

ANTHEM MEDICARE ADVANTAGE INDIVIDUAL MEMBERS APPEALS PROCESS

Dear NorthCoast Provider:

Thank you for participating in the NorthCoast Provider network! We appreciate the services you provide to our mutual patients. As previously communicated, Anthem Medicare Advantage Individual Members now require precertification for home health services through myNEXUS. To assist you with this protocol, NorthCoast has developed a user-friendly appeal process. Please find attached. The Appeals Process (as well as copies of previous notices and forms) are available on our Anthem Medicare Advantage Individual Member Toolkit at www.northcoastgroup.org.

If you are not yet enrolled in the myNEXUS Portal for Initial and Re-Authorizations, please sign up ASAP to take advantage of the timeliness and efficiencies of the authorization and appeal process.

- myNEXUS offers enrollment support at 844-411-9621, option 3 or portalsupport@mynexuscare.com.
- NorthCoast is here to assist you! If you need any help with myNEXUS issues, please contact:
 - Chris Gardner, Nurse Case Manager (216-591-2035, cgardner@northcoastgroup.org) for assistance with any myNEXUS portal and clinical issues (i.e., authorizations or appeals).
 - Becky Faust, Medicare Advantage Claims (216-591-2034, bcfaust@northcoastgroup.org) for assistance with claims processing and any billing issues.

NOTE: NorthCoast remains your Anthem NETWORK MANAGER for both MA and non-MA plans. The Compelling Value Proposition NorthCoast Network provides you includes:

- Generally higher reimbursement rates to compensate you for your added workload to use the myNEXUS Portal.
- Predictable cash flow during the appeals process
- No fees to ... appeal claim denials for all levels
 - ... send letters of medical necessity
 - ... collect patient cost share
 - ... facilitate secondary insurance filing
- Friendly and responsible customer service including the Anthem Medicare Advantage Individual Member Toolkit on our website.

WE THANK YOU FOR YOUR SUPPORT! PLEASE CONTACT US WITH QUESTIONS OR CONCERNS.

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A. Provider/Patient UM Appeals

1. Initial Auth or Re-Auth Requests

(Forms available at www.northcoastgroup.org in the MA Anthem toolkit)

100% Approved

No further action is needed

Partial Denial

If disagree with decision then request a Peer to Peer (P2P)

100% Complete Denial

If disagree with decision then request a Peer to Peer (P2P)

2. When to request a Peer to Peer (P2P) discussion

(P2P Form available at www.northcoastgroup.org in the MA Anthem toolkit)

When a partial or complete denial is received from myNEXUS and you disagree with their decision

- Submit P2P request form to NCHC and include the following:
 - Service requested
 - Date Range
 - Number of visits requested
 - Number of visits approved
 - Number of visits still needed during this date range
 - Reason you feel patient needs additional visits (make sure to include the skilled need for further services)
 - Agency contact person name, phone number and specific time period (if needed) – this needs to be the clinician (SN, PT, OT, ST, MSW) seeing the patient who will be able to answer specific service questions from the myNEXUS Medical Director
- The P2P needs to be submitted to NCHC as soon as possible but no later than **PRIOR** to using the **second to last authorized visit**
 - You need to be able to provide the patient with the NOMNC form if no further visits are approved by myNEXUS
 - If you know when you receive the partial denial that you will need additional visits then submit the request for P2P **immediately**
- myNEXUS will call the contact person listed on the P2P form for the discussion within 24 hours of receipt

B. Appealing the P2P Decision

When the decision of the P2P is not acceptable by the Patient or Provider

1. Member or their authorized agent can request to appeal the myNEXUS denial
2. If other than the member or physician, an Appointment of Representative form (or similar statement that shows that the request is being initiated with the knowledge of the member or legal representative), is required to be signed by the member or POA. If it is not included, a request is sent out to the requesting party, outlining specifically what is needed so the process can begin.

