AGENDA

• Billing Instructions
• Claims Adjudication
• Reimbursement Methodology
• Provider Portal
• Provider Claim Disputes
• Discharge Planning
• Utilization Review
• Issue Escalation
• MCO Website
Welcome & Introductions

Bruce Wegner, VP of Claims Operations

Sheon K. MacNeill, VP of Integrated Care Management

Theodore W. Dixon, VP of Provider Network
Billing Instructions

Medicaid FFS Billing Requirements

• NextLevel Health (NLH) requires providers to submit claims in adherence to the Medicaid FFS billing requirements for all hospital services.

• NLH uses the Optum pricer for APR-DRG and EAPG pricing.

Process for New or Revised Medicaid FFS Billing

• As new or revised instructions are provided by the state, we review the changes and submit cases with our processing vendor as needed to enforce the new rules.
Claims Adjudication

Electronic Claims Transactions
• We support 837P, 837I and 837D (Liberty Dental), NC PDP for Rx transactions (MeridianRx), Routine vision through Envolve/Opticare.

System Issues affecting Claims
• If there are processing anomalies specific to a provider or a handful of providers, we will have our Provider Services staff perform outreach with the information needed to address the issue(s).
• Internal staff will review claims data on a daily basis and we submit cases to our vendor to remediate identified errors.
• Any system issues reviewed in our weekly meetings will be given to the Provider Services department to perform outreach.
Reimbursement Methodology

HFS EAPG/APR DRG Reimbursement

• We follow HFS’ APR-DRG and EAPG rates, and we utilize the Optum pricer.

Process for Updates to Grouper/Pricer

• NLH updates the pricer as needed based on changes indicated by the State, and we periodically audit claims using the State-supplied pricers to confirm accuracy of the base APR-DRG calculated payment rates before add-ons.
Claims = Encounters
Helpful Hints to Successful Billing

- Submit electronic claims whenever possible
- Contact NLH if you are experiencing inappropriate clearinghouse rejects
- NLH follows HFS data requirements for billing, except we only recognize 837 transaction sets
- Follow HFS requirements for taxonomy code submission
- Verify the claim days billed agrees with the service auth from NLH
- Submit covered and non-covered days as appropriate (Value codes 80/81)
- Submit NDC codes on outpatient drugs as required
Current Provider Portal Functionality

The current NLH Portal provides current contracted providers with the ability to check/see:

• Member Eligibility
• Care Plan Review
• Medical and medication history
• Pharmacy claims

*NextLevel Health is scheduled to meet 2018 portal requirements as defined by HFS in January 2018.
Compliant with HFS Network Adequacy Requirements

- Investment in Technology – Quest Analytics™

Large Medical/ IPA Agreements

- Sinai Medical Group, UIC Physicians, Century PHO, LaRabida, University of Chicago, and Lurie Children’s Hospital

19 Direct Contracts with FQHC Partners with a total of 82 locations.

- In process of expanding FQHC footprint to all Cook County safety net providers

支付改革和基于价值的支付

通过安全网和当地社区提供者提供护理

我们拥有提供者网络规模

- 1,536 PCPs
- 5,863 专家，包括行为健康
- 25 医院
- 2,752 设施
- 166 Waiver Providers
Provider Relations Contact Information

Direct E-Mail: provider.services@nlhpartners.com
Direct Toll Free Number: 888-NLH-PROV
Provider Service Fax Number: 312-724-9256
Address: 303 W. Madison, Chicago, IL 60606
Provider Claim Disputes

Claim Disputes Process

1. All appeals related to payment of Provider claims for compensation for services rendered to Members must be made in writing and delivered to NextLevel Health within ninety (90) days of the date Provider receives the applicable Explanation of Payment or Remit Advice.

   • Provider’s failure to deliver to NLH a written appeal of NLH’s decision as to any claim for compensation within the ninety (90) day period shall automatically waive Provider’s and Sub providers’ right to appeal and the decision shall automatically be deemed final and un-appealable.

   • In the event a provider wishes to dispute or appeal an adjudicated claim, the provider is directed to provide NextLevel Health with a written communication identifying their decision to appeal an adjudicated service.

2. The appeal must be submitted to the following address:

   NextLevel Health
   ATTN: PROVIDER APPEALS P.O. Box 830700
   Birmingham, AL 35283
3. Providers are required to attach a copy of the original Explanation of Payment (EOP) highlighting the line item(s) being appealed.
   • Additionally provide the name of a contact person, a contact phone number and/or email for any follow up questions that arise through the review of the appeal process.

4. Once the claim adjudication appeal is received by NextLevel the Provider will be notified that an appeal has been received.

5. NextLevel Health will provide a resolution on the appeal within thirty (30) days from the date of receipt from the member/provider.

6. NextLevel will provide a written resolution to the appeal either upholding the original adjudication or providing notification of steps to correct the claim according to the requested change or a combination of both.

