

# NextLevelHealth Certificate of Coverage





## Introduction

This Certificate contains information that you need to know about your Individual coverage from NextLevel Health Partners (NextLevel Health). You are urged to read this Certificate of Coverage carefully.

The terms WE, US and OUR in this Contract refer to NextLevel Health. When we use the term YOU or YOUR, we are talking about the Subscriber and all Dependents whom we accept for coverage under this Contract.

This Certificate of Coverage explains how your NextLevel Health plan works. It explains the terms, Benefits, conditions, exclusions, and limitations of your coverage. It also includes information about eligibility requirements, enrollment for Benefits, claim procedures and termination provisions.

The Benefits described in this Certificate of Coverage are interpreted and administered according to the provisions and limitations herein. If there are coverage questions, NextLevel Health will base all decisions on the provisions in this Certificate of Coverage.

NextLevel Health reserves the right to modify the terms of the Contract consistent with state and federal laws. When this occurs, you will receive written notification from us, advising you of the changes and the effective date the change will occur.

A handwritten signature in black ink, appearing to read 'Cheryl Whitaker', with a long horizontal flourish extending to the right.

Cheryl Whitaker, MD, MPH  
Chief Executive Officer

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### Claims Information

For questions about Covered Services or claims, please call a Customer Service Representative at the number on your ID card (844) 807-9734. Be sure to have your identification number ready when you call so we can answer your questions promptly.

## Section One: Eligibility and Termination of Coverage

### Beginning Coverage

Before your coverage begins you must be deemed eligible for Medicaid coverage by the State of Illinois (HealthChoice Illinois).

When choosing NextLevel Health, you will not be billed for services. Coverage begins when you receive confirmation of eligibility for Medicaid and you are enrolled in NextLevel Health.

### Who is an Eligible Individual Member?

An eligible person who has enrolled in NextLevel Health pursuant to the contract and confirmed by the State of Illinois HealthChoice program. Medicaid is a jointly funded state and Federal government program that pays for medically necessary services. Medicaid is a jointly funded state and Federal government program that pays for medically necessary services.

Primary services funded through Medicaid are physician, hospital and long-term care. Additional coverage includes drugs, medical equipment and transportation, family planning, laboratory tests, x-rays and other medical services.

### General Medicaid Program Requirements

In order to qualify for this benefit program, you must:

1. Be a resident of the state of Illinois
2. Be a U.S. national, citizen, or a lawful permanent resident
3. Meet income requirements determined by the State of Illinois Medicaid program
4. Either pregnant, a parent or relative caretaker of a dependent child(ren) under age 19, blind, have a disability or a family member in your household with a disability, or be 65 years of age or older.

We will confirm with the state the effective date of coverage for the Subscriber and other eligible family members. If your coverage has changed or you are unsure of your effective date, please call us.

We reserve the right to verify continued eligibility for all Members.

### Coverage

#### Membership Additions

If you wish to add eligible family members after we have accepted your application, he or she must apply for Medicaid and receive confirmation of enrollment.

Once that person has been approved for Medicaid or coverage she or he must choose to enroll in NextLevel Health by taking the steps below:

Requirements for enrolling in NextLevel Health:

- Live in our service area, within Cook County
- Call Client Enrollment Services to let them know that you want to choose NextLevel Health as your Medicaid health plan at 1-877-912-8880 Monday through Friday 8 am to 7 pm Central Time. Or, on Saturdays, from 9 am to 3 pm Central Time. The call is free.
- If you are hearing impaired, you can call TTY 1-866-565-8576.
- **Online:** Visit [enrollhfs.illinois.gov](http://enrollhfs.illinois.gov) to sign up online. Choose a health plan, pick a Primary Care Provider (PCP) and review your information. You'll need your name, date of birth, Medicaid Recipient Identification Number (RIN) and the last 4 digits of your social security number.
- **Mail:** Fill out the enrollment form you received in the mail. Send it to Client Enrollment Services in the envelope provided. The address is below:

Illinois Client Enrollment Services  
PO Box 1337  
Chicago, IL 60690

In most cases, the effective date of coverage for added family members will not be the same as your effective date of coverage.

### **Termination of Coverage**

The state determines if you are eligible for Medicaid based on a review of your needs and other factors.

