expedient treatment.



NextLevel's Quality Program

NextLevel Health has developed a Quality Assessment and Performance Improvement (QAPI) program to affect positive changes for Members and Providers alike while providing enhanced and coordination of health services across the continuum of care for NextLevel Members.

The QAPI program at NextLevel Health aims to continuously provide appropriate and quality care to its Members, improve and monitor the health outcomes of its Members, coordinate services and monitor medical care and provide comprehensive care management, disease management, and behavioral health and timely delivery of such services to its Members. By incorporating continuous quality improvement (CQI) concepts, such as plan-do-study-act cycles (PDSA), NextLevel Health collects and analyzes data systematically for ongoing assessment of quality program standards which include accessibility and appropriateness of care, processes to establish medical homes, transition of care, fraud control, care management and integration of care between PCPs and Behavioral Health providers. And in cases where gaps and/or deficiencies are identified in the program and/or the health care market specific to the proposed population and geographic Service Area, the QAPI will ensure the development of interventions are implemented in a timely manner and are effective to address and overcome these deficiencies.

Key quality functions to achieve NextLevel's quality goals include:

- Identify quality goals as identified by NextLevel's Committee on Quality, Medical Director, Behavioral Health Officer, contractual requirements and industry best-practices and standards;
- Establish a population health management and risk stratification strategy;
- Support continuous and ongoing quality and reporting activities through a Health Information Technology (HIT) platform;
- Measure health and service outcomes and Member and Provider satisfaction;
- Evaluate utilization patterns; and
- Improve the delivery of health services and ensure effectiveness of continuous quality improvement activities across the organization.

The following quality improvement (QI) tools and activities are examples of quality oversight to monitor and evaluate the quality, appropriateness and timely access to care and services:

- Health Risk Screening
- Quality and Performance Improvement Projects (Focused Studies)
- Availability and Accessibility of Practitioner and Providers
- Patient Centered Medical Home
- Interrater Reliability
- Prevention and Wellness
- Continuity and Effectiveness of Care



- Medical Records Review
- Clinical Practice Guidelines
- Auditing: Claims and Encounters
- Corrective Action Plans
- Utilization Review
- Credentialing and Re-Credentialing Process
- Medication review and reconciliation
- Oversight of Delegated Providers
- Member Rights and Responsibilities
- Cultural Competency

Provider Involvement

NextLevel Health recognizes the key role practitioner involvement plays in the success of its quality improvement program and encourages provider representation in various levels of the process. The QAPI consists of a cross representation of all types of Providers, including PCPs, specialists, dentists and long term care representatives from NextLevel Health network and across the service area. NextLevel Health encourages PCP, behavioral health, specialty, and OB/GYN representation on key quality committees such as, but not limited to, the QAPI, Credentialing Committee, Pharmacy and Therapeutics Committee, and select ad-hoc committees.

Information about NextLevel at Your Office

The Department of Healthcare and Family Services (HFS) has strict rules and regulations in place regarding the information Providers can use to explain health plan choices to Members. It is important for all Providers to understand and abide by these rules.

HFS has created a template flyer that Providers may modify and use. This template must include all health plans you are currently contracted with. This template will include pre-approved information about these plans to help Medicaid enrollees make an informed decision. To see an example template, please visit the HFS website to download a copy at the following link: http://www.illinois.gov/hfs/SiteCollectionDocuments/CC_provider_flyerlettertemplate.pdf. You may also contact NextLevel Provider Services or take a look at our website at <https://www.nextlevelhealthil.com/providers/marketing-at-your-provider-office/> for additional information.

Only this pre-approved template is allowable in Provider offices. No other health plan promotional materials are allowed including brochures, flyers or posters about the benefits of joining one health plan over the other.

NextLevel Health can assist you in creating this template for your office, as well as the approval process with HFS. You can choose to have NextLevel Health be a “preferred health plan” and include an additional paragraph about NextLevel and your preference. However, this preference



must be because of an added benefit to the Member. All language must be pre-approved by HFS. NextLevel Health can help you ensure materials in your office are approved, including assisting in drafting the language regarding being a NextLevel preferred partner. Please contact Provider Services for more information, or assistance to have this template at your office.

There are also rules about assisting a Medicaid member to choose a health plan. Providers may allow a Medicaid enrollee to use your phone to contact Client Enrollment Services to choose a health plan. However, Providers are **NOT** permitted to allow the Medicaid member to utilize the office computers to choose a health plan online. This activity is strictly prohibited.

If you have any questions or concerns regarding information you have at your office about NextLevel Health or any other Medicaid health plan, please contact us at 1-844-807-9734.

NextLevel's Professional Advisory Committee

Feedback from NextLevel Health Providers is vital to its continuous quality improvement. NextLevel Health values ongoing feedback from Providers, and looks to its Providers as experts, with unique insight into the care for each Member, the overall Member Population, and initiatives and best practices that can be leveraged to improve the overall health and wellbeing of Members. Part of NextLevel's commitment to ongoing feedback for improvement is the Provider Advisory Committee (PAC).

This committee is comprised of Providers including specialists in physical and mental health, substance abuse and others. The PAC oversees the development of clinical guidelines and protocols, as well as provides input regarding quality initiatives and overall progress and improvement of NextLevel Health. If you are interested in joining the PAC, please contact NextLevel at 1-844-807-9734 or via email at provider.services@nlhpartners.com.

Provider Directory

NextLevel maintains an online Provider Directory for its Members and Providers. This directory includes all in-network providers including PCPs, Specialists, and Behavioral Health Providers, Substance Abuse Providers as well as community groups and social services. This directory is available to refer Members to other Providers, when needed, and can be found at <https://www.nextlevelhealthil.com/find-a-doctor/>.

Providers can currently access the Provider Directory through the NextLevel website located at <https://www.nextlevelhealthil.com/find-a-doctor/>. As of May, Providers will also be able to access this information via the Provider Portal.



Care Standards

NextLevel Health Providers must comply with certain care standards, including maintaining a certain number of office hours per week, as well as having adequate appointment availability to serve NextLevel Members.

