



## **Frequently Asked Questions Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS) Management Program**

Boston Medical Center (BMC) HealthNet Plan (Plan) has selected Northwood, Inc. (Northwood) as their Durable Medical Equipment Benefit Manager (DBM). Northwood will administer and manage durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) for all Plan MassHealth and Commonwealth Care members. This includes prior authorization, provider contracting, provider management, provider appeals, member services and claims payment.

### **General Information**

**1. When will the Northwood/BMC HealthNet Plan DMEPOS Management Program become effective?**

The Northwood/BMC HealthNet Plan DMEPOS Management Program will become effective for dates of service beginning April 1, 2011. Northwood will begin accepting authorization requests by phone or fax on April 1, 2011.

**2. Which BMC HealthNet Plan members or products are affected by the program?**

The new DMEPOS Management Program will apply to all BMC HealthNet Plan MassHealth and Commonwealth Care members. This includes MassHealth Basic, Standard, Disabled, Family Assistance and Essential members, as well as Commonwealth Care Plan Type I, Plan Type II and Plan Type III members.

**3. Which provider types/services will be managed by Northwood?**

As communicated in BMC HealthNet Plan's letter to DMEPOS providers dated December 15, 2010, the Plan has decided to partner with Northwood to manage DMEPOS services provided by the following provider types for all Plan members, beginning April 1, 2011:

**Provider Types Managed by Northwood:**

- Durable medical equipment providers
- Emergency response providers
- Wig providers
- Breast prosthesis providers
- Medical supply providers
- Pharmacy providers (who distribute/dispense DMEPOS)
- Orthotics/prosthetics providers

- Oxygen/respiratory equipment providers
- Speech generating device providers
- Ocular prosthetic providers
- Mobility providers
- Home infusion providers\*
- Home care providers\*
- Specialty pharmacy providers\*
- Sleep study providers\*\*

\* **Exception:** When these provider types bill for medical supplies and equipment related to infusion/parenteral/tube fed nutrition, BMC HealthNet Plan is responsible to manage/pay for those supplies/equipment/claims.

\*\* **Exception:** When this provider type bills for professional studies supporting sleep services, BMC HealthNet Plan is responsible to manage/pay those services/claims.

**Provider Types Which Will Continue to Be Managed by BMC HealthNet Plan:**

- Acute, sub-acute/intermediate care, and rehabilitation hospitals/facilities
- Hearing aid providers
- Physician and mid-level clinicians and corresponding locations
- Allied health practitioners (including podiatrists, chiropractors, physical therapists, occupational therapists, speech therapist and optometrists)
- Outpatient facilities (including outpatient hospitals, ambulatory surgery centers, labs, emergency rooms, and urgent care centers)
- Cardiac monitoring providers
- Behavioral health providers
- Ambulance providers

**4. I am interested in becoming a Northwood contracted provider for the BMC HealthNet Plan DMEPOS Management Program. Whom should I contact with questions about applying to the Northwood network?**

Providers may contact Northwood’s Provider Relations Manager, Debbie Cutlip, directly at 586-755-3830 or 800-447-9599, extension 3703, or by email at [debbieac@northwoodinc.com](mailto:debbieac@northwoodinc.com).

Providers may also fill out an application online at [www.northwoodinc.com](http://www.northwoodinc.com).

**Authorization Information**

**1. Which DMEPOS products/services will require prior authorization under this program?**

Northwood’s DMEPOS Management Program requires prior authorization of all durable medical equipment, prosthetics, orthotics, medical supplies and enteral nutrition products and supplies for all provider types managed by Northwood (listed in #3 above). These providers are required to submit prior authorization requests for all equipment and supplies to Northwood. Northwood will review the requests to determine coverage prior to the provider supplying the product/service.

## **2. How does the Northwood DMEPOS Management Program work?**

All requests for DMEPOS products/services (including changes in quantities, frequency, modality, etc. for dates of service on or after 4/1/11) require prior authorization by Northwood. Providers are required to contact Northwood with the necessary medical information and obtain a Northwood authorization prior to dispensing the requested product/service.

