



NextLevelHealth

A healthier you. A healthier community.

MLTSS Member Handbook

Important information about your health plan



January 2018

Member Services: 844-807-9734

TTY/TDD: 711



Welcome to NextLevel Health

Thank you for choosing NextLevel Health Partners (NextLevel Health)! We are a Managed Care Community Network (MCCN) engaged with our communities, providers, and most importantly, you and your support system, to help you take steps toward better health. NextLevel Health is a Medicaid health plan. NextLevel Health serves Medicaid Members in Chicago and throughout Cook County.

We work with you to take your health to the NextLevel. You have a care team that knows you and the community. Together with your Primary Care Provider (PCP), NextLevel Health will work with you to ensure all your health care needs are met.

We are happy you decided to join NextLevel Health. If you have any questions, contact us anytime.

Important Phone Numbers & Contacts:

NextLevel Health Member Services

Toll Free: 1-844-807-9734

www.NextLevelHealthIL.com

Nurse Advice Line

24/7 Monday – Sunday Toll Free: 844-807-9734

Crisis Hotline

24/7 Toll Free: 844-807-9734

Non - Emergency Transportation

Monday – Friday 8:00 am – 5:00 pm Toll Free: 844-807-9734

Emergency Transportation

24/7 Toll Free: 844-807-9734



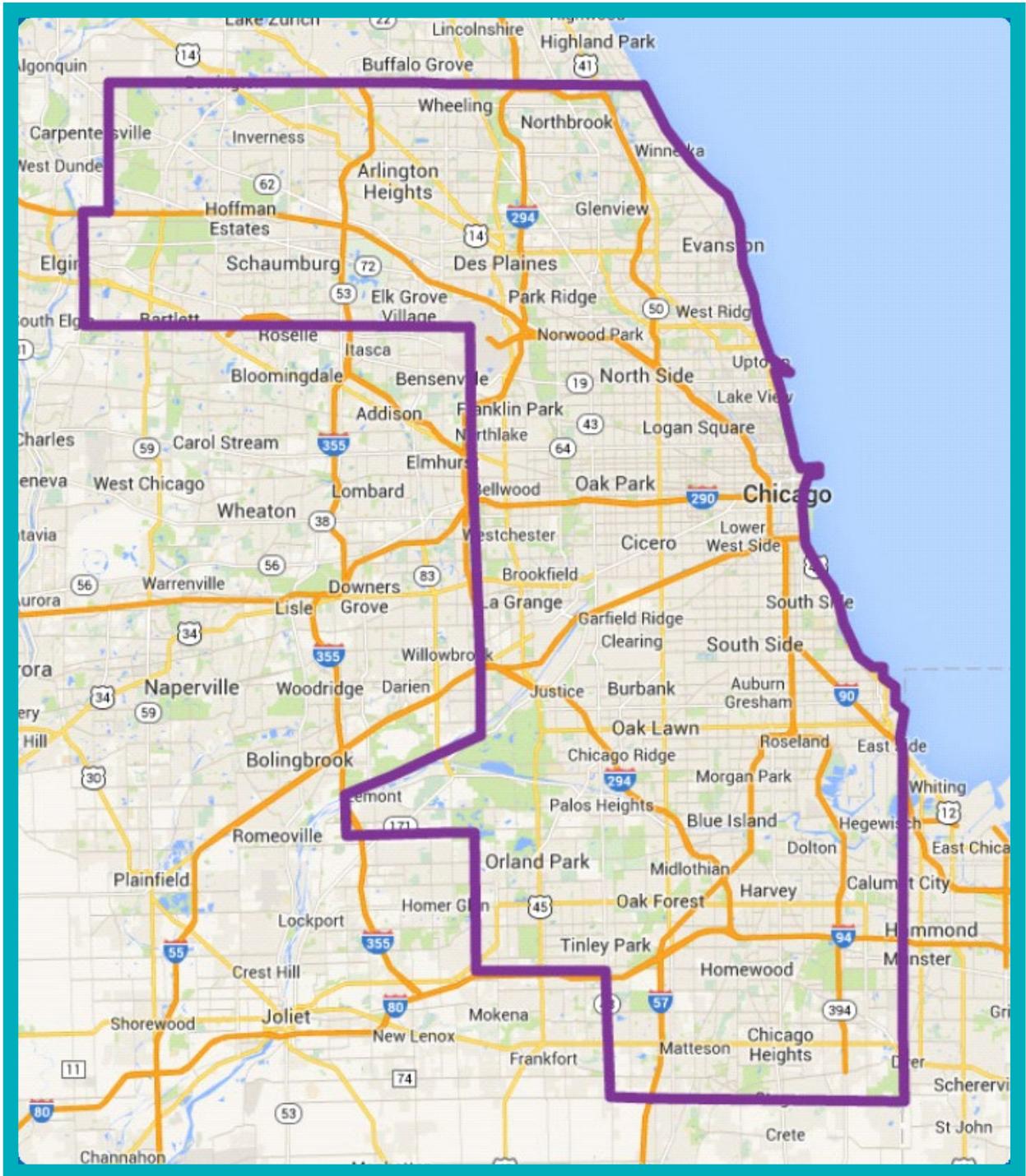
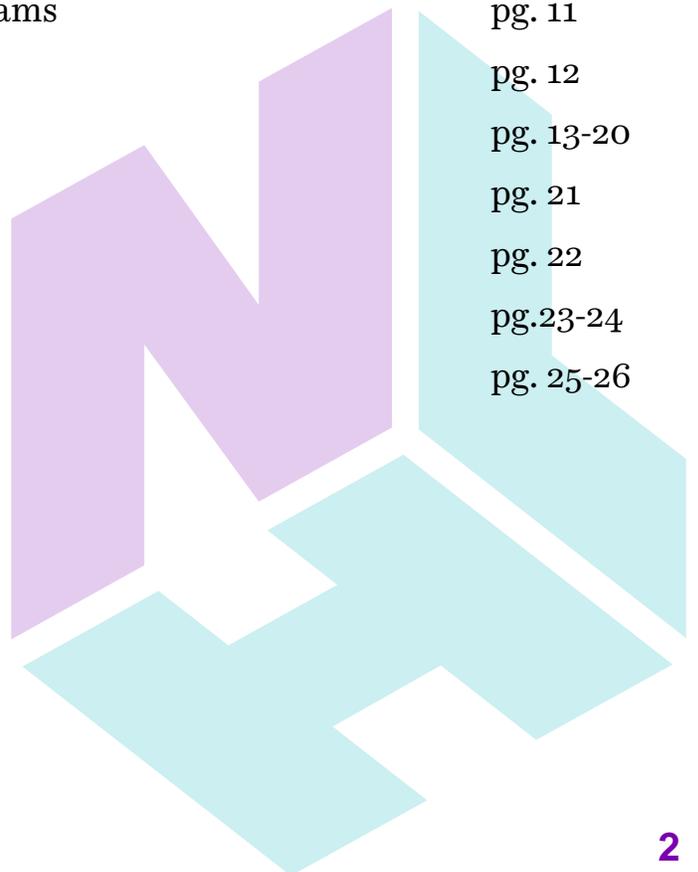


Table of Contents

•Member Services	pg. 3
•Identification Card (ID Card)	pg. 4
•Open Enrollment	pg. 5
•Provider Network	pg. 5
•Primary Care Provider (PCP)	pg. 6
•How to Change PCP	pg. 6
•Specialty Care	pg. 6
•Scheduling Appointments	pg. 6
•Emergency Care with example	pg. 7
•Covered Home and Community Based Services (Waiver clients only)	pg. 7-8
•Managed Long Term Support & Services (MLTSS) Covered Services	pg. 9
•Transportation	pg. 9
•Cost Sharing	pg. 10
•Care Coordination	pg. 10-11
•Disease/Health Education Management Programs	pg. 11
•Advance Directives	pg. 12
•Grievance & Appeals	pg. 13-20
•Rights & Responsibilities	pg. 21
•Fraud, Abuse and Neglect	pg. 22
•Definitions	pg. 23-24
•Disclaimers	pg. 25-26



Member Services

Welcome to NextLevel Health!

NextLevel Health is here for you when you need us. Our team is available 24 hours a day, seven days a week, 365 days a year.