- Enroll with HFS as a participating provider;
- Make referrals to HFS enrolled providers as needed;
- A PCP in an individual (solo) practice must maintain office hours of no fewer than 24 hours per week;
- A PCP participating in a group practice may have office hours fewer than 24 hours per week as long as their group practice office hours equal or exceed 32 hours per week; and

Appointment Availability

NextLevel requires Providers to be easily accessible to Members, and have the following appointment availability:

Appointment Type	PCP Availability
Routine, preventive care	Appointment can be made within 5 weeks of request; within 2 weeks for infants under 6 months of age
Urgent care, but not requiring a visit to the emergency room	Within 24 hours
Problem or complaint that is not serious or urgent	Appointment made available within 3 weeks of request
Follow-up appointment after visit to the emergency room	Appointment available within 7 days
Prenatal visit during the 1 st trimester	Appointment available within 2 weeks
Prenatal visit during the 2 nd trimester	Appointment available within 1 week
Prenatal visit during the 3 rd trimester	Appointment available within 3 days

Verifying Eligibility

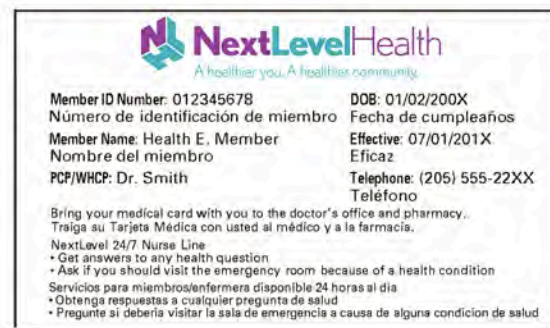
Member Eligibility Verification and ID Cards

All NextLevel Health Members receive a NextLevel Health member ID card (see sample below). Members should present their ID at the time of service, but an ID card in and of itself is not a guarantee of eligibility; therefore, providers must verify a member's eligibility on each date of service by calling NextLevel Health at 1-844-807-9734 or via the Medical Electronic Data Interchange (MEDI) system at www.myhfs.illinois.gov . Information such as member ID



number, effective date, 24-hour phone number for health plan, and PCP information is included on the card.

A new card is issued only when the information on the card changes, if a member loses a card, or if a member requests an additional card. If you are not familiar with the person seeking care, please ask to see photo identification. If you suspect fraud, please contact the compliance hotline at (888) 859-2690.



NextLevel Health Website

Utilizing NextLevel Health's website can significantly reduce the number of telephone calls providers need to make to the health plan which enables NextLevel Health staff to effectively and efficiently perform daily tasks.

NextLevel Health's website is located at www.NextLevelHealthIL.com. Providers can find the following information on the website.

- Member benefits
- Clinical guidelines
- Provider Manual and Forms



Prior Authorization

NextLevel Health coordinates care for Members, and is responsible for reimbursement of any claims submitted for services utilized by NextLevel Health Members. Please verify eligibility and benefits prior to rendering services for all Members. Payment, regardless of authorization, is contingent on member's eligibility at the time service is rendered. Non-par providers and facilities require authorization for all services except where indicated. All non-par providers should contact the Utilization Management Department at 1-844-807-9734 or via Fax at 224-231-0070 for prior authorizations.

Billing and Claims Submission

GENERAL BILLING GUIDELINES

Physicians, other licensed health professionals, facilities, and ancillary providers contract directly with NextLevel Health for payment of covered services.

It is important that providers ensure that NextLevel Health has accurate billing information on file. Please confirm with our Provider Network Services that the following information is current in our files:

- Provider name (as noted on current W-9 form)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Taxonomy code
- Physical location address (as noted on current W-9 form)
- Billing name and address

Providers must bill with their NPI number in box 24Jb. We encourage our providers to also bill their taxonomy code in box 24Ja to avoid possible delays in processing. Claims missing the required data will be returned and a notice sent to the provider, creating payment delays. Such claims are not considered “clean” and therefore cannot be accepted into our system.

We recommend that providers notify NextLevel Health 30 days in advance of changes pertaining to billing information. Please submit this information on a W-9 form. Changes to a Provider's TIN and/or address are not acceptable when conveyed via a claim form.

Claims eligible for payment must meet the following requirements:

- The member is effective on the date of service.
- The service provided is a covered benefit under the Member's contract on the date of service.



- Referral and prior authorization processes were followed, if applicable.

Payment for service is contingent upon compliance with referral and prior authorization policies and procedures, as well as the billing guidelines outlined in this manual.

PROGRAM PAYMENTS

In the event NextLevel Health does not receive full program premium payments from HFS for two or more consecutive periods, NextLevel Health's obligation to make timely payments to you may be suspended until such time as HFS makes payment in full to NextLevel Health under the program contracts. Your obligations to submit claims and/or encounters for the services you render shall not be postponed or otherwise modified. This program payment suspension provision supersedes any conflicting communication from NextLevel Health or any provision in the Provider Manual or your provider contract with NextLevel Health. NextLevel Health shall post notice of suspensions of program payments on its website or provide you with written notice.

TIMELY FILING

Providers must submit all claims and encounters within 180 calendar days of the date of service. The filing limit may be extended where the eligibility has been retroactively received by NextLevel Health up to a maximum of 180 days. All claim requests for reconsideration, corrected claims or claim disputes must be received within 180 calendar days from the date of notification of payment or denial is issued.

PROFESSIONAL, INSTITUTIONAL, AND DENTAL CLAIMS SUBMISSION

ELECTRONIC CLAIMS

All providers are encouraged to participate in NextLevel Health's electronic claims/encounter filing program. NextLevel Health can receive ANSI X12N 837 professional, institutional and dental claims transactions. In addition, it can generate an ANSI X12N 835 electronic remittance advice known as an Explanation of Payment (EOP). Providers that bill electronically have the same timely filing requirements as providers filing paper claims. In addition, providers that bill electronically must monitor their error reports and evidence of payments to ensure all submitted claims and encounters appear on the reports. Providers are responsible for correcting any errors and resubmitting the impacted claim(s).

NextLevel Health's EDI Clearinghouse **Payer ID** is **69821**. Our clearinghouse vendor for all 837P, 837I, and 837D transactions is Change Healthcare (formerly Emdeon). For questions or more information on electronic filing please contact:



NextLevel Health
Provider Services
(844) 807-9734

PAPER CLAIMS SUBMISSION

For NextLevel Health members, **all** paper claims and encounters should be submitted to:

NextLevel Health
ATTN: CLAIMS DEPARTMENT
P.O. Box 830700
Birmingham, AL 35283

REQUIREMENTS

NextLevel Health uses an imaging process for paper claims retrieval. To ensure accurate and timely claims capture, please observe the following claims submission rules:

Do's

- Do use the correct P.O. Box number.
- Do submit all claims in a 9" x 12" or larger envelope.
- Do type all fields completely and correctly.
- Do use typed black or blue ink only at 9-point font or larger.
- Do include all other insurance information (policy holder, carrier name, ID number and address) when applicable.
- Do submit on a proper original form - CMS 1500 or UB 04.