### **Members' Rights and Responsibilities**

You have the right to:

- Request in writing a copy of our clinical review criteria used in arriving at any denial or reduction of benefits;
- Appeal any adverse determinations based on medical necessity;
- Refuse treatment for any condition, illness, or disease without jeopardizing future treatment.

## **Section Two: Care Provided Outside of the Service Area**

NextLevel Health will reimburse (per Medicaid rates) for out-of-area emergency services. When the Member is stabilized, NextLevel Health would transfer the Member to a contracted hospital facility in the greater Chicago area. If there are services that aren't available in our service area, the health plan would provide authorization at a negotiated case rate at the appropriately determined out of area facility.

## Section Three: Specialty Care

If it is determined by the primary care provider that a specialist physician is needed, the primary care provider will make the referral on behalf of the Member and notify NLH. NextLevel Health will determine if the referral is medically necessary and provide authorization if it is determined to be.

### Emergency Services

If you go to the hospital for emergency care, the hospital's Emergency Department must provide the initial service to include stabilization and treatment if necessary as appropriate.

Emergency services are those services which are for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing an average knowledge of medicine and health could reasonably expect that the absence of immediate attention would result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part.

## Section Four: Member Services

NextLevel Health is here for you when you need us. Our Care Managers are available 24 hours a day, 7 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 are, we want to assist in any way we can.

If you aren't sure if we can help, just ask us. We can help you find resources you need to get support. Your health isn't just about seeing your PCP. It's about making sure every part of your life from housing and finances to your family and personal goals, is in good health. This is all connected, and all impacts your health. NextLevel Health is here to support you as you take the steps to better health.

## Section Five: Primary Care Provider (PCP) and Women's Health Care Provider (WHCP)

A PCP/WHCP is your main health care provider. They also recommend you see special doctors (specialists) when needed. A PCP/WHCP can be a:

- Family or general practitioner
- Pediatrician
- Internist
- Obstetrician/gynecologist (OB/GYN) (for women)
- Nurse Practitioner (NP) or Physician Assistant (PA)

Call your PCP before you get any medical care, unless it is an emergency. You can reach your PCP 24 hours a day at the PCP number on your card. After regular business hours, leave your name and phone number with the answering service. Either your PCP or an on-call doctor will call you back. If you have an emergency, call 911 or go to the nearest ER.

## Section Six: Covered Services

This section, along with the “Exclusions” section, explains health care services for which we will and will not provide benefits. Only medically necessary health care is covered.

Although we do not provide benefits for covered services that do not meet our definition of medical necessity, you and your physician must decide what care is appropriate. The fact that a physician may prescribe, order, recommend or approve a service, treatment or supply does not make it Medically Necessary or a Covered Service and does not guarantee payment. If you choose to receive care that is not a covered service or does not meet our definition of medical necessity, we will not provide benefits for it. NextLevel Health bases its decisions about referrals, prior authorization, medical necessity, experimental services and new technology on federal and state of Illinois requirements for Medicaid programs.

### Covered Services

Type of Care	Description	Benefit Limit	Copay
<b>Medical Services</b>			
Doctor’s Visit	Any appointment to see your doctor. This can be an annual visit or to address a medical problem. For children, any Early, Periodic Screening, Diagnosis and Treatment Services (also known as EPSDT or well-child visits) are covered.	None.	\$0
Specialty Care	If it is determined by the Primary Care Provider that a specialist physician is needed, the Primary Care Provider will make the referral on behalf of the patient and notify NextLevel Health.	None.	\$0
Care received from a community clinic	Community clinics (also known as a Federally Qualified Health Centers or FQHCs) are just like visiting your Primary Care Provider. You can get your annual check-up or get care for a certain health problem.	A doctor will let you know if you need a prior authorization for any service received at a community clinic.	\$0