We also have a crisis line available to you. You can use this if you are experiencing a mental health crisis. Whatever your needs, we want to assist in any way we can. Your health is about more than seeing your Primary Care Provider. If you are not sure if we can help, ask us anyway.

We are available to help find resources you need to get support. We are here to make sure every part of your life, from housing and finances to family health and personal goals, is in good health. All of these things can affect your health, and NextLevel Health is here to support you as you take the steps to better health.

Our Member Service Department is ready to help you get the most from your health plan.

Member Services

- 8:00 am – 8:00 pm 844-807-9734
- TTY: Illinois Relay 711

Our Member Services Department can help you...

- Reach your Care Team
- Get answers to questions about your benefits
- Change your Primary Care Provider (PCP)
- Get a replacement ID card
- Help with setting up health services such as a doctor's visit or mental health appointment
- Set up transportation for all your covered benefits
- Link to services such as housing, nutrition or financial assistance
- Get assistance with your Medicaid redetermination
- Submit a grievance or appeal

Nurse Advice Line

NextLevel Health 24/7 Nurse Line can get answers to any health questions and find out if you should visit the emergency room because of a health condition.

- 8:00 am – 5:00 pm Monday – Friday 844-807-9734

Non-Emergency Transportation

NextLevel Health offers Free Transportation for our Members. Members Services can assist you with scheduling rides to your health appointments.

- 8:00 am – 6:00 pm Monday – Friday 844-807-9734

Member Identification Card (ID Card)

You will receive a Member ID Card. You should always carry your card with you. It has important phone numbers. You will need to show it when you get services.

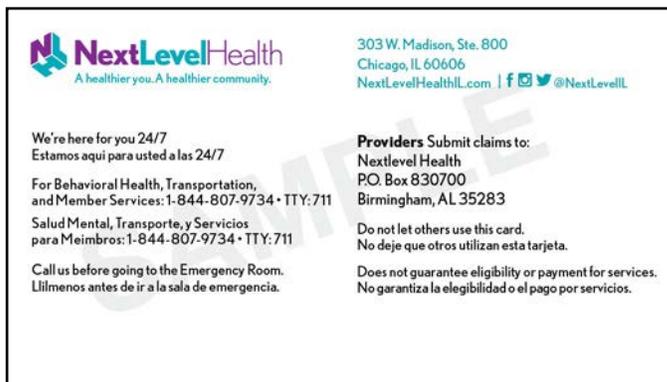
Information on your Member ID Card:

- Name
- Plan Name
- State Medicaid ID #
- Effective Date
- Member Services #
- 24 hour Nurse Hot Line
- Behavioral health #
- Transportation #
- Name & Address of MCO

o Claims Billing Address P.O Box 830700 Birmingham, AL 35283



Front



Back

Open Enrollment

Once each year, you change health plans during a specific time called “Open Enrollment”. Client Enrollment Services (CES) will send you an open enrollment letter approximately 60 days prior to your anniversary date. Your anniversary date is one year from your health plan start date. You will have 60 days during your open enrollment to make a one plan switch by calling CES at 1-877-912-8880. After the 60 days has ended, whether a plan switch was made or not, you will be locked in for 12 months. If you have questions regarding your enrollment or disenrollment with NextLevel Health please contact the Client Enrollment Service (CES) at 1- 877-912-8880.

MLTSS Provider Network

NextLevel Health has providers throughout Cook County and nearby counties to provide as many health care services as possible, including:

- Mental Health Clinic Option Services
- Alcohol and Substance Abuse Rehab. Services
- Exceptional Care
- Targeted Case Management Service (Mental Health)
- Social Work Service
- Psychologist Service
- Behavioral Health Services
- Subacute Care Program
- LTC (Skilled, Intermediate, Supportive Living Facility, IMD, Dementia Care..)
- Homemaker
- Adult Day Health
- Habilitation Services

Respite Care Members can view the list of providers on the NextLevel Health website by accessing the Provider Directory, which displays each provider’s name, address, telephone number, office hours and languages spoken. The Provider Directory is updated on a daily basis to display the most up-to-date listing of contracted providers. The Provider Directory is also available in a printable PDF for viewing on our website www.nextlevelhealthil.com. If you do not have internet access, contact Member Services for assistance at 844-807-9734, to request a copy to be mailed to you.