Don'ts

- Don't submit handwritten claim forms.
- Don't use red ink on claim forms.
- Don't use a PO Box number for the service location.
- Don't circle any data on claim forms.
- Don't add extraneous information to any claim form field.
- Don't use highlighter on any claim form field.
- Don't submit photocopied claim forms (no black and white claim forms).
- Don't submit carbon copied claim forms.
- Don't submit claim forms via fax.

CLEAN CLAIM DEFINITION

A "clean" claim means a claim received by NextLevel Health for adjudication in a nationally
NextLevel Health Provider Manual



accepted format in compliance with standard coding guidelines, and which requires no further information, adjustment or alteration by the provider of the services in order to be processed and paid by NextLevel Health.

NON-CLEAN CLAIM DEFINITION

Non-clean claims are submitted claims that require further documentation or development beyond the information contained therein. The errors or omissions in claims result in the request for additional information from the provider or other external sources to resolve or correct data omitted from the bill; review of additional medical records; or the need for other information necessary to resolve discrepancies. In addition, non-clean claims may involve issues regarding medical necessity and include claims not submitted within the filing deadlines.

COMMON CAUSES OF UPFRONT REJECTIONS

- Unreadable Information
- Missing Member Date of Birth
- Missing Member Name or Identification Number
- Missing Provider Name, Tax ID, or NPI Number
- The Date of Service on the Claim is Not Prior to Receipt Date of the Claim
- Dates Are Missing from Required Fields
- Invalid or Missing Place of Service or Type of Bill
- Missing, Invalid or Incomplete Diagnosis Code
- Missing Service Line Detail
- Member Not Effective on The Date of Service
- Admission Type is Missing
- Missing Patient Status
- Missing or Invalid Occurrence Code or Date
- Missing or Invalid Revenue Code
- Missing or Invalid CPT/Procedure Code
- Incorrect Form Type

NextLevel Health will send providers a detailed letter for each claim that is rejected explaining the reason for the rejection.

COMMON CAUSES OF CLAIM PROCESSING DELAYS AND DENIALS

- Incorrect Form Type
- Diagnosis Code Missing 4th or 5th Digit
- Missing or Invalid Procedure or Modifier Codes
- Missing or Invalid DRG Code
- Explanation of Benefits from the Primary Carrier is Missing or Incomplete
- Invalid Member ID
- Invalid Place of Service Code
- Provider TIN and NPI Do Not Match
- Invalid Revenue Code



- Dates of Service Span Do Not Match Listed Days/Units
- Missing Physician Signature
- Invalid TIN
- Missing or Incomplete Third Party Liability Information

NextLevel Health will send ANSI X12 Reason and Remark codes to providers via the EOP for each claim that is denied, which details the reason(s) for the denial.

ELECTRONIC FUNDS TRANSFERS (EFT) AND ELECTRONIC REMITTANCE ADVICES (ERA)

NextLevel Health provides Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) to its participating providers to help them reduce costs, speed secondary billings, and improve cash flow by enabling online access of remittance information, and straight forward reconciliation of payments. As a Provider, you can gain the following benefits from using EFT and ERA:

- Reduce accounting expenses – Electronic remittance advices can be imported directly into practice management or patient accounting systems, eliminating the need for manual re-keying.
- Improve cash flow – Electronic payments mean faster payments, leading to improvements in cash flow.
- Maintain control over bank accounts – You keep TOTAL control over the destination of claim payment funds and multiple practices and accounts are supported.
- Match payments to advices quickly – You can associate electronic payments with electronic remittance advices quickly and easily.

For more information on our EFT and ERA services, please contact our Provider Network Department at: (844) 807-9734.

PHARMACY CLAIMS

NextLevel Health has partnered with Meridian Rx for all pharmacy claims processing functions. For information on pharmacy billing, please see their web site at:

http://meridianrx.com/Forms/MeridianRx_2016_Payer_Sheet_v1.pdf

Members Connectivity with ILHIE

Providers must be able to securely communicate with NextLevel Health and other Providers in our network. NextLevel Health Providers are required to establish a secure method of data exchange with NextLevel Health within 90 days of becoming part of the network. NextLevel can assist Providers in facilitating this process, if needed.



ADA Compliance

NextLevel Health Providers are required to comply with all rules and regulations of the Americans with Disabilities Act (ADA). This includes having accessible entrances, walkways, bathrooms, exam rooms and equipment available to individuals with disabilities. Resources are available on NextLevel Health's website at www.NextLevelHealthIL.com/providers/resources which summarizes these requirements, and provides a check sheet to ensure you meet ADA requirements. Additionally, NextLevel requires that all in-network Providers complete a Provider Form within 90 days of joining our network that summarizes its accessibility. This form needs to be completed for each provider location within our service area. NextLevel Health will continually monitor Provider compliance with ADA regulations via Member complaints and grievances. NextLevel will also require Providers to update each location's Provider Form on an ongoing basis.

Provider Education

NextLevel Health understands the importance of ongoing education to ensure Members receive the highest quality care. NextLevel is dedicated to ensuring Providers receive the training and resources needed to understand the evidence-based, best practices when treating complex Members such as seniors and persons with disabilities. NextLevel Health will provide ongoing education on the following topics via the website and/or provider portal:

- **Co-morbidities:** The complexities of co-morbid behavioral health and physical health problems, including the common co-morbidities that the severely mentally ill population is at risk for developing. This includes diabetes, heart disease, asthma and obesity.
- **Psycho-pharmaceutical education:** Training regarding prominent mood disorders including depression, bipolar disorders, psychotic disorders, substance abuse and anxiety including the presentation, symptoms and treatment of each type of disorder. Emphasis shall be placed on the psychopharmacology of the medication used to treat each Member, including the psychodynamic response and adverse effects.
- **Cultural sensitivity and diversity:** Providers will be able to access online training and resources regarding the importance of adhering to NCQA Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) as well as recognizing Member's cultural and linguistic preferences.