Type of Care	Description	Benefit Limit	Copay
Emergency Room Visit	If visit is due to a health emergency. Includes post-stabilization services. These services include care you need to maintain a stable condition after an emergency.	None. Prior authorization is not required.	\$0
Hospital Inpatient	If you are admitted to the hospital.	A doctor will let you know if you need to be admitted to the hospital.	\$0
Hospital Outpatient	If you receive care at a hospital or similar facility, but do not need to be admitted.	Your doctor will tell you if you need this service. A prior authorization may be required.	\$0
Ambulatory Surgical Treatment Center Services	A center that focuses on outpatient surgical procedures and services.	Your doctor will tell you if you need this service. A prior authorization may be required.	\$0
Nursing Facility Services	If you need to be admitted to a nursing facility for a short or long term stay.	Your doctor will tell you if you need this service. A prior authorization may be required.	\$0
Advanced Practice Nurse Services	Services provided by nurses who are experts in certain medical specialties.	Your doctor will tell you if you need this service. A prior authorization may be required.	\$0



<b>Medication and Prescription Services</b>			
<b>Type of Care</b>	<b>Description</b>	<b>Benefit Limit</b>	<b>Copay</b>
Brand Prescriptions	This type of medication uses a brand name. Your doctor will know which medication is right for you.	Prior authorization for certain medications may be required. Please check the NextLevel Health preferred drug list, located on the website at NextLevelHealthIL.com.	\$0
Generic Prescriptions	This type of medication is the same as the brand, but usually has a different name. Your doctor will know which medication is right for you.	Prior authorization for certain medications may be required. Please check the NextLevel Health preferred drug list, located on the website at NextLevelHealthIL.com	\$0
Over-the-counter Prescriptions	You can receive certain over-the-counter prescriptions for free, if you get a prescription from your doctor. Contact your Care Coordinator for more information.	You need to get a prescription from your doctor for NextLevel Health to cover over-the-counter medications.	\$0
<b>Behavioral Health and Mental Health Services</b>			
24-hour Behavioral Health Crisis hotline	A service 24 hours a day to connect you immediately to a Behavioral Health Specialist if you are experiencing a crisis.	None.	\$0
Therapy/Counseling	Talk to a health care professional about your emotional and mental health needs and goals.	None.	\$0

Type of Care	Description	Benefit Limit	Copay
Behavioral Health inpatient and outpatient services	Services for behavioral health conditions provided in the hospital, or done with a provider in the community.	Referral required.	\$0
Mental Health Assessment and/or Psychological Evaluation	An evaluation by a mental health practitioner to understand any mental health or psychological needs you may have.	None.	\$0
Mental Health Inpatient Services	If you are admitted to the hospital because of a mental health condition. This can include substance abuse treatment.	Referral required. A doctor will let you know if you need to be admitted to the hospital.	\$0
Mental Health Outpatient Services	If you receive mental health services at the hospital.	Referral required. Your doctor will tell you if you need this service.	\$0
Behavioral Health Day Treatment	Receiving services for a day for mental health or behavioral health conditions.	Referral required. Your doctor will tell you if you need this service.	\$0
Substance Abuse Treatment (drugs and alcohol)	Treatment for a substance problem such as alcohol abuse or drug abuse.	Services included but not limited to: Residential treatment, outpatient, inpatient, day treatment, detoxification and psychiatric evaluation services.	\$0
Crisis Intervention and Screening	Assistance from a mental health professional if you are having a mental health crisis	None.	
Community-based services	Includes community treatment and support in a one-on-one, family or group setting. Also includes intensive outpatient programs.	None.	

Type of Care	Description	Benefit Limit	Copay
Long term residential care	A long-term inpatient program to treat behavioral health and mental health conditions.	Prior Authorization required. Your doctor will tell you if you need this service.	\$0
<b>Preventive Care</b>			
Early Periodic Screening, Diagnosis and Treatment Services (EPSDT or well-child visits)	Doctor's visits for those under age 21 years which includes ongoing assessment of growth and needed vaccinations (shots) and other treatments.	None.	\$0
Cervical cancer screening	Test to screen for cancer in the cervix. The cervix is part of a reproductive system.	None.	\$0
Mammogram	Image of the breast to screen for possible cancer.	None.	\$0
Prostate cancer screening	Exam to screen for prostate cancer in men. The prostate is a gland that is part of a man's reproductive system.	Covered for men 40 years or older who are at risk; covered for all men 50 or older.	\$0
Flu Shot	This is a shot during flu season that will help you stay healthy.	None.	\$0