7. Providers that wish to continue to appeal shall have the right to continue the appeal until resolution can be determined to the satisfaction of the parties.
Service Authorization Disputes

- When medical necessity is questioned, or when clinical information is required to make a decision about a service authorization that has been requested (but not received), the case is referred within the appropriate time frames, and to the appropriate Medical Director for necessity medical review and determination.

- The Medical Director makes the determination and documents the results of the medical necessity review.

- NLH utilizes current editions of InterQual® criteria, along with medical policies, and clinical utilization management guidelines to review the medical necessity and appropriateness of physical health services, unless superseded by State requirements or regulatory guidance.
Discharge Planning

• Our Integrated Care Management Department manages transition of care for members discharged from the hospital or other institutional settings.

• Our Transition of Care Team (TOCT) in collaboration with Utilization Management unit, will provide care management assistance to hospitals by securing timely transfers for our members from non-network hospitals, to contracted facilities, and will ensure proper post-acute placement.
Discharge Planning

• Our Interdisciplinary Transition of Care Team (IDCT) designs and implements the transition of care plan, provides oversight, and manages all transition of care processes.

• The IDCT team consists of skilled personnel, with knowledge and experience in transitioning members from hospital to home, community settings, or extended levels of care.

• The IDCT team interacts with members whose needs are deemed critical for transition of care by assessing the Member's' service needs, identifying the Members' current Providers, and identifying the gaps in care.

• The Medical Director also participates as needed to ensure member transfers are to the most appropriate facility, and in the most time efficient process as possible.
Concurrent Review

Concurrent Review Process

• Within 24-hrs of being notified of an NLH member admission to a hospital, the Utilization Management Concurrent Review Nurse works in collaboration with the Transition of Care Team (TOCT) to review the member’s clinical information and discharge plan.

• Next, the TOCT team continues ongoing conversations with the facility, to ensure safe and efficient transition for the member to a home, or an extended care facility, (including any needed durable medical equipment) follow up appointments, or home health care.

• Within 24-hours post-discharge, the TOCT team also notifies the assigned care manager to continue post-discharge follow up as necessary.

Criteria Used/ Peer-to-Peer Process

• NLH utilizes current editions of InterQual® criteria, along with medical policies, and clinical utilization management guidelines to review the medical necessity and appropriateness of physical health services, unless superseded by State requirements or regulatory guidance.
Concurrent Review cont.

• NLH’s utilization management process is designed to allow the provider to review the Prior Authorization Requirements and access the Prior Authorization Forms online.

• Our form can be submitted electronically to the Utilization Management Prior Authorization decision line twenty-four hours a day, 7 days a week.

• In addition, medical records can also be attached with the request to ensure efficient review and decision making.

• UM Contact: P: 773-338-8093 F: 224-231-0070 (Fax only for prior authorizations).

• UM Hours: 7:30am – 5:30pm Monday – Friday.

• NextLevel Health is looking to extend our business hours to late evenings and some Saturday hours.
Provider Issue Escalation

Step 1
Call your Provider Services representative

Step 2
Provider Services Hotline
886-654-7768 or email
Provider.Services@nlhpartners.com

Step 3
You will receive a call back within 1-2 business days

Step 4
Contact Provider Physician Manager – Jocelyn Carroll
Jocelyn.carroll@nlhpartners.com

Step 5
If issue is still unable to be resolved please contact
Contract Manager – Tina Barksdale at
Tina.Barksdale@nlhpartners.com

NextLevelHealthIL.com
Claims Issue Escalation

Step 1
Claims.Administration@nlhpartners.com
(You will receive a response within 24-hours)
or
Provider Service Representative

Step 2
Member Services
Members@nlhpartners.com
844-807-9734
or
Provider Services
Provider.Services@nlhpartners.com
888-NLH-PROV (654-7768)

Step 3
An issue ticket will be generated

Step 4
Claims Manager
Vatisha Hammick
Vatisha.Hammick@nlhpartners.com

Step 5
Contact VP of Claims Management
Bruce Wegner
312-300-5780 x 494
Utilization Management Issue Escalation

Step 1
Referral Specialist
773-338-8093
UM@nlhpartners.com
or
Provider Services Representative

Step 2
Inpatient Manager
Toyin Ogbomo
312-468-3162
or
Outpatient Manager
Faustina Koomson
312-468-3220

Step 3
Contact Director
Regina Porter
312-300-5780 x 120

Step 4
Contact VP of Integrated Care Management
Sheon MacNeill
312-300-5780 x 221
Providers Materials

NextLevelHealthIL.com

Go to Materials and Resources section of the “For Providers” tab to find:

• Current Provider Manual
• Provider Directory
• Provider Services Quick Resource Guide
• Claims Cheat Sheet
• EFT Request Form
• Prior Authorization Form
• NLH Drug Formulary
Thank You!
2017 IHA Presentation Q/A Sheet

Billing Instructions

Question: Explain whether the MCO adheres to the Medicaid fee-for-service (FFS) billing requirements for inpatient and outpatient services, including (1) APL and non-APL services; (2) ED and observation services; and (3) therapy services. Describe your process for identifying and implementing new or revised Medicaid FFS billing instructions.