Clinical Practice Guidelines

NextLevel Health in partnership with the Professional Advisory Committee (PAC), comprised of in-network providers, will continually develop and adopt care guidelines and protocols for NextLevel Members. NextLevel Health has adopted the National Clearinghouse Guidelines for medical and behavioral health. These care guidelines combine nationally recognized, evidence-based recommendations along with best practices seen across the industry.



These Clinical Practice Guidelines are shared with Providers on an ongoing basis, and made available via the NextLevel website. Clinical Practice guidelines are reviewed by NextLevel Health annually.

Screening for Mental Health and Substance Abuse Issues

A vital part of NextLevel Health's care model includes actively screening Members for mental health and substance abuse issues, while raising the awareness of these issues across NextLevel's Membership population. NextLevel provides assessment tools through its Provider Portal to be utilized by in-network providers, if needed. NextLevel Health recommends that all Providers include general mental health and substance abuse screening questions in general inquiries regarding patient health. These questions could include, but are not limited to:

- Member's overall life satisfaction;
- If the Member has felt down or depressed recently;
- If the Member has had little concern or pleasure in doing things;
- If Member has felt tense in the last few weeks, and how often;
- If the Member has felt calm or peaceful in the last few weeks, and how often; and/or
- If the Member has felt hopeless, very sad or overwhelmed in the last month.

Additional evidence-based practices are available on NextLevel Health's website regarding mental health and substance abuse, as well as the importance of conducting ongoing screenings of these issues. Visit the website at www.NextLevelHealthIL.com

Behavioral Health Services

NextLevel Health offers our members access to all covered, medically necessary behavioral health services through NextLevel Health.

NextLevel Health members seeking mental health or substance abuse services may self-refer to a network provider for five (5) standard outpatient sessions per member but prior authorization is required for subsequent visits. For assistance in identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, NextLevel Health may be reached at 1-844-807-9734.

Behavioral Health Services Access Standards

To ensure members have access to care, providers are required to comply with the following appointment standards:

- Urgent Care - within 24 hours
- Non-urgent - (symptomatic) within 30 days
- Well Care - 3 months



- Emergent Care – immediately (24 hours per day, 7 days per week)
- PCP and specialists (24 hours per day, 7 days per week)
- Post Discharge Follow Up - within 7 days
- Office Wait Times - not to exceed 1 hour

Continuity of Care Coordination

When Members are newly enrolled and have been previously receiving Behavioral Health Services, Next Level Health will make best efforts to maximize the transition of member's care through providing for the transfer of pending prior authorization information; and work with the Member's previous Behavioral Health Provider to honor those existing prior authorizations.

Coordination / Communication with PCP

NextLevel Health encourages PCPs to consult with their Members' mental health and substance use treatment Practitioners. In many cases the PCP has extensive knowledge about the Member's medical condition, mental status, psychosocial functioning, and family situation. Communication of this information at the point of referral or during the course of treatment is encouraged with Member consent, when required. We encourage all service providers to coordinate care with a member's entire treatment team, including but not limited to PCPs and mental health and/or substance use treatment Practitioners. Additionally, NextLevel Health will offer trainings to PCPs and mental health and/or substance use treatment Practitioners focused on the concepts of integrated care, cross training in medical, behavioral and substance use disorders, and screening tools.

Network Practitioners report specific clinical information to the Member's PCP in order to preserve the continuity of the treatment process. With appropriate written consent from the Member, it is the Network Practitioner's responsibility to keep the member's PCP abreast of the Member's treatment status and progress in a consistent and reliable manner.

Prior Authorization Requirements

Behavioral health Services including substance abuse

- Inpatient Psychiatric
- Partial Hospitalization
- Intensive Outpatient Therapy
- Psychological Testing
- Neuropsychological Testing
- Electroconvulsive Therapy (ECT)
- Substance Use Disorder Treatment/Rehabilitation



Community Support Services

- Psychological Testing
- Community Support: Prior Authorization required after 200 units
- Case Management: Prior Authorization required after 200 units.
- Psychological Rehabilitation: Prior Authorization required after 800 units.

Alcohol and Substance Abuse Services

- Detoxification
- Residential Rehabilitation
- Day Treatment

EPSDT

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21, provision of which is mandated by state and federal law. EPSDT services include periodic screening, vision, dental and hearing services.

NextLevel Health provides coverage for the full range of EPSDT services as defined in, and in accordance with, HFS policies and procedures for EPSDT services. Such services shall include, without limitation, periodic health screenings and appropriate up to date immunization using the Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule and the American Academy of Pediatrics periodicity schedule for pediatric preventative care. The following minimum elements are to be included in the periodic health screening assessment:

- Comprehensive health and development history (including assessment of both physical and mental development)
- Comprehensive unclothed physical examination
- Immunizations appropriate to age and health history
- Assessment of nutritional status
- Laboratory tests (including finger stick hematocrit, urinalysis (dip-stick)
- Sickle cell screen, TB skin testing and RPR serology if not previously performed); Blood lead levels must be tested pursuant to the EPSDT provider manual
- Developmental assessment
- Vision screening and services, including at a minimum, diagnosis and treatment for defects in vision including eyeglasses



- Dental screening and services, including at a minimum, relief of pain and infections, restoration of teeth and maintenance of dental health. Although a normal screening may be part of a physician examination, it does not substitute for examination through direct referral to a dentist
- Hearing screening and services, including at a minimum, diagnosis and treatment for defects in hearing, including hearing aids
- Health education and anticipatory guidance

Provision of all components of the EPSDT service must be clearly documented in the PCP's medical record for each Member.

NextLevel Health requires that providers cooperate to the maximum extent possible with efforts to improve the health status of Illinois citizens, and to actively participate in the increase of percentage of eligible Members obtaining EPSDT services in accordance with the adopted periodicity schedules. NextLevel Health will cooperate and assist providers to identify and immunize all Members whose medical records do not indicate up-to-date immunizations.

Provider shall participate in the Vaccines for Children (VFC) program. Vaccines from VFC should be billed with the specific antigen codes for administrative reimbursement. No payment will be made on the administration codes alone.