Type of Care	Description	Benefit Limit	Copay
<b>Family Planning Services</b>			
Maternity Care	This includes care for women during pregnancy. Women need check-ups before and after babies are born. Be sure to tell your Care Coordinator if you are pregnant.	Your doctor will tell you if you need this service.	\$0
Family Planning	<ul style="list-style-type: none"> <li>• Contraception to prevent pregnancy</li> <li>• HPV vaccination</li> <li>• Pap test and any follow- ups for abnormal Pap tests</li> <li>• HIV testing</li> <li>• Other procedures to permanently prevent pregnancy. This includes a vasectomy and “tying tubes”.</li> </ul>	Your doctor will help you decide if these services are needed.	\$0
<b>Care for Your Teeth, Eyes and Ears</b>			
Dental Members under 21 years old	<p>Care for your teeth. It is important for overall health to be sure your teeth are healthy.</p> <p>Two (2) cleanings and exams per year (Every six months)</p> <ul style="list-style-type: none"> <li>• Emergency dental services for relief of pain or infection</li> <li>• Services for restoration of teeth</li> <li>• Services to maintain oral health</li> <li>• Instruction on self-care oral hygiene</li> </ul>	None.	\$0
Dental Members age 21 and older	<p>This is care for your teeth. It is important for overall health to be sure your teeth are healthy.</p> <ul style="list-style-type: none"> <li>• Two (2) cleanings and exams per year (Every six months)</li> <li>• One set of preventive x- rays per year</li> <li>• Emergency dental services</li> </ul>	Prior authorization required.	\$0

Type of Care	Description	Benefit Limit	Copay
Dental Practice Visits	Certain Members with disabilities and/or a mental health condition may need a practice visit to feel comfortable at the dentist. This can be arranged if needed.	Prior authorization required.	\$0
Orthodontia	If braces or other dental equipment is needed. Covered for individuals under age 21 years old if medically necessary.	Prior authorization required.	\$0
Root canals and crowns	Dental services to fix your teeth, if medically necessary for those 21 years and younger.	Prior authorization required.	\$0
Eye Exams	Get an eye exam to see if you need glasses.	One eye exam per year.	\$0
Eye glasses	One pair of eyeglasses every 2 calendar years.	\$50 allowance for glasses from a licensed provider. Prior authorization required.	\$0
Hearing Exam	Exam to test your hearing.	None	\$0
Hearing Aid or cochlear implant	A device to assist your hearing.	Prior authorization required.	\$0
<b>Transportation Services</b>			
Ambulance or emergency transportation	Transportation by a covered medical ambulance or other type of emergency vehicle that is medically necessary.	None.	\$0

Type of Care	Description	Benefit Limit	Copay
Non- emergency Transportation	If you aren't able to arrange a ride to your doctor, your Care Manager can assist you.	Transportation authorized by your Care Manager through an in-network provider. Includes transportation to the Pharmacy to get medications. 48 advance notice required.	\$0
<b>Waiver Services</b>			
Elderly Waiver Also known as: Aging Waiver or Community Care Program	This waiver includes additional services you may qualify for to help you live in the community. This includes: <ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Homemaker Services</li> <li>• Personal Emergency Response System</li> </ul>	You need to meet certain qualifications to receive these types of services. Your Care Team will help you apply for these services if you qualify.	\$0
Persons with Disabilities Waiver Also known as: Physical Disabilities Waiver or Home Services Program (HSP)	This waiver includes additional services you may qualify for to help you live in the community. This includes: <ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Environmental Accessibility Adaptions for the Home</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Homemaker Services</li> <li>• Nursing- skilled</li> <li>• Nursing- intermittent</li> <li>• Personal Assistant</li> <li>• Personal Emergency Response System</li> <li>• Physical, Occupational and Speech Therapy Respite</li> <li>• Specialized Medical Equipment and supplies</li> </ul>	You need to meet certain qualifications to receive these types of services. Your Care Team will help you apply for these services if you qualify.	\$0