Primary Care Provider (Medicare PCP)

Your Medicare primary care provider is your personal doctor who will give you most of your care. Your Medicare PCP does not need to be in the NextLevel provider network. You can continue using the Medicare PCP you saw before you joined NextLevel. Our care managers will reach out to your Medicare PCP, if necessary to coordinate your care when you receive case management services. Your Medicare PCP may refer you to other Medicare or Medicaid providers if you need special care.

If you are an American Indian/Alaskan Native member, you have the right to get services from an Indian Tribe, Tribal Organization or Urban Indian Organization provider in and outside of the State of Illinois.

How to Change PCPs

If you need help in finding or changing your Medicare PCP, please contact the Medicare Help Line Services at 800-MEDICARE or 800 633-4227, TTY or you can visit the Medicare information website at <https://www.illinois.gov/aging/ship/800-252-8966>.

As a woman with NextLevel Health coverage, you have the right to select a Women's Health Care Provider (WHCP). A WHCP is a doctor licensed to practice medicine specializing in obstetrics, gynecology or family medicine.

Specialty Care (Medicare)

A Specialist is a doctor who cares for you for a certain health condition. An example of a Specialist is Cardiology (heart health), Orthopedics (bones and joints). If your Medicare PCP thinks you need a specialist, he or she will work with you to choose a Medicare specialist. Your Medicare PCP will arrange your specialty care.

Scheduling Appointments:

It is very important that you keep all appointments you make for doctor visits, lab test, or X-rays. Please call ahead of time if you cannot keep an appointment. If you need help in making an appointment, please contact Members Services at (844) 807-9734 Monday-Friday, 8:00 a.m. - 8:00 p.m.

Emergency Care:

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury or illness.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty in breathing
- Broken bones

What to do in case of an emergency:

- Go to the nearest Emergency Department; you can use any hospital or other setting to get emergency services
- Call 911
- Call ambulance if no 911 service in area
- No referral is need

Covered Home and Community Based Services (Waiver clients only)

Here is a list of some of the medical services and benefits that NextLevel Health covers for members who are in a Home and Community Based service waiver.

Department on Aging (DoA), Persons who are Elderly:

- Adult Day Service;
- Adult Day Service Transportation;
- Homemaker;
- Personal Emergency Response System (PERS);

Department of Rehabilitative Services (DRS), Persons with Disabilities, HIV/AIDS:

- Adult Day Service;
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home;
- Home Health Aide;
- Nursing Intermittent;
- Skilled Nursing (RN and LPN);
- Occupational Therapy;
- Home Health Aide;

- Physical Therapy;
- Speech Therapy;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies;

Department of Rehabilitative Services (DRS), Persons with Brain Injury:

- Adult Day Service;
- Adult Day Service Transportation;
- Environmental Accessibility Adaptations-Home;
- Supported Employment;
- Home Health Aide;
- Nursing, Intermittent;
- Skilled Nursing (RN and LPN);
- Occupational Therapy;
- Physical Therapy;
- Speech Therapy;
- Prevocational Services;
- Habilitation-Day;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies;
- Behavioral Services (M.A. and PH.D.)

HealthCare and Family Services (HFS), Supportive Living Facility:

- Assisted Living



Managed Long Term Support & Services (MLTSS) Covered Services

NextLevel Health MLTSS Members receive Medicaid benefits in addition to their Medicare covered benefits. We recommend you review your Medicare coverage and benefits to understand your total coverage. Below is a list of the benefits you receive when you qualify for the service as a NextLevel Health Member in the MLTSS program. There may be benefit limitations or some services may require a prior authorization.

MLTSS Covered Services include:

- Mental health services like: Group and Individual Therapy, Counseling, Community Treatment, Medication Monitoring and more
- Alcohol and substance use services like: Group and Individual therapy, Counseling, Rehabilitation, Methadone services, Medication Monitoring and more
- Some transportation services to appointments
- Long Term Care services in skilled and intermediate facilities
 - Home and Community Based Waiver Services like the ones listed above under ‘Covered HCBS Services’ if you qualify
- Any service that is not medically necessary
- Services provided through local education agencies

Transportation Services

NextLevel Health offers free transportation services Monday-Sunday in Cook County for all medically related appointments such as Dental, Vision, Therapy and Pharmacy, as well as for baby wellness appointments, Hospital Discharges, and transportation to the Illinois Department of Human Services office for reasons related to redetermination.