Pharmacy

Pharmacy Program

NextLevel Health is committed to providing appropriate, high quality, and cost effective drug therapy to all NextLevel Health members. NextLevel Health works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NextLevel Health covers prescription drugs and certain over-the-counter (OTC) drugs when ordered by an NextLevel Health physician/clinician. The pharmacy program does not cover all medications. Some medications require prior authorization (PRIOR APPROVAL) or have limitations on age, dosage and/or maximum quantities.

Working with NextLevel Health's Pharmacy Benefits Manager (PBM)

NextLevel Health works with Meridian RX to administer pharmacy benefits, including the prior authorization process. Certain drugs require prior authorization to be approved for payment by NextLevel Health. These include:

- All medications not listed on the Preferred Drug List (PDL)
- Some NextLevel Health preferred drugs (designated Prior Approval on the PDL)



Follow these guidelines for efficient processing of your prior authorization requests:

1. Complete the NextLevel Health form: Medication Prior Authorization Request Form.
2. Fax to Meridian at 844-667-3564
3. Once approved, Meridian RX notifies the prescriber by fax.
4. If the clinical information provided does not explain the reason for the requested Prior Approval medication, Meridian RX responds to the prescriber by fax, offering PDL alternatives.
5. For urgent or after-hours requests, a pharmacy can provide up to a 72-hour supply of most medications by calling the Meridian RX Help Desk at 844-667-3563
6. All prior authorization requests should be submitted to Meridian RX.
7. A phone or fax-in process is available for Prior Authorization requests:

Meridian RX Contacts

Prior Authorization Fax	1-844-667-3564
Prior Authorization Phone	1-844-667-3563
Clinical Hours	Monday - Friday 10:00 a.m.-8:00 p.m. (EST)

When calling, please have Prior Authorization information, including the member ID number, complete diagnosis, medication history, and current medications readily available.

- If the request is approved, information in the on-line pharmacy claims processing system will be changed to allow the specific members to receive this specific drug.
- If the request is denied, information about the denial and appeal rights will be provided to the clinician.

Clinicians are requested to utilize the PDL when prescribing medication for those patients covered by the NextLevel Health pharmacy program. If a pharmacist receives a prescription for a drug that requires Prior Authorization, the pharmacist will attempt to contact the clinician to request a change to a product included in the NextLevel Health PDL.

Preferred Drug List (PDL)

The NextLevel Health PDL describes the circumstances under which contracted pharmacy providers will be reimbursed for medications dispensed to members covered under the program.

The PDL does not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist, or



- Relieve the physician/clinician or pharmacist of any obligation to the Prior Approval patient or others.

NextLevel Health’s Pharmacy and Therapeutics (P&T) Committee has reviewed and approved, with input from its members and in consideration of medical evidence, the list of drugs requiring prior authorization (PRIOR APPROVAL). The PDL attempts to provide appropriate and cost-effective drug therapy to all patients covered under the NextLevel Health pharmacy program. If a patient requires medication that does not appear on the PDL, the clinician can submit a Prior Authorization request for a non-preferred medication. It is anticipated that such exceptions will be rare and that currently available PDL medications will be appropriate to treat the vast majority of medical conditions encountered by NextLevel Health providers. A copy of NextLevel Health’s PDL may be found on the health plan website under the Provider Resources webpage, located here: <https://www.nextlevelhealthil.com/providers/resources/>.

Pharmacy and Therapeutics Committee (P & T)

The NextLevel Health P&T Committee continually evaluates the therapeutic classes included in the PDL. The committee is composed of the NextLevel Health Medical Director, the NextLevel Health pharmacy program director (Pharmacy Program Director), and several community-based primary care physicians and specialists.

The primary purpose of the P&T Committee is to assist in developing and monitoring the NextLevel Health PDL and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T committee schedules meetings at least quarterly during the year and coordinates therapeutic class reviews.

Pharmacy Prior Authorization (Prior Approval) Process

The NextLevel Health PDL includes a broad spectrum of generic and brand name drugs. Clinicians are encouraged to prescribe from the NextLevel Health PDL for their patients who are members of NextLevel Health. Some preferred drugs require Prior Authorization. Medications requiring Prior Authorization are listed with a “PRIOR APPROVAL” notation throughout the PDL.

Specific Exclusions

The following drug categories are not part of the NextLevel Health PDL:

- Fertility enhancing drugs



- Anorexia, weight loss, or weight gain drugs
- Experimental or investigational drugs
- Immunizations and vaccines (except flu vaccine)
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Oral vitamins and minerals (except those listed in the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- OTC drugs (except those listed in the PDL)
- Over-the-Counter Medications

The NextLevel Health pharmacy program covers a variety of OTC medications. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription, by a licensed provider.

Quantity Limitations

Quantity limitations have been implemented on certain medications to ensure the safe and appropriate use of the medications. Quantity limitations are approved by the NextLevel Health P&T Committee and noted throughout the PDL.

Age Limits

Some medications on the NextLevel Health PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Newly Approved Products

Newly approved drug products will not normally be placed on the PDL during their first six months on the market. During this period, access to these medications will be considered through the Prior Authorization review process.

Unapproved use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by NextLevel Health. Experimental drugs, investigational drugs and drugs used for cosmetic purposes are excluded from coverage.



Generic Substitution

NextLevel Health requires that generic substitution be made when a generic equivalent is available. All branded products that have an A-rated generic equivalent will be reimbursed at the maximum allowable cost (MAC).

Exception Requests

In the event that a clinician or member disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to NextLevel Health. The additional information may be provided verbally or in writing. A decision will be rendered and the clinician will be notified with a faxed response. If the request is denied, the clinician will be notified of the appeals process at that time.

An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of patient by calling the NextLevel Health complaint and grievance coordinator at 844.807.9734 a response will be rendered within 24 hours of receipt of complete information. In circumstances that require research, a 24-hour response may not be possible.

Interpretive Services

All health care Providers, as part of the NCQA Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), are required to provide interpretive services for individuals with Limited English Proficiency (LEP). This includes providing alternative methods of communications for Members who are visually or hearing impaired. NextLevel Health Providers are required to offer the following services to Members, as needed:

- TDD/TTY Service for communicating with Members who are deaf or hearing impaired.
- Arranging interpretive services for those with LEP or those who are deaf or hearing impaired.

NextLevel Health Member Services are available to assist your office in coordinating these types of interpretive services for Members as needed.