Type of Care	Description	Benefit Limit	Copay
<p>Persons with Brain Injury Waiver Also known as: Brain Injury Waiver, Traumatic Brain Injury Waiver, or Home Services Program (HSP)</p>	<p>This waiver includes additional services you may qualify for to help you live in the community. This includes:</p> <ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Behavioral Services</li> <li>• Day Habilitation</li> <li>• Environmental Accessibility Adaptions for the Home</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Homemaker Services</li> <li>• Nursing- skilled</li> <li>• Nursing- intermittent</li> <li>• Personal Assistant</li> <li>• Personal Emergency Response System</li> <li>• Physical, Occupational and Speech Therapy</li> <li>• Prevocational Services</li> <li>• Respite</li> <li>• Specialized Medical Equipment and supplies</li> <li>• Supported Employment</li> </ul>	<p>You need to meet certain qualifications to receive these types of services. Your Care Team will help you apply for these services if you qualify.</p>	<p>\$0</p>
<p>People with HIV or AIDS Waiver Also known as: AIDS Waiver or Home Services Program (HSP)</p>	<p>This waiver includes additional services you may qualify for to help you live in the community. This includes:</p> <ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Environmental Accessibility Adaptions for the Home</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Homemaker Services</li> <li>• Nursing- skilled</li> <li>• Nursing- intermittent</li> <li>• Personal Assistant</li> <li>• Personal Emergency Response System</li> <li>• Physical, Occupational and Speech Therapy</li> <li>• Respite</li> <li>• Specialized Medical Equipment and supplies</li> </ul>	<p>You need to meet certain qualifications to receive these types of services. Your Care Team will help you apply for these services if you qualify.</p>	<p>\$0</p>



Type of Care	Description	Benefit Limit	Copay
Supportive Living Program Waiver (SLP) Also known as: Supportive Living Facility Waiver (SLF)	SLFs includes the following covered Services: <ul style="list-style-type: none"> <li>• Nursing Services</li> <li>• Personal Care</li> <li>• Medication administration, oversight and assistance in self-administration</li> <li>• Laundry</li> <li>• Housekeeping</li> <li>• Maintenance</li> <li>• Social and recreational programming</li> <li>• Ancillary Services</li> <li>• 24 Hour Response/Security staff</li> <li>• Health Promotion and Exercise</li> <li>• Emergency Call System</li> <li>• Daily Checks</li> <li>• Quality Assurance Plan</li> <li>• Management of Resident Funds, if applicable</li> </ul>	You need to meet certain qualifications to receive these types of services. Your Care Team will help you apply for these services if you qualify.	\$0
<b>Other Medical Services</b>			
Blood, blood components and related services	You may need blood as a result of a medical condition.	Your doctor will tell you if you need this service.	\$0
Chiropractic Services	Services for the back and spine. Covered for members under the age of 21.	Prior authorization required.	\$0
Dialysis	Treatment for kidney disease. Dialysis performs some of the functions of a healthy kidney.	Covered for those who have kidney disease.	\$0
Home Health Care	Help in your home. This could be a nurse, or someone who provides physical therapy.	Your doctor will tell you if you need this service.	\$0
Hospice Care	End of life care. This is care that is needed if you have a serious illness.	Prior authorization required.	
Hysterectomy	When a uterus is removed. This is a surgical procedure.	Only covered if your doctor believes it is necessary.	

Type of Care	Description	Benefit Limit	Copay
Radiology	Images taken of your body. For example, an x-ray to see if you have a broken bone.	Your doctor will tell you if you need this service.	\$0
Laboratory Services	This covers a range of tests your doctor may request, such as a blood test.	Your doctor will tell you if you need this service.	\$0
Medical Equipment and Supplies	This includes items you may need for your health, such as a wheelchair or oxygen.	Prior authorization required.	\$0
Occupational Therapy	Helps you perform your daily activities.	Prior authorization is required. Your doctor will tell you if you need this service.	\$0
Observation	If your health condition needs to be monitored in the hospital, but you do not need to be admitted.	Your doctor will tell you if you need this service.	\$0
Physical Therapy	Help with movement. For example, this service would help you after an injury.	Prior authorization is required. Your doctor will tell you if you need this service.	\$0
Podiatry	Foot care. Covered for Members under the age of 21 and for diabetic members age 21 and over. Diabetic members receive routine foot care and orthopedic shoes every two years.	Prior authorization required.	\$0
Speech Therapy	Help with speaking and language skills.	Prior authorization is required. Your doctor will tell you if you need this service.	\$0
Sterilization Procedures	Procedure that prevents pregnancy. This can be for both men and women. This type of procedure is permanent.	Your doctor will have you complete forms. These forms make sure you understand the procedure and give your consent.	\$0
Ultrasound	Type of image used by doctors to see what's happening inside the body. Typically used for women during pregnancy.	Only covered if your doctor believes it is necessary.	