If all the necessary information is submitted, the request is processed real-time by a Northwood Benefit Coordinator. Some requests may require additional information and are referred to Northwood's Case Review Department for further review. If the information submitted does not meet Northwood's clinical criteria, the request will be sent to the Plan for review and determination. If BMC HealthNet Plan approves the request, they will notify Northwood and you will receive an authorization fax approval from Northwood. If the Plan denies the request, it will issue a denial letter documenting the denial rationale and the member's option for appeal.

## **3. How can I submit prior authorization requests to Northwood?**

Beginning April 1, 2011, providers must submit authorization requests to Northwood by phone or fax:

- Phone - Call Northwood on the dedicated BMC HealthNet Plan provider line at 866-802-6471 during normal business hours (8:30 a.m. to 5:00 p.m. EST, Monday through Friday), or on the following business day if emergent/urgent services are provided.
- Fax - Submit a completed Prior Authorization Fax Form to Northwood at 877-552-6551. If sent after-hours or on weekends, Northwood will respond on the next regularly scheduled business day.

## **4. What is Northwood's prior authorization response time?**

If the provider has submitted all of the necessary medical information and the request meets the clinical criteria, the authorization will be processed in real-time by Northwood's Benefit Coordinator. Some requests may require additional information and are referred to Northwood's Case Review Department for further review. If the information submitted does not meet Northwood's clinical criteria, the request will be sent to BMC HealthNet Plan for review and determination. All determinations will be made in accordance with state or other applicable regulations.

## **5. Will Northwood accept and process multiple prior authorization requests when the request is made by phone?**

Yes, within reason. Northwood Benefit Coordinators will process multiple prior authorization requests per phone call. For convenience, providers may fax multiple (batch) authorizations to Northwood for processing to 877-552-6551. If an authorization

request is faxed after-hours or on weekends, Northwood will respond on the next regularly scheduled business day.

**6. What information does Northwood require for a prior authorization request?**

The following information is required when requesting an authorization:

- Provider ID Number.
- Member Name/Address/Telephone
- Member BMCHP ID Number
- Member Contact/Telephone
- Referral Source/Telephone
- Other Insurance Information (if any)
- Diagnosis(es) – ICD-9-CM Code(s) and Description(s)
- Date of Service
- Primary Care Physician
- Level II HCPCS Code
- Description of Product /Service
- Service Type (Purchase or Rental)
- Quantity
- Duration of Need

**7. May I obtain an authorization after-hours or on weekends/holidays?**

Northwood will accept authorizations after-hours and on weekends/holidays for urgent/emergent equipment/supplies. The provider is required to obtain an authorization from Northwood for these requests on the next regularly scheduled business day.

**8. Is there someone I can speak to after-hours or on weekends/holidays?**

Yes. Northwood has designated on-call Benefit Coordinators available 24-hours per day, 7-days per week to provide members and providers access for urgent/emergent equipment requests occurring after-hours or on weekends/holidays.

**9. What does Northwood consider to be an urgent/emergent request?**

Urgent/emergent requests are defined as situations where a member's physical condition is such that imminent or serious consequences could result to the member's health or, if in the opinion of the physician, the member would be subjected to severe pain if a DMEPOS request is processed within the routine decision-making time frame.

**10. What are Northwood's authorization effective periods?**

The duration of an authorization may vary based upon service type and medical necessity. Regardless of duration of authorization, an authorization is not a guarantee of coverage or payment. It is the provider's responsibility to verify member eligibility and co-payment information on a monthly basis. Payment by Northwood is always contingent on the member's eligibility and availability of benefits at the time of review. Northwood is not responsible for payment of services provided to members whose

coverage has changed or terminated. Additional information on authorization effective periods is referenced in Northwood's Provider Manual for BMC HealthNet Plan.

**11. How does Northwood process authorization requests for quantities exceeding standard guidelines?**

Reviews of over-quantity supply requests are based on review of medical documentation and may be authorized for more than 30 days. However, renewal authorizations for over-quantity amounts may require updated documentation.