Abuse, Neglect, Exploitation and Critical Incidents

NextLevel Health Providers are required to report instances of suspected or alleged Abuse, Neglect or Exploitation. It is important to understand the definitions of these terms, how to recognize the signs of abuse, neglect and exploitation as well as how to report these instances.



Definitions

Abuse: Any intent to willingly harm or improperly treat an individual. See also physical abuse, sexual abuse, and verbal, mental or emotional abuse.

Physical abuse: Inappropriate physical contact between an individual and another (victim) that may result in bodily harm or injury up to an including death.

Sexual abuse: Any unwanted sexual contact, inappropriate sexual behavior or intimate physical activity that is performed on an individual that is unable to give knowing consent (due to age, cognitive ability or emotional well-being) or has been forced or coerced to provide consent.

Verbal, Mental or Emotional abuse: Any use of spoken words or gestures that are used intentionally to cause mental anguish, distress, threaten, demeanor cause mental or emotional injury to an individual.

Neglect: Failure to provide adequate food, shelter, medication or medical care to an individual that is unable to provide sufficient care for themselves due to age, disability or cognitive ability. These include, but are not limited to failure to provide sufficient care coordination services, obligations or supervision as required by the organization.

Willful Deprivation: Willfully denying medications, medical care, shelter, food, therapeutic devices or other physical assistance to an individual.

Exploitation: Any cruel or unfair use of an individual or entity for the benefit of someone (or something) else.

Financial exploitation: Any cruel or unjust use of an individual's financial assets, property or belongings for the gain of another individual, and/or organization.

How to Report

NextLevel Providers should report any instance of abuse, neglect or exploitation to the proper authorities within four (4) hours of the incident occurring. Below is a summary of the contact information of where to report abuse, neglect or exploitation:

- Reports for Members 18 years or older shall be reported to the Illinois Department on Aging via the Adult Protective Services (APS) hotline at 1-866-800-1409 or 1-888-206-1327 (TTY).
- Reports for Members in nursing facilities shall be reported to the Department of Public Health's Nursing Home Complaint Hotline at 1-800-252-4343.
- Reports for Members residing in Supportive Living Facilities (SLFs) shall be reported to HFS' SLF Complaint Hotline at 1-800-226-0768.



Critical Incidents

NextLevel Health must also report critical incidents on a regular basis to HFS. This includes a variety of instances that affects a Member that doesn't escalate to the level of abuse, neglect or exploitation. Providers should report any of the following critical incidents to NextLevel Health, to ensure the Member's safety, and appropriate care coordination follow up:

- Death;
- Abuse;
- Physical abuse;
- Sexual abuse;
- Verbal, Mental or emotional abuse;
- Confinement;
- Willful deprivation;
- Exploitation;
- Financial exploitation;
- Neglect;
- Passive neglect;
- Self-neglect;
- Sexual Harassment by a Provider;
- Sexual Harassment by Member;
- Sexually problematic behavior;
- Significant medical event of Provider;
- Significant medical event of Member;
- Member arrested, charged with or convicted of a crime;
- Provider arrested, charged with or convicted of a crime;
- Fraudulent activities or theft on the part of the Member or Provider;
- Member is missing
- Problematic possession or use of a weapon by a Member;
- Member displays physically aggressive behavior;
- Property damage of Provider property by Member of \$50 or more;
- Suicide attempt;
- Suicide ideation/threat;
- Suspected alcohol or substance abuse;
- Seclusion of a Member;
- Media involvement/media inquiry;
- Threats made against staff of: NextLevel Health, HFS, Department of Human Services (DHS), Division of Rehabilitation Services (DRS), Home Services Program (HSP);
- Falsification of credentials or records;
- Report against DHS/HSP employee;
- Bribery or attempted bribery of an employee;
- Fire/natural disaster; and/or
- Other



Grievances

NextLevel ensures that both Members and Providers are able to submit grievances to the health plan to facilitate ongoing feedback and improvement. Providers should be aware of all Member grievance processes as well as how to submit Provider grievances.

Member Grievances

A Member is able to appoint any authorized representative to represent the Member throughout the grievance process. The Authorized Representative may include a:

- Guardian
- Caregiver
- Family Member
- Provider

A form to appoint an Authorized Representative will be made available to Members via the NextLevel Health website or requested by calling Member Services.

Member Grievance procedures and processes followed:

Members are notified how to submit a grievance to NextLevel Health:

- In writing via the Member Handbook, which will be mailed to each Member within five (5) business days of enrollment and be available online;
- Via NextLevel Health's website.

Grievance instructions included in the NextLevel Health Member Handbook and on the NextLevel Health website [add path] are provided by HFS, and modified to include NextLevel Health specific information. Instructions include:

- Types of complaints and grievances a Member may submit;
- Information regarding how to file an appeal including timeframes for submitting an appeal.

Grievances may be submitted verbally or in writing to NextLevel Health via:

- Mail, by submitting grievance to NextLevel Health;
- Telephone, by calling NextLevel Health Member Services;
- Email;
- Fax;
- NextLevel Health's website.

NLH will notify the Member and/or the Member's Authorized Representative within thirty (30) calendar days of receipt of the grievance to explain the resolution. NextLevel Health will provide



Members or their authorized representative, if designated, with information regarding their right to appeal adverse actions taken by NextLevel Health.

On occasion, certain issues may require a quick decision. These issues, known as *expedited appeals*, may occur in situations where a Member's life, health, or ability to attain, maintain, or regain maximum function may be at risk, or in the opinion of the treating provider, the Member's condition cannot be adequately managed without urgent care or services. If a Member requests an expedited Appeal, NextLevel Health will notify the Member within (24) twenty-four hours after the submission of the Appeal, of all information from the Member that NextLevel Health requires to evaluate the Appeal. NextLevel Health will render a decision on an expedited Appeal within (24) twenty-four hours after the receipt of the required information

Provider Complaints and Grievances

NextLevel wants to hear from Providers if they have any complaints or grievances regarding services. Providers can submit a complaint or grievance at any time, by contacting NextLevel at 1-844-807-9734, via our website at www.NextLevelHealthIL.com, or via mail at:

NextLevel Health
3019 W Harrison St.
Chicago, IL 60612

NextLevel will respond and resolve Provider grievances within 30 days. All grievances remain confidential.