## Limitations on Covered Services.

The following services and benefits shall be limited as Covered Services:

Termination of pregnancy may be provided only as allowed by applicable State and federal law (42 CFR Part 441, Subpart E). In any such case, the requirements of such laws must be fully complied with and HFS Form 2390 must be completed and filed in the Enrollee's medical record. Termination of pregnancy shall not be provided to Enrollees who are eligible under the State Children's Health Insurance Program (215 ILCS 106).

Sterilization services may be provided only as allowed by State and federal law (see 42 CFR Part 441, Subpart F). In any such case, the requirements of such laws must be fully complied with and a HFS Form 2189 must be completed and filed in the Enrollee's medical record.

If a hysterectomy is provided, a HFS Form 1977 must be completed and filed in the Enrollee's medical record.

## Section Seven: Non-Covered Services

This section, along with the "Covered Services" section, explains the types of health care services that are not Covered Services. Deceased people are not eligible for services. Services and supplies not covered include, but are not limited to, the following:

Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment;

Services that are provided through a Local Education Agency (LEA); Services that are experimental or investigational in nature;

Services that are provided by a non-Affiliated Provider and not authorized by Contractor, unless this Contract specifically requires that such services be Covered Services;

Services that are provided without a required Referral or prior authorization as set forth in the Provider Handbook;

Medical and surgical services that are provided solely for cosmetic purposes; Diagnostic and therapeutic procedures related to infertility or sterility;

Early intervention services, including case management, provided pursuant to the Early Intervention Service System Act; and

Services funded through the Juvenile Rehabilitation Services Medicaid Matching Fund.

## Section Eight: Grievances and 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 provider or an 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 provider or an NextLevel Health staff member was rude to you.
- Your provider or an 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

- 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

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

## Can someone help you with the appeal process?

You have several options for assistance. You may:

- 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](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.

### **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](mailto: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](mailto:DHS.HSPApeals@illinois.gov)  
Or you may call (800) 435-0774, TTY: (877) 734-7429

### **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 <https://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 healthcare 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.
- Choose your own primary care provider (PCP) from the NextLevel Health. You can change your PCP at any time.
- 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.
- Carry your NextLevel Health ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- 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.

## Section Nine: Definitions

Health care can be complicated. NextLevel Health is here to help. Below are words that are used throughout this Certificate of Coverage and their definitions. If you ever have trouble understanding this Certificate of Coverage or your benefits, contact us. We can be reached at 1-844-807-9734, or if you're hearing impaired at Illinois Relay 711.

**Appeal** A request for a review of our initial decision, a decision on a registered complaint, or determination of medical necessity.

**Durable Medical Equipment** Equipment that meets all of the following criteria:

- Can withstand repeated use;
- Is used only to serve a medical purpose;
- Is appropriate for use in the patient's home;
- Is not useful in the absence of illness, injury, or disease; and
- Is prescribed by a physician.

Durable medical equipment does not include fixtures installed in your home or installed on your real estate.

**Grievance** Health care services that your health insurance or plan doesn't pay for or cover.

**Home Health Agency** an institution that meets both of the following requirements:

- Licensed as a home health agency; and
- Meets federal and State standards for participation.

**Hospice** A facility that meets both of the following requirements:

- Licensed as a hospice; and
- Meets federal and State standards for participation.

**Hospital** An institution that is duly licensed by the state of Maine as an acute care, rehabilitation or psychiatric hospital.

**Inpatient** A registered bed patient who occupies a bed in a hospital, skilled nursing facility, or residential treatment facility. A patient who is kept overnight in a hospital solely for observation is not considered a registered inpatient. This is true even though the patient uses a bed. In this case, the patient is considered an outpatient.

**Inpatient Stay** One period of continuous, inpatient confinement. An inpatient stay ends when you are discharged from the facility in which you were originally confined. However, a transfer from one acute care hospital to another acute care hospital as an inpatient when medically necessary is part of the same stay.