**12. What are Northwood's capped rental policies?**

Rental DME equipment is authorized based upon medical necessity and the appropriate duration of need for the diagnosis submitted at the time of rental. Authorizations for capped rental may be extended up to 13 months, at which time the equipment rental payments will end or "be capped."

**13. How may I check the status of an authorization request?**

Providers may check the status of an authorization request by calling Northwood at 866-802-6471.

**Transition/Implementation Information**

**1. I will be a Northwood contracted provider for the BMC HealthNet Plan Program starting April 1, 2011. What do I need to do for the BMC HealthNet Plan members I am providing equipment/services for?**

Beginning April 1, 2011 all DMEPOS equipment/services will need to be prior-authorized by Northwood. Please fax to Northwood (877-552-6551) a Batch Authorization Request for all BMC HealthNet Plan members you are or will be servicing - based upon the following schedule:

- April 1 – April 8: to ensure continuity of services – Providers with members who have dates of service between 4/1 – 4/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support the request/claim.
- April 1 – April 10: Providers must fill-out Batch Authorization Requests for members whose dates of service fall between 4/9 and 4/20.
- April 11 – April 22: Providers must fill-out Batch Authorization Requests for members whose dates of service fall between 4/21 and 4/30.

**NOTE:** If you are currently serving BMC HealthNet Plan members under an open (BMC HealthNet Plan) authorization extending beyond 4/1/11 (e.g. 6/30/11) – it will be honored by Northwood through the time period authorized by the Plan. Northwood will enter the BMC HealthNet Plan authorization number in its system to allow for claims processing.

Please review Northwood's Provider Manual, Northwood's Quick Reference Guide for Providers and these Frequently Asked Questions to assist you and your staff in providing services to BMC HealthNet Plan members after April 1, 2011.

**2. I am currently a BMC HealthNet Plan DMEPOS provider and have not contracted with Northwood. What do I need to do for BMC HealthNet Plan members after April 1, 2011?**

Authorizations issued by BMC HealthNet Plan prior to April 1, 2011 will be honored through the end date of the authorization. Northwood will enter the BMC HealthNet Plan authorization number in its system to allow for claims payment.

Effective April 1, 2011, all provider types managed by Northwood (whether contracted with Northwood or BMC HealthNet Plan) must obtain an authorization for equipment/services from Northwood. Please fax to Northwood (877-552-6551) a Batch Authorization Request Form for all BMC HealthNet Plan members you are servicing – based upon the following schedule:

- April 1 – April 8: to ensure continuity of services – Providers with members who have dates of service between 4/1 – 4/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support the request/claim.
- April 1 – April 10: Providers must fill-out Batch Authorization Requests for members whose dates of service fall between 4/9 and 4/20.
- April 11 – April 22: Providers must fill-out Batch Authorization Requests for members whose dates of service fall between 4/21 and 4/30.

Members may continue receiving DMEPOS with a contracted BMC HealthNet Plan DMEPOS provider until their contract with BMC HealthNet Plan expires.

If you have BMC HealthNet Plan members receiving continuous rentals or recurring supplies, Northwood will contact you approximately 1 to 2 weeks prior to your contract month end date to transition the member to a Northwood-contracted provider.

If you have BMC HealthNet Plan members receiving capped rental equipment, Northwood will contact you approximately 1 to 2 weeks prior to your contract month end date and transition or complete the capped rental per Northwood fee schedule for remaining cap months or until the time the member may no longer require the equipment.

If you would like to transition BMC HealthNet Plan members prior to your contract expiration date, you may contact Northwood.

## **Claims Information**

**1. Can I submit claims by paper or electronically to Northwood?**

Yes. Claims must be submitted to Northwood via paper or electronically after April 1, 2011.

**2. Where do I submit claims for DMEPOS with a date of service on or after April 1, 2011?**

For dates of service on or after April 1, 2011, claims for BMC HealthNet Plan members must be submitted to Northwood electronically or on a CMS 1500 (paper) claim form. Submit paper claims with the required medical and other carrier payment documentation to the following address:

Northwood, Inc.  
Attn: BMCHP Claims  
P. O. Box 510  
Warren, Michigan 48090-0510

For dates of service on or after April 1, do not submit claims directly to BMC HealthNet Plan. If you do so, BMC HealthNet Plan will deny those claims.