3. An expedited appeal can be requested within 72 hours, records must be able to be provided and requestor available for discussions.
 - a. An expedited appeal can be requested if it is believed that waiting the standard 30 day timeframe for processing a standard (30 calendar days) appeal request would threaten the member's life, health, or ability to regain maximum functioning.
 - b. The timeframe for processing an Expedited appeal is 72 hours (a 14 day extension may apply – but may only be taken in rare situations, per appellant/member's request).
 - c. The homecare agency will be required to produce medical records to support the appeal review process. It may be necessary to submit these records within hours, as the 72 hour processing timeframe is very aggressive, and includes weekends and holidays. Every effort must be made to provide the requested records immediately.
 - d. Once received Anthem gathers the documentation. Outreach is done by Anthem to myNEXUS for the denial packet.
 - e. Anthem makes decision and notice is sent to myNEXUS and the individual who requested the appeal.
 - f. MyNEXUS will update authorizations based on the Anthem decision. A new authorization letter is generated to the agency if additional visits are approved.
4. Submit in writing the following to NorthCoast within 30 days of receipt of the decision letter (or within 72 hours if expedited appeal is needed)
 - Service disputed
 - Date Range for services
 - Number of visits made or you feel need to be made
 - Specific rationale as to why you feel the services meet the CMS guidelines for medical necessity and skilled need. Be sure to reference specifics within the medical record to refute myNEXUS' original decision
 - All applicable medical records- which includes all visit notes, signed 485, orders for all involved disciplines and any documentation of needs obtained by the physician
 - Patient signed Appointment of Representative Form
5. If you feel that additional visits are needed then this needs to be submitted as an URGENT or EXPEDITED request for Appeal.

C. Administrative Appeals

Services made without an authorization will receive an administrative denial from myNEXUS. NorthCoast will not appeal any visits made without authorization unless there is proof that another insurer was involved. In these cases, we will need to receive a copy of the denial from the initial insurer or the reason for the delayed request, a summary of all services provided (showing medical necessity and skilled need), physician orders, 485, and all applicable visit notes.

1. These requests will need to be submitted directly to NCHC
2. NCHC will submit an appeal to Anthem

Possible Scenarios

1. SOC and re-authorizations submitted more than 2 business days after SOC
 - a. NCHC will request visits from myNEXUS for 2 business days prior to the date received. Any visits made prior to 2 business days will not be covered.
2. Referral sent after care completed (i.e., provider didn't know it was ASA at time of service)
 - a. This will be an Administrative Appeal - NCHC will file an appeal with Anthem directly, but request must be submitted with denial from the other insurer.
3. ROC's never sent in/notified of DC and visits made
 - a. Since myNEXUS does not track hospitalizations, we will no longer require notification of rehospitalizations. ****PLEASE REMEMBER THIS APPLIES ONLY TO MYNEXUS PATIENTS****
4. More Visits made then authorized – 5 auth'd 6 made
 - a. NCHC can only request authorization if the additional visit is made within 48 hours from the date of notification.
5. myNEXUS denials - P2P done and decision upheld but Agency disagreed and made the visits without authorization
 - a. NCHC will not appeal these as an appeal request should have been submitted at the time of the P2P denial - prior to visits being completed
6. Agency made visits after denial and did not request P2P
 - a. NCHC will not appeal these services if P2P was not requested
7. Disciplines not requested, but went out anyway
 - a. Request for authorization will only be made if the additional visits are made within 48 hours from date of notification
8. "Lost" requests- Agency says request was sent in timely, but myNEXUS doesn't have any record
 - a. "Lost" requests on NC's side- agency has a fax receipt, but we don't have request
 - i. NCHC will work with our providers to resolve. Providers must be able to show proof of submission.
 - b. "Lost" request on myNexus side - agency states request entered in myNEXUS portal, but myNEXUS has no record.
 - i. NCHC will work with our providers to resolve. Providers must be able to show proof of submission (myNEXUS system print screen; case reference number, etc.)

**PLEASE NOTE...We are requesting all Providers register and use the myNEXUS portal.
Please contact NCHC if you are having difficulty signing up for the portal.**