Member Rights

NextLevel ensures Members' Rights, and that each Member understands his/her rights to receive quality health care services. It is important for Providers to also understand these rights, which include but are not limited to:

- The right to receive information including information about the Member's health status, Medicaid benefits and NextLevel's services among others.
- Be treated with respect and with due consideration for his or her dignity and privacy.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.
- Participate in decisions regarding his or her health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.



HIPAA

NextLevel ensures to keep Member and Provider information confidential and adhere to all laws and regulations regarding Protected Health Information (PHI) and the Health Insurance Portability and Accountability Act (HIPAA). All in-network Providers are required to have written policies and procedures ensuring compliance with the applicable state and federal privacy and confidentiality laws and regulations, including but not limited to, HIPAA.

Credentialing and Re-credentialing

NextLevel Health credentials all providers in accordance with National Committee for Quality Assurance ((NCQA) credentialing standards as well as applicable HFS, DHS, DoA, Illinois Department of Insurance and federal requirements. All providers who participate in the Illinois Medicaid Program must also be a Medicaid provider in good standing.

Note: In order to maintain a current provider profile, providers are required to notify NextLevel Health of any relevant changes to their credentialing information in a timely manner.

Providers must submit at a minimum the following information when applying for participation with NextLevel Health:

- Complete signed and dated Illinois Standardized Credentialing application or authorize NextLevel Health access to the CAQH (Council for Affordable Quality Health Care) for the Illinois Standardized Credentialing application
- Signed attestation of the correctness and completeness of the application, history of loss of license and/or clinical privileges, disciplinary actions, and/or felony convictions; lack of current illegal substance registration and/or alcohol abuse; mental and physical competence, and ability to perform the essential functions of the position, with or without accommodation
- Copy of current malpractice insurance policy face sheet that includes expiration dates, amounts of coverage and provider's name, or evidence of compliance with Illinois regulations regarding malpractice coverage
- Copy of current Illinois Controlled Substance registration certificate (if applicable)
- Copy of current Drug Enforcement Administration (DEA) registration Certificate
- Copy or original of completed Internal Revenue Service Form W-9.
- Copy of Educational Commission for Foreign Medical Graduates (ECFMG) certificate, if applicable
- Copy of current unrestricted medical license to practice in the state of Illinois.
- Current copy of specialty/board certification certificate, if applicable
- Curriculum vitae listing, at minimum, a five (5) year work history (not required if work history is completed on the application)



- Signed and dated release of information form not older than 120 calendar days
- Proof of highest level of education – copy of certificate or letter certifying formal post-graduate training
- Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable

NextLevel Health verifies the following information submitted for credentialing and/or re-credentialing:

- Illinois license through appropriate licensing agency
- Board certification, or residency training, or medical education
- National Practitioner Data Bank-Health Integrity Practitioner Data Bank (NPDB-HIPDB) for malpractice claims and license agency actions
- Hospital privileges in good standing at a participating NextLevel Health hospital
- Review five-year work history
- Review federal sanction activity including Medicare/ Medicaid services (OIG-Office of Inspector General and EPLS- Excluded Parties Listing)

Once the application is completed, the NextLevel Health Credentialing Committee (Credentialing Committee) will render a final decision on acceptance following its next regularly scheduled meeting.

Providers must be credentialed prior to accepting or treating Members. PCPs cannot accept member assignments until they are fully credentialed.

Credentialing Committee

The Credentialing Committee has the responsibility to establish and adopt as necessary, criteria for provider participation, termination, and direction of the credentialing procedures, including provider participation, denial, and termination.

Committee meetings are held at least quarterly and more often as deemed necessary.

Note: Failure of an applicant to adequately respond to a request for missing or expired information may result in termination of the application process prior to committee decision.

Re-Credentialing

To comply with accreditation standards, NextLevel Health conducts the re-credentialing process for providers at least every three years, in compliance with the Illinois state regulations. The purpose of this process is to identify any changes in the practitioner’s licensure, sanctions, certification, competence, or health status which may affect the ability to perform services the provider is under contract to provide. This process includes all practitioners, primary care providers, specialists, and ancillary providers/facilities previously credentialed to practice within the NextLevel Health network.



In between credentialing cycles, NextLevel Health conducts ongoing sanction monitoring activities on all network providers. This includes an inquiry to the appropriate Illinois state licensing agency, board, or commission for a review of newly-disciplined providers and providers with a negative change in their current licensure status. This monthly inquiry insures that providers are maintaining a current, active, unrestricted license to practice in between credentialing cycles. Additionally, NextLevel Health reviews monthly reports released by the Office of Inspector General to review for any network providers who have been newly sanctioned or excluded from participation in Medicare and/or Medicaid programs.

Additionally, between credentialing cycles, a provider may be requested to supply current proof of any credentials such as Illinois licensure, malpractice insurance, DEA registration, a copy of certificate of cultural competency training, etc. that have expiration dates prior to the next review process.

Right to Review Certain Information

All providers participating within the NextLevel Health network have the right to review information obtained by NextLevel Health to evaluate their credentialing and/or re-credentialing application. This includes information obtained from any outside primary source such as the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank, malpractice insurance carriers and the State Licensing Agencies. This does not allow a provider to review references, personal recommendations, or other information that is peer review protected.

Should a provider believe any of the information used in the credentialing/re-credentialing process to be erroneous, or should any information gathered as part of the primary source verification process differ from that submitted by a practitioner, they have the right to correct any erroneous information submitted by another party. To request release of such information, a written request must be submitted to the NextLevel Health credentialing department. Upon receipt of this information, the provider will have 14 calendar days to provide a written explanation detailing the error or the difference in information to NextLevel Health. The NextLevel Health Credentialing Committee will then include this information as part of the credentialing/ re-credentialing process.

Right to be Informed of Application Status

All providers who have submitted an application to join NextLevel Health have the right to be informed of the status of their application upon request. To obtain status, contact the NextLevel Health Provider Services department at 1-844-807-9734.

Right to Appeal Adverse Credentialing Determinations

Existing provider applicants who are declined for continued participation for reasons such as quality of care or liability claims issues have the right to appeal the decision in writing within 14 calendar days of formal notice of denial. All written requests should include additional



supporting documentation in favor of the applicant's reconsideration for participation in the NextLevel Health network.

Appeals will be reviewed by the Credentialing Committee at the next regularly scheduled meeting, but in no case later than 60 calendar days from the receipt of the additional documentation. The applicant will be sent a written response to his/her request within two weeks of the final decision.