All Transportation services require a 48-hour notice except Hospital Discharges.

To schedule transportation, contact the Member Service transportation department at 844 807-9734, Monday-Friday 8:00 am-8:00 pm.



Cost Sharing

NextLevel Health does not require any cost sharing by MLTSS members, with the exception of some members who must spend down assets and excess income every month on certain expenses to qualify for Medicaid MLTSS benefits. The State determines your spend-down amount based on your income and NextLevel deducts your spend-down amount from its reimbursement to assisted living and nursing home providers.

If you receive a bill from a provider, requesting payment for services you received as part of your Medicare benefits, do not pay the bill. Contact NextLevel Health for help instead.

Care Coordination

NextLevel Health works to help you receive good health care by providing you with a team of professionals from many different backgrounds, including specialists, nurses, social workers, physical therapists and coordinators, all working together to help you achieve your health goals and manage your health problems. This team is called the Integrated Care Management Team (ICMT), and each member of the team has access to your medical file, understands your concerns and communicates with you and the Primary Care Provider (PCP) to get the best health outcomes for you.

Your ICMT works with you as the Member to set your personal goals to manage your health by assessing your current health condition, addressing your risks and needs, helping you manage your medications and providing education about your health condition and available community resources. Your goals, health conditions and needs come together in your plan of care, which can address medical and health, financial and social goals.

Within the ICMT, NextLevel Health has specialized teams focusing on High Needs Children including Behavioral Health, Pregnancy and Long-Term Services and Supports.

Our goal is to determine your individual health care goals and begin a Care Coordination conversation. Your NextLevel Health Care Team is available to discuss any concerns or questions at any time.

Your Integrated Care Management Team (ICMT)

Each Member requiring or requesting care coordination is matched to the most fitting NextLevel Health care coordinator with the required education and experience to address your needs.

Care Manager: Member of your ICMT that helps you with any medical or physical needs or goals you may have. The Care Manager is a nurse that can help you make appointments with your healthcare providers, go with you to your appointments and visit you in the hospital or nursing home, in the emergency department or at your home.

Behavioral Health Specialist: The member of your ICMT that assists you in managing your emotional and mental health by connecting you with counselors and doctors who can meet your needs. The Behavioral Health Specialist works with the Care Manager to coordinate your physical and behavioral health care.

Care Navigator: The member of your ICMT that will reach out to you on a regular basis to provide health information on preventative care such as cancer screenings, flu shots and other needed care and other needed information based on your health screening and/or assessment.

Social Worker: The member of your ICMT that will help connect you with certain supports such as financial help and housing resources and link you to community programs in your neighborhood.

Your ICM Team is here to help you access all of your health benefits and the community resources you need to stay healthy. The Care Team understands that the most important member of the team is YOU. To find out who your ICMT is, contact NextLevel Health at 844-807-9734.

Disease/Health Education Management Programs:

Having some health conditions means you may need more support from NextLevel Health in the form of Care Management, which is provided to Members who have a significant health event and need ongoing help, as well as Members who receive services under a Home and Community Based Services Waiver.

Care Management includes:

- Assessing your current condition
- Addressing your risks and needs
- Assisting in managing your medications
- Ongoing education about your health condition

Care Managers work with you to help you set goals. Each goal is focused on a certain activity, which will help you manage your condition. For more information about our NextLevel Health Care Management program, please contact us at 844-807-9734.

If your condition is ongoing, you may be referred to NextLevel Health's Disease Management program. This program focuses on education regarding your condition and provides you with tools to self-manage your condition. If you believe you would benefit from Disease Management, let your Care Team know. He or she can provide you with more information on NextLevel Health's Disease Management Programs.

Advance Directives:

An advance directive is a written decision you make about your health care in the future in case you are so sick you can't make a decision at that time. In Illinois, there are four types of advance directives:

Healthcare Power of Attorney- This lets you pick someone to make your health care decisions if you are too sick to decide for yourself.