Medicaid FFS Billing Requirements

- NextLevel Health (NLH) requires providers to submit claims in adherence to the Medicaid FFS billing requirements for all hospital services.
- NLH uses the Optum pricer for APR-DRG and EAPG pricing.

Process for New or Revised Medicaid FFS Billing

- As new or revised instructions are provided by the state, we review the changes and submit cases with our processing vendor as needed to enforce the new rules.

Claims Adjudication

Question: Identify the electronic claims transactions you support. Explain how the MCO will communicate known system issues affecting the processing of claims to providers.

Electronic Claims Transactions

- We support 837P, 837I and 837D (Liberty Dental), NCPDP for Rx transactions (MeridianRx), Routine vision through Envolve/Opticare.

System Issues affecting Claims

- If there are processing anomalies specific to a provider or a handful of providers, we will have our Provider Services staff perform outreach with the information needed to address the issue(s).
- Internal staff will review claims data on a daily basis and we submit cases to our vendor to remediate identified errors.
- Any system issues reviewed in our weekly meetings will be given to the Provider Services department to perform outreach.
Reimbursement Methodology

Question: Reimbursement Methodology- Please explain whether you follow HFS' EAPG/APR-DRG reimbursement methodology and describe your process for implementing updates to the applicable grouper/pricer. (No mention of payment amounts.)

HFS EAPG/APR DRG Reimbursement

- We follow HFS’ APR-DRG and EAPG rates, and we utilize the Optum pricer.

Process for Updates to Grouper/Pricer

- NLH updates the pricer as needed based on changes indicated by the State, and we periodically audit claims using the State-supplied pricers to confirm accuracy of the base APR-DRG calculated payment rates before add-ons.

Provider Portal

Question: Review provider portal functionality, including submitting prior authorization requests, verifying eligibility/benefits, and checking claim status.

Current Provider Portal Functionality

The current NLH Portal provides current contracted providers with the ability to check/see;

- Member Eligibility
- Care Plan Review
- Medical and medication history
- Pharmacy claims

* NextLevel Health is scheduled to meet 2018 portal requirements as defined by HFS in January 2018.

Provider Claim Disputes

Question: Outline your claim dispute process and service authorization dispute process

Claim Disputes Process

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- Provider’s failure to deliver to NLH a written appeal of NLH’s decision as to any claim for compensation within the ninety (90) day period shall automatically waive Provider’s and Sub
providers’ right to appeal and the decision shall automatically be deemed final and unappealable.

- In the event a provider wishes to dispute or appeal an adjudicated claim, the provider is directed to provide NextLevel Health with a written communication identifying their decision to appeal an adjudicated service.

2. The appeal must be submitted to the following address:

   **NextLevel Health**
   **ATTN: PROVIDER APPEALS P.O. Box 830700**
   **Birmingham, AL 35283**

3. Providers are required to attach a copy of the original Explanation of Payment (EOP) highlighting the line item(s) being appealed.
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5. NextLevel Health will provide a resolution on the appeal within thirty (30) days from the date of receipt from the member/provider.
6. NextLevel will provide a written resolution to the appeal either upholding the original adjudication or providing notification of steps to correct the claim according to the requested change or a combination of both.
7. Providers that wish to continue to appeal shall have the right to continue the appeal until resolution can be determined to the satisfaction of the parties.

**Discharge Planning**

**Question:** Discharge Planning – Explain how your case management staff will assist hospitals in securing timely transfer of patients from out of network facilities to contracted facilities and ensure post-accurate placement?

**Service Authorization Disputes**

- Our Interdisciplinary Transition of Care Team (IDCT) designs and implements the transition of care plan, provides oversight, and manages all transition of care processes.
- The IDCT team consists of skilled personnel, with knowledge and experience in transitioning members from hospital to home, community settings, or extended levels of care.
- The IDCT team interacts with members whose needs are deemed critical for transition of care by assessing the Member’s service needs, identifying the Members’ current Providers, and identifying the gaps in care.
- The Medical Director also participates as needed to ensure member transfers are to the most appropriate facility, and in the most time efficient process as possible.
Concurrent Review

Question: Describe your concurrent review process, including how to submit medical records; your methodology for classifying patients as inpatient or observation; use of criteria and peer-to-peer process.

Concurrent Review Process

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- Next, the TOCT team continues ongoing conversations with the facility, to ensure safe and efficient transition for the member to a home, or an extended care facility, (including any needed durable medical equipment) follow up appointments, or home health care.
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- UM Hours: 7:30am – 5:30pm Monday – Friday.
- NextLevel Health is looking to extend our business hours to late evenings and some Saturday hours.

Issue Escalation

Question: Describe your escalation process when issues cannot be resolved through the normal channels. Identify key points of contact for specific issues.
MCO Website

Question: Describe how key provider materials can be accessed, including but not limited to, policy changes, provider manuals, key updates, accessing current provider directories?

Providers Materials

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- NLH Drug Formulary