

Provider Memorandum

Claims Submission, Claims Disputes & Reconsideration Guidelines

As you know, NextLevel Health ceased operations on June 30, 2020, and its Medicaid membership transitioned to Meridian Health effective July 1, 2020. NextLevel Health has continued to maintain claims operations to process remaining claims run-off and to address outstanding provider accounts receivable.

NextLevel Health (NLH) is now in the process of the final closeout of its operations. As you are aware, timely filing guidelines allow up to 180 days from the date of service to submit claims. Therefore, providers will have until December 31, 2020 to submit claims with date of service June 30, 2020. However, we are asking providers to **please submit ALL claims as soon as possible** to ensure enough time for any claims dispute research. Clean claims and/or claim disputes that have met the appropriate timely filing guidelines received on or before December 31, 2020 will continue to be processed until resolution.

NextLevel Health requires all providers to meet specific claim submission and reconsideration standards to facilitate payment. This guide reiterates the NLH claims submission process and claims dispute process to be utilized for consideration of reimbursement of services rendered prior to 7/1/2020. To ensure claim consideration, providers are required to follow the below guidelines when submitting Account Receivables (AR) inquiries and/or claims dispute consideration requests. **Please note, NLH is no longer considering claims with dates of service for 2016 and 2017. Claims with dates of services 2018 through June 30, 2020 may be considered, depending on all timely filing and claims disputes processes and guidelines being properly met.**

Claim Submission Process

- Claims Submission for all claims with dates of service of June 30, 2020 and before still need to be submitted to NextLevel Health through our normally established channels. Please visit our claims webpage found [HERE](#) for additional information.

- Providers should route their claims through “Change Healthcare” (formerly Emdeon).
- Our Payer ID for Change Healthcare is 81085
- While electronic submission is preferred, all paper claims and encounters (except for pharmacy and dental claims) should be submitted to: NextLevel Health Attn: Claims Dept P.O. Box 5050 Farmington, MO 63640-5050.

If a provider has an inquiry regarding incorrectly processed claims, they must utilize the NLH AR research template. A copy of the template can be found [HERE](#)

Please note: Claims with dates of service of July 1, 2020 and after need to be submitted to Meridian Health Plan of Illinois. Information regarding the Meridian claims process can be found at:

<https://corp.mhplan.com/en/provider/illinois/meridianhealthplan/benefits-resources/tools-resources/billing-payments/>

Corrected Claims Process

Providers must submit a valid corrected claim when changing or adding information, such as a modifier, taxonomy, NPI or procedure code.

- **Steps for submitting a corrected claim:**
 - Utilize the regular claims submission process, but you must **ensure that it is marked as a corrected claim**. (Bill Type for UB, 7 in the third digit for “frequency” or CMS 1500, frequency 7 – for replacement of prior claim)

- **Always** include the original claim number in its entirety for all corrected claim submissions.
- **Ensure** that the corrected claim is submitted/received by NLH within the timely filing guidelines
 - *Corrected claims must be received within 90 calendar days from the date of notification of payment or denial is issued.*
- **Do not** submit corrected claims through the claim's dispute/reconsideration process.

****Please note** that you are able to submit corrected claims via the Portal, Mail, or EDI. Refer to our provider manual (found on our [NLH Provider Materials & Resources webpage](#)) or billing guidelines for other claims related topics.

Claims Dispute Process & Reconsideration Guidelines

NLH prefers that providers submit claim disputes via our [secure provider portal](#). All claim disputes must abide by the following requirements to qualify for reconsideration:

- **All** claims disputes must have evidence of timely dispute being filed. Disputes must have been filed within 90 calendar days from the date of notification or denial being issued. Claim disputes should be submitted via the secure provider portal referenced above.
- **Once a claim dispute is filed** within timely filing guidelines, all claims affiliated with the dispute should be entered on the NLH AR research template and sent to NLH via email at provider.services@nlhpartners.com.
- **Only** the claims submitted on the [NLH AR research template](#) spreadsheet will be considered.
- **Allow** at a minimum 30 days after submission for research to be conducted.
- For any status updates, please submit those inquiries and timely evidenced to provider.services@nlhpartners.com.

Please contact customer services at 833-275-6547 should you have any additional questions. NLH values and appreciates the services you provided to our Members. Thank you for working together with us and for your continued support.