Living Will- This tells your doctor and other providers what type of care you want if you are terminally ill which means you will not get better.

Mental Health Preference- This lets you decide if you want to receive some types of mental health treatments that might be able to help you.

Do Not Resuscitate (DNR) order- This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.

You can get more information on advance directives from your health plan or your doctor. If you are admitted to the hospital they might ask you if you have one. You do not have to have one.

You do not have to have one to get your medical care but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want and you can cancel or change it at any time.

At NextLevel Health we encourage you to think ahead. Advance Directives let your health care providers and important people in your life know what you may want should you be in a situation where you cannot tell them. Our professional staff can supply you with the forms and work with you on how to complete them. It is important to have your wishes known. You can choose to have any one or more of these advance directives if you want. You can also cancel or make changes at any time.



Grievance & Appeals:

We want you to be happy with services you get from NextLevel Health and our providers. If you are not happy, you can file a grievance or appeal.

Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

NextLevel Health takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services, you have received, you should let us know right away. NextLevel Health has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

These are examples of when you might want to file a grievance.

- Your Medicaid provider or a NextLevel Health staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your Medicaid provider or a NextLevel Health staff member was rude to you.
- Your Medicaid provider or a NextLevel Health staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling NextLevel Health at 844-807-9734. You can also file your grievance in writing via mail or fax at:

NextLevel Health
Attn: Grievance and Appeals Dept.
303 W. Madison St., Ste. 800
Chicago, Il 60606
Fax: 312-767-2544

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling Member Services at 844-807-9734, Monday- Friday, 8:00 am- 8:00 pm.

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform NextLevel Health in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Notice of Action” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services

You may not agree with a decision or an action made by NextLevel Health about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within sixty (60) calendar days of the date on our Notice of Action form. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than ten (10) calendar days from the date on our Notice of Action form. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network



Here are two ways to file an appeal. **Medicaid Service Appeals**

- 1) Call Member Services at 844-807-9734, Monday –Friday, 8:00 am-8:00 pm. If you file an appeal over the phone, you must follow it with a written signed appeal request.
- 2) Mail or fax your written appeal request to:

NextLevel Health
Attn: Grievance and Appeals Dept.
303 W. Madison St., Ste. 800
Chicago, IL 60606
Fax: 312-767-2544

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY).

To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2) fill out the Authorized Representative Appeals form. You may find this form on our website at https://nextlevelhealthil.com/wp-content/uploads/2016/05/NLH_AuthRepForm-draft-rev_052617.pdf

Appeal Process

We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

NextLevel Health will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. NextLevel Health may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If NextLevel Health's decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If NextLevel Health's decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when NextLevel Health reviews your appeal.

How can you expedite your Appeal?

If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

How can you withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

NextLevel Health will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call NextLevel Health at 844-807-9734.

What happens next?

After you receive the NextLevel Health appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within thirty (30) calendar days of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

Medicaid State Fair Hearing

If you choose, you may ask for a State Fair Hearing Appeal within one hundred-twenty (120) calendar days of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within ten (10) calendar days of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the NextLevel Health Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information. You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- Visit <https://abe.illinois.gov/abe/access/appeals> to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

Illinois Department of Healthcare and Family Services
Bureau of Administrative Hearings
69 W. Washington Street, 4th Floor Chicago, IL 60602
Fax: 312-793-2005
Email: HFS.FairHearings@illinois.gov

Or you may call 855-418-4421, TTY: (800) 526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of Human Services
Bureau of Hearings
69 W. Washington Street, 4th Floor Chicago, IL 60602
Fax: 312-793-8573 Email: DHS.HSPApeals@illinois.gov

Or you may call (800) 435-0774, TTY: 877-734-7429

Medicaid State Fair Hearing Process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at <http://abe.illinois.gov/abe/access/appeals> you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least three (3) business days before the hearing, you will receive information from NextLevel Health. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to NextLevel Health and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

Continuance or Postponement

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

Failure to Appear at the Hearing

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within ten (10) calendar days from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal. If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

The State Fair Hearing Decision

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as thirty-five (35) days from the date of this letter. If you have questions, please call the Hearing Office.