**3. What information is needed on a claim form?**

**Paper Claims**

Providers submitting paper claims must use the CMS 1500 claim form. The CMS 1500 claim form must be completed in its entirety and include the following additional information:

- Member's BMC HealthNet Plan ID number
- Northwood's authorization number.
- Primary care physician's written order including NPI number.
- Attached EOB for secondary claims.
- Manufacturer's name, description and product number documented in Box 19 of the CMS claim form for not otherwise classified (NOC) items.

**Electronic Claims**

Electronic claims must be completed according to HIPPA 837 transaction requirements detailed on Northwood's website - [www.northwoodinc.com](http://www.northwoodinc.com).

- Not otherwise classified (NOC) claims must be submitted hard copy (CMS 1500 claim form).
- Secondary claims must be submitted hard copy and include the EOB.

**4. What is Northwood's timely claim filing deadline?**

The claim filing time limit is 150 days from the date of service.

**5. When are claims paid?**

Northwood will process and remit payment for clean claims within 30 days of receipt.

**6. Does Northwood require a prescription to accompany a claim?**

Yes. Providers who submit paper claims must include a prescription with the initial claim, when an original prescription expires or if there is a change in quantity/frequency/modality. Prescriptions must include the prescriber's NPI number.

Providers submitting electronic claims must maintain a valid prescription in their files prior to dispensing products/services and the prescription should be available upon audit.

**7. Does Northwood require a prescription to be attached to the claim for ongoing equipment rentals or maintenance supplies; such as diabetic test strips, CPAP supplies, etc.?**

No. Northwood only requires prescriptions to be attached to the initial claim, when an expired prescription is renewed or when there is a change in prescription.

**8. What information is needed on a valid prescription?**

A valid prescription, paper or electronic, must include:

- Prescription Date (the original date of service must be within 30 days of the RX)
- Items Ordered
- Duration of Need
- Quantity
- Name/Address/Date of birth of member
- Physician signature (stamped signatures are not valid)
- NPI number if the prescription is signed by nurse practitioner

**9. Does Northwood allow stamped physician signatures?**

No. Stamped physician signatures on prescriptions are not permitted.

**10. How may I check the status of a claim?**

After 45 days from claim submission, if a provider has not received payment or a response to a submitted claim, providers should resubmit their claim or contact Northwood at 866-802-6471.

**11. Does Northwood have a Claim Status Form?**

Yes. The Claim Status Form is included in Northwood's Provider Manual for BMC HealthNet Plan and will be accessible on the web at [www.northwoodinc.com](http://www.northwoodinc.com). Claim Status Forms must be submitted to Northwood within 90 days of the claim payment date.

**12. What is the appeal process for a claim denial?**

If your claims payment does not reflect the amount you anticipated, or you wish to appeal a denial of a claim for another reason, submit a completed Claim Status Form in Section



XII of the Northwood Provider manual within 90 days of the date of Northwood's remittance voucher and include the following:

- Copy of the original claim
- Supporting documentation
- Northwood's remittance voucher

**13. Does Northwood allow shipping and handling to be billed?**

No. Shipping, handling and sales tax are not eligible for separate reimbursement.

**14. Does Northwood have a payment recovery process?**

Yes. From time to time, Northwood may be required to seek payment recovery from the provider for reasons such as; retroactive terminations, coordination of benefits (COB), eligibility changes, etc. Northwood provides a written notification with a payment recovery explanation, amount, check run, check date and amount paid.

Providers have up to 60 days to challenge the payment recovery from the date of notification. If no response, Northwood will deduct/retract the amount from future payments. Northwood may seek a provider refund in the event a deduction/retraction may not be timely or possible.

**Other**

**1. Whom should I contact with questions about the DMEPOS Management Program?**

If you have additional questions about the DMEPOS Management Program, please contact Northwood at 866-802-6471 during the hours of **8:30 a.m. to 5:00 p.m. EST, Monday thru Friday.**