**Medicaid** Title XIX of the United States Social Security Act, Grants to States for Medical Assistance Programs.

**Medically Necessary Health Care** Health care services or products provided to a member for the purpose of preventing, diagnosing or treating an illness, injury or disease or the symptoms of an illness, injury or disease in a manner that is:

- Consistent with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration;
- Demonstrated through scientific evidence to be effective in improving health outcomes;
- Representative of “best practices” in the medical profession; and
- Not primarily for the convenience of the member or physician or other health care practitioner.

The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

**Member** The subscriber and all family members who are eligible for coverage and who we accept for coverage under this Contract.

**Network Providers** Health Care Providers that have a written agreement with NextLevel Health to furnish health care services under this Contract. Also referred to as participating Providers.

**Non-Network Providers** Health Care Providers that do not have a written agreement with NextLevel Health to furnish health care services under this Contract. Also referred to as non-participating Providers. Providers who have not contracted or affiliated with our designated Subcontractor(s) for the services they perform under this plan are also considered Non-Network Providers.

**Orthotic Device** A device that restricts, eliminates, or redirects motion of a weak or diseased body part.

**Our** See definition of “We, Us, or Our.”

**Outpatient** A patient who receives services at a provider and who is not a registered inpatient or a day treatment patient. A patient who is kept overnight in a hospital solely for observation is considered an outpatient. This is true even though the patient uses a bed.

**Pharmacy** Any retail establishment operating under a license and in which a registered pharmacist dispenses prescription drugs.

**Physician** See definition of “Professional.”



**Prescription Drugs** A narcotic or medicine approved by the federal Food and Drug Administration (FDA) for use outside of a hospital dispensed under a physician's written order. Prescription drugs are: required by state law to be dispensed only with a prescription; required by law to display the notice, "Caution: Federal law prohibits dispensing without a prescription"; any other drug we may approve through our drug approval process.

**Prostheses** Prostheses are appliances that replace all or part of a body organ (including contiguous tissue) or replace all or a part of the function of a permanently inoperative, absent, or malfunctioning body part.

**Provider** A licensed health care institution, facility, agency, or an independently billing, licensed health care specialist acting within the scope of his or her license. Only the following Providers are eligible for payment under this Contract:

- Acute-care Hospitals
- Skilled nursing facilities
- Rural Health Centers
- Home health agencies
- Ambulatory surgery centers
- Hospices
- Community Mental Health Centers
- Substance Abuse Treatment Facilities
- Licensed pharmacies
- Acute care psychiatric and rehabilitation Hospitals
- Independent laboratories
- Freestanding Imaging Centers
- Family planning agencies
- Durable Medical Equipment Providers
- Home infusion Providers
- Other Providers that have written participating agreements with us;
- Other Providers, as required by law.

### **Physicians**

- Doctor of Medicine
- Doctor of Osteopathy

## Other Professionals

- Doctor of Optometry
- Doctor of Chiropractic
- Doctor of Podiatry
- Doctor of Dentistry
- Doctor of Psychology
- Independent Practice Dental Hygienist
- Licensed Audiologist
- Licensed Psychiatric Nurse Specialist
- Licensed Clinical Social Worker
- Licensed Clinical Professional Counselor
- Licensed Marriage and Family Therapist
- Licensed Pastoral Counselor
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Registered Nurse
- Licensed Practical Nurse
- Certified Nurse Midwife
- Ambulance Services
- Other Professionals that have written participating agreements with us;
- Other Professionals as required by law.

**Radiation Therapy** The use of high energy penetrating rays to treat an illness or disease.

**Reconstructive Procedure** Procedures performed on structures of the body to improve or restore bodily function or to correct deformity when there is functional impairment resulting from disease, trauma, previous therapeutic process, or congenital or developmental anomalies.

**Sitter/Companion** A person who provides short-term supervision of hospice patients during the temporary absence of family members.

**Skilled Nursing Facility (SNF)** An institution that meets all of the following requirements:

- Licensed as a skilled nursing facility;
- Accredited in whole or in a specific part as a skilled nursing facility for the treatment and care of inpatients;
- Engaged mainly in providing skilled nursing care under the supervision of a physician in addition to providing room and board;
- Provides 24-hour-per-day nursing care by or under the supervision of a registered nurse (RN);
- Maintains a daily medical record for each patient;
- Is a freestanding unit or a designated unit of another licensed health care facility; and
- Meets our standards for participation.