External Review (for medical services only)

Within thirty (30) calendar days after the date on the NextLevel Health appeal Decision Notice, you may choose to ask for a review by someone outside of NextLevel Health. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

Your letter must ask for an external review of that action and should be sent to:

NextLevel Health
303 W. Madison St., Ste 800
Chicago, IL 60606
Fax: 312-767-2544

What Happens Next?

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and NextLevel Health a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

Expedited External Review

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an expedited external review. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll- free at 844-807-9734. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

NextLevel Health
303 W. Madison St., Ste 800
Chicago, IL 60606

What happens next?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and NextLevel Health know what their decision is verbally. They will also follow up with a letter to you and/or your representative and NextLevel Health with the decision within forty-eight (48) hours.



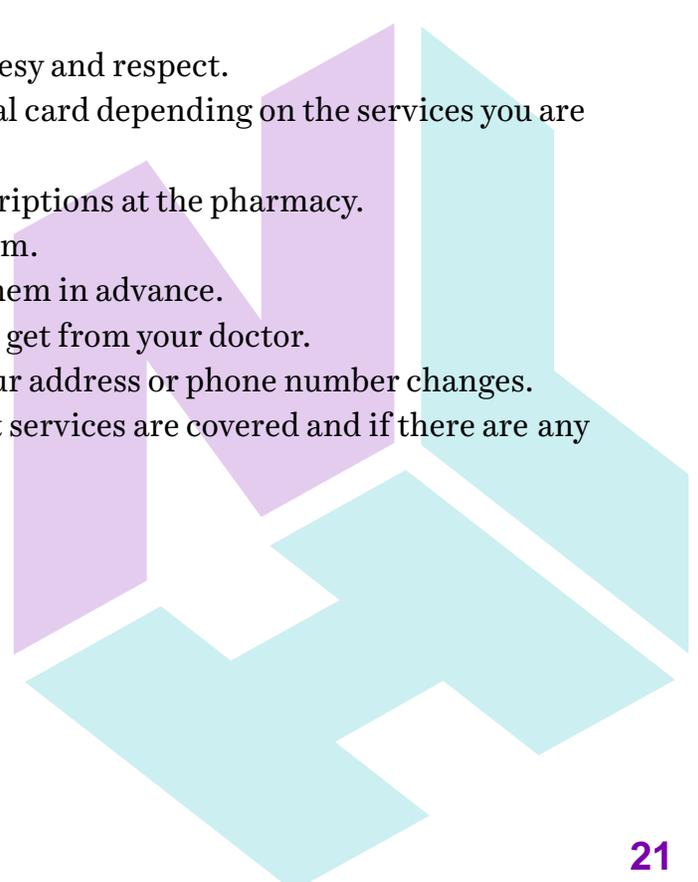
Rights & Responsibilities:

Your rights:

- Be treated with respect and dignity at all times.
- Have your personal health information and medical records kept private except where allowed by law.
- Be protected from discrimination.
- Receive information from NextLevel Health in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your health care treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
- Request and receive in a reasonable amount of time, information about your Health Plan, its providers and policies.

Your responsibilities:

- Treat your doctor and the office staff with courtesy and respect.
- Present your Medicare ID card and HFS medical card depending on the services you are receiving at the time.
- Present your Medicare ID to pick up your prescriptions at the pharmacy.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell your health plan and your caseworker if your address or phone number changes.
- Read your member handbook so you know what services are covered and if there are any special rules.



Fraud, Abuse and Neglect:

Fraud, Abuse and Neglect are all incidents that need to be reported.

Fraud occurs when someone receives benefits or payments they are not entitled to. Some other examples of fraud are:

- To use someone else's ID card or let them use yours.
- A provider billing for services that you did not receive.

Abuse is when someone causes physical or mental harm or injury. Here are some examples of abuse:

- Physical abuse is when you are harmed such as slapped, punched, pushed or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated.
- Financial abuse is when someone uses your money, personal checks or credit cards without your permission.
- Sexual abuse is when someone is touching you inappropriately and without your permission.

Neglect occurs when someone decides to hold the basic necessities of life such as food, clothing, shelter or medical care.