Site Visit Due to Member Complaint

Site visits may be performed at provider offices within 60 calendar days of any member complaints related to physical accessibility, physical appearance, and adequacy of waiting and examining room space. If the practitioner's site visit score is less than eighty percent (80%), the provider may be subject to termination and/or continued review until compliance is achieved. A site review evaluates appearance, accessibility, record-keeping practices and safety procedures.

Cultural Competency

Cultural competency within NextLevel Health is defined as "the willingness and ability of a system to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective which values differences and is responsive to diversity at all levels in an organization. Cultural competency is developmental, community focused and family oriented. In particular, it is the promotion of quality Services to understand, racial/ethics groups through the valuing of differences and integration of cultural attitudes, beliefs and practices into diagnostic and treatment methods and throughout the system to support the delivery of culturally relevant and competent care. It is also the development and continued promotion of skills and practices important in clinical practice, cross-cultural interactions and systems practices among providers and staff to ensure that services are delivered in a culturally competent manner."

Cultural competency is a set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance and respect for cultural differences and similarities within, among and between groups, and the sensitivity to know how these differences influence relations with Members. It includes a set of complimentary behaviors, attitudes and policies that help professionals work effectively with people of different cultures. This would include (but not be limited to):

- Immigrants and refugees
- Race and ethnicity
- Socioeconomic status and social class
- Sexual orientation
- Disability Studies have found that culturally and linguistically diverse groups and those with limited English proficiency experience less adequate access to care, lower quality of care and poorer health status outcomes.



When communicating across cultures, we should maintain formality, communicate clearly, show respect and value diversity.

It is equally important to maintain “Disability Awareness”. The Americans with Disabilities Act (ADA) defines a person with a disability as:

- A person who has a physical or mental impairment that substantially limits one or more major life activities, and includes people who have a record of impairment, even if they do not currently have a disability, and individuals who do not have a disability, but are regarded as having a disability.

It is unlawful to discriminate against persons with disabilities or to discriminate against a person based on that person’s association with a person with a disability. Accommodations for people with disabilities include:

- Physical accessibility
- Effective communication
- Policy modification, and
- Accessible medical equipment.

To successfully meet the demands for ‘disability awareness’, you must “know your patients”. This includes capturing information about accommodations that may be required, recording information in patient’s charts or electronic health records, and if making referrals to other providers, communicating with the receiving provider regarding any necessary accommodations that may be required.

Person centered planning and self-determination require that providers support member “freedom” to choose a meaningful life in the community, grant them the “authority” to control the resources they need to build that life, “support” for the member in selecting services and supports best suited to their individual needs, enabling them to take “responsibility” for their lives, and “confirming” that the member plays an important role in designing or re-designing their system of care.

NextLevel Health is committed to the development, strengthening, and sustaining of healthy provider/ member relationships. Members are entitled to dignified, appropriate, and quality care. When healthcare services are delivered without regard for cultural differences, Members are at risk for sub-optimal care. Members may be unable or unwilling to communicate their healthcare needs in an insensitive environment, reducing effectiveness of the entire healthcare process.

NextLevel Health, as part of its credentialing, will evaluate the cultural competency level of its network providers and provide access to training and tool kits to assist providers in developing culturally competent and culturally proficient practices.



Fraud, Waste, and Abuse

NextLevel Health takes the detection, investigation and prosecution of fraud and abuse very seriously, and has a formal fraud and abuse program that complies with Illinois and federal laws. NextLevel Health performs front and back end audits to ensure compliance with billing regulations. Editing software performs systematic audits during the claims payment process. NextLevel's investigators perform back end audits which in some cases may result in taking the appropriate actions against those who, individually or as a practice, commit abuse, and/or fraud, including but not limited to:

- Remedial education and/or training around eliminating the egregious action
- More stringent utilization review
- Recoupment of previously paid monies
- Termination of provider agreement or other contractual arrangement
- Civil and/or criminal prosecution
- Any other remedies available to rectify

Some examples of fraud and abuse are:

- Unbundling of codes
- Up-coding
- Add-on codes without primary CPT code
- Diagnosis and/or procedure code not consistent with the member's age/gender
- Use of exclusion codes
- Excessive use of units
- Misuse of Benefits
- Claims for services not rendered

If you suspect or witness a provider inappropriately billing or a member receiving inappropriate services, please call our compliance hotline at 1-888-859-2690 or email us at compliance@nlhpartners.com. NextLevel Health takes all reports of potential waste, abuse, or fraud very seriously and will investigate all reported issues.

Authority and Responsibility

NextLevel Health Health's Compliance Officer has overall responsibility and authority for carrying out the provisions of NextLevel Health's compliance program. NextLevel Health is committed to identifying, investigating, sanctioning and prosecuting suspected fraud and abuse.

The NextLevel Health's provider network will cooperate fully in making personnel and/or subcontractor personnel available in person for interviews, consultation, grand jury proceedings, pre-trial conferences, hearings, trials and in any other process, including investigations.



Discrimination is Against the Law

NextLevel Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NextLevel Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

NextLevel Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tanya Ford

If you believe that NextLevel Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tanya Ford, Compliance Officer, 3019 W. Harrison Street, Chicago, IL 60612, Phone: 1-844-807-9734, TTY: 711, Fax: 312-324-0665, info@nlhpartners.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tanya Ford, Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:
U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services:

English- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-807-9734 (TTY: 711).

Spanish- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-807-9734 (TTY: 711).

Polish- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-807-9734 (TTY: 711).

Chinese- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-807-9734 (TTY : 711) 。

Korean- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-807-9734 (TTY: 711) 번으로 전화해 주십시오.

Tagalog- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-807-9734 (TTY: 711).

Arabic-

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-807-9374 (رقم هاتف الصم والبكم: 711).

Russian- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-807-9734 (телетайп: 711).

Gujarati- ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-844-807-9734 (TTY: 711) पर कॉल करे।

Urdu- خیردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-807-9734 (TTY: 711)۔

Vietnamese- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-807-9734 (TTY: 711).

Italian- ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-807-9734 (TTY: 711).

Hindi- ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-807-9734 (TTY: 711) पर कॉल करें।

French- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-807-9734 (ATS: 711).

Greek- ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-807-9734 (TTY: 711).

German- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-807-9734 (TTY: 711).