**Specialist Service** A service by a professional practicing in specialty areas such as cardiology, neurology, surgery, and other specialties.

**Stabilize** means, with respect to an Emergency Medical Condition: To provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility. With respect to a pregnant woman who is having contractions, the term “stabilize” also means to deliver (including the placenta), if there is inadequate time to effect a safe transfer to another hospital before delivery or transfer may pose a threat to the health or safety of the woman or the unborn child.

**Subcontractor** An organization or entity that provides particular services in specialized areas of expertise. Examples of subcontractors include, but are not limited to, prescription drugs, mental health/ behavioral health and substance abuse services. Such subcontracted organizations or entities may make benefit determinations and/or perform administrative, claims paying, or customer service duties on our behalf.

**Subscriber** The person who applied for coverage under this Contract and whose application and payment of required subscription charges we have accepted.

**Substance Abuse** The misuse, excessive use, or improper use of alcohol or drugs to the extent that such use contributes to physical, mental, or social dysfunction, regardless of origin.

**Substance Abuse Treatment Facility** A residential or nonresidential institution that meets all of the following requirements:

- Licensed or certified as a substance abuse treatment facility;
- Provides care to one or more patients for alcoholism and/or drug dependency; • Is a freestanding unit or a designated unit of another licensed health care facility; and
- Meets our standards for participation.

**Surgical Assistant** A physician (Doctor of Medicine or Osteopathy) or dentist (Doctor of Dental Medicine or Dental Surgery), or other qualified professionals as permitted by law and recognized by us who actively assists the operating surgeon in performing a covered surgical service.

**Surgical Service** A service performed by a professional acting within the scope of his or her license that is:

- A generally accepted operative and cutting procedure;
- An endoscopic examination or other invasive procedure using specialized instruments; or
- The correction of fractures and dislocations.

**Telemedicine** The use of interactive audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of audio-only telephone, facsimile machine, or e-mail

**Terminal Illness** A terminal illness exists if a person becomes ill with a prognosis of 12 months or less to live, as diagnosed by a physician.

**Treatment of Autism Spectrum Disorders** The following types of care prescribed, provided or ordered for an individual diagnosed with autism spectrum disorder:

(1) Habilitative or rehabilitative services, including applied behavior analysis or other professional or counseling services necessary to develop, maintain and restore the functioning of an individual to the extent possible. To be eligible for coverage, applied behavior analysis must be provided by a person professionally certified by a national board of behavior analysts or performed under the supervision of a person professionally certified by a national board of behavior analysts;

(2) Counseling services provided by a licensed psychiatrist, psychologist, clinical professional counselor or clinical social worker; and

(3) Therapy services provided by a licensed or certified speech therapist, occupational therapist or physical therapist.

**Utilization Management** The process we use to determine the medical necessity, appropriateness, efficacy or efficiency of health care services. Techniques include inpatient admission review, continued inpatient stay review, discharge planning, post admission review and case management.

## 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:

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](mailto: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**- لصتا .ن اجملاب لكل رفاوتت تيموغللا ءدعاسملا تامدخ نإف ،ةغللا ركذا ثدحتت تنك اذإ :نظوحلم- 9374-807-8441 (مقرب :مكبلاو مصلا فتاه مقرب :711)

**Gujarati**- ધાન દર્શ: યદ આપ ંહદી બોલતે હો તો આપકે િલે મું મં ભાષા સહાયતા સેવાં ઉપલં હં। 1-844-807-9734 (TTY: 711) પર કોલ કરં।

**Urdu**- 1-844-807-9734 (TTY: 711) یرک لاک - یرب بایتسد یرم تفم تامدخ یرک دم یرک نابز وک پآ وت ،یرب یر تلوب ودرآ پآ رگا :رادربخ- 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 दर्श: यदि आप हिंदी बोलते हैं तो आपके लिए मुं मं भाषा सहायता सेवां उपलं हं। 1-844-807-9734 (TTY: 711) पर कॉल करं।

**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).