If you believe you are a victim you should report this right away by calling 911 and/or Member Services at NextLevel Health at 844-807-9734.



Definitions:

Activities of Daily Living means basic self-care tasks such as eating, bathing, dressing and toileting that together determine an individual's ability to function independently.

Advance Directives means an individual's written directives or instructions, such as a power of attorney for healthcare or a living will, that lets your wishes about the kind of medical care you would want if you were too ill or hurt to express your wishes.

Appeal means a request for your health plan to review a decision again.

Behavioral Health Specialist means the member of your Care Team who focuses on mental health and behavioral health needs. This includes depression, anxiety, and other mental health conditions, as well as alcohol, drugs, or other substance abuse issues. A Behavioral Health Specialist can also offer you support with finding services for housing, financial assistance, or help reapplying for Medicaid.

Care Coordinator/Care Manager means the member of your Care Team that works for NextLevel Health who focuses on your overall needs and takes care of making appointments, arranging for transportation and other assistance you may need to get medical care.

Care Management means a service offered by NextLevel Health to help you get the care you need and set up services and appointments in order to stay healthy.

Care Navigator means the member of the Care Team that will reach out to you on a regular basis to provide health information on preventative care such as cancer screenings, flu shots and other needed care and other needed information based on your health screening and/or assessment.

Care Team means your Care Team includes your NextLevel Health Care Coordinator/Care Manager, Care Navigator, Behavioral Health Specialist, and Social Worker.

Co-payment means a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Dual Eligible means people who are eligible for both Medicaid and Medicare benefits.

Durable Medical Equipment means equipment and supplies ordered by a health care provider for everyday or extended use.

Emergency Medical Condition means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Services means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services means health care services that your health insurance or plan doesn't pay for or cover.

Plan of Care means a personalized written outline of services and supports that are needed to help you obtain the full range of physical, behavioral health, social and functional service needs including both Medicaid and non-Medicaid services, along with the informal supports necessary to address those needs.

Post Stabilization Services means this service is related to an emergency medical condition and is provided after you are in the hospital to ensure your condition remains stable or continues to improve.

Prescription Drug Coverage means health insurance or plan that helps pay for prescription drugs and medications.

Preventive care means health care that helps you stay healthy and avoid serious illness. This includes services such as get well visits with your doctor or flu shots.

Primary Care Provider means a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Prior Authorization means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called pre-authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Referral means your Primary Care Provider will inform you of other doctors you may need to see who are specialists or experts in areas related to your health needs.

Rehabilitation Services and Devices means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses, or vocational nurses licensed to practice in the State.

Specialist means a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Disclaimers

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement:

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 Alan Gloeckle, Chief of Compliance at (844) 807-9734

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 NextLevel Health's Compliance Officer in person or by phone, mail, fax or email:

Compliance Officer, NextLevel Health
303 W. Madison St., Ste. 800
Chicago, IL 60606
Phone: 1-844-807-9734, TTY: 711, Fax: 312-767-2544
info@nlhpartners.com

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 <https://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- ل ص ت ا ن ا ج م ل ا ب ك ل ر ف و ت ت ي و غ ل ل ا د د ع ا س م ل ا ت ا م د خ ن ا ف ، م غ ل ل ا ر ك ذ ا ث د ح ت ت ن ك ا ا ذ ا : م ت و ح ل م - 9374-807-8441 (مقر: 711) مقر ي (مكبل او مصلا فتاه مقر: 711)

Gujarati- ધાન દા: યદ આપ હિંદી બોલતે હો તો આપકે િલે મુ મ ભાષા સહાયતા સેવાં ઉપલો હો। 1-844-807-9734 (TTY: 711) પર કોલ કરો।

Urdu- 1-844-807-9734 (TTY: 711) یرک لاک - یرب بابتسد یرم تفم تامدخ یرک دم یرک نابز وک پآ و ت ، یرب یر تلوی و درآ پآ رگا : رادریخ - 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- धान दः यद आप हिंदी बोलते ह तो आपके लिए मु म भाषा सहायता सेवां उपलो ह। 1-844-807-9734 (TTY: 711) पर कोल करो।

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).