



Northwood



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

Northwood, Inc. (Northwood) is Well Sense Health Plan's (Well Sense) Durable Medical Equipment Benefit Manager (DBM). Northwood will administer and manage durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) for New Hampshire (NH) Medicaid Care Management Program members. This includes prior authorization (100% of all services and equipment), provider contracting, provider management, provider appeals, member services and claims payment.

General Information

1. When will the Northwood/Well Sense DMEPOS Management Program for the NH Medicaid Care Management Program become effective?

The Northwood/Well Sense DMEPOS Management Program will become effective for dates of service beginning December 1, 2013. Northwood will begin accepting authorization requests by phone or fax on December 1, 2013.

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

Northwood manages the following provider types billing for DMEPOS products or services for Well Sense NH Medicaid Care Management Program members:

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, Well Sense is responsible to manage/pay for those supplies/equipment/claims. Also, some of these providers are contracted to provide DMEPOS.

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

Provider Types Which Will Be Managed by Well Sense:

- 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

3. I am interested in becoming a Northwood contracted provider so that I may service Well Sense NH Medicaid Care Management Program members. 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.

Providers may also fill out an application online at 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 12/1/13) 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. Please note that if you are currently servicing a Well Sense NH Medicaid Care Management Program member or have an authorization for a Well Sense NH Medicaid Care Management Program member from NH Medicaid, please see information in the *Transition/Implementation Information* below. Your existing NH DHHS authorization will be honored through the existing end date (not to exceed 90 calendar days; i.e. 3/1/14).

Non Urgent Requests: 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. In the event that the information submitted does not meet Northwood's clinical criteria, the request will be sent to the Plan for review and determination. If Well Sense approves the request, they will notify Northwood and you will receive an authorization fax approval from Northwood. If the Plan denies the request, Well Sense will issue a denial letter documenting the denial rationale and the member's option for appeal.

Providers must request authorization from Northwood prior to dispensing equipment/services. Failure to obtain an authorization will result in an administrative denial and the member cannot be held responsible for payment.

Urgent Requests: The only exception to the process outlined above is if there is an urgent request for services after-hours or on weekends/holidays the provider is required to request an authorization within two (2) business days, or within five (5) business days for point-of-service providers (stock/bill, loan closets) identified by Northwood. Requests beyond these timeframes will also result in an administrative denial.

3. How may I submit a prior authorization request to Northwood?

Beginning December 1, 2013, providers may submit authorization requests to Northwood by:

- **Phone** - Call Northwood on the dedicated BMC HealthNet/Well Sense Plan provider line at 866-802-6471 during normal business hours (8:00 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.

- Online – Providers may submit requests online at www.northwoodinc.com and will receive an email confirmation that a request has been submitted and received. For further information, please follow instructions outlined on webpage.

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 Well Sense 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
- Well Sense Member 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
- I.C. or Not Otherwise Classified (N.O.C) items require a copy of the manufacturer or distributor invoice).

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

You may, but providers are not required to obtain an authorization for equipment/service dispensed after-hours or on weekends/holidays. Providers have the next two (2) regularly

scheduled business days in which to obtain an authorization for equipment/service dispensed after-hours or on weekends/holidays.

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. Please keep in mind that regardless of the 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 during the authorization effective period and for ongoing authorizations, 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 Well Sense New Hampshire Medicaid Care Management Program.

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

Reviews of over-quantity supply requests are based on a review of medical documentation and they 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 will receive notification of the outcome of the request via fax. In addition, 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 Well Sense NH Medicaid Care Management Program starting December 1, 2013. What do I need to do for the Well Sense NH Medicaid Care Management Program members I currently have a NH Department of Health and Human Services (NH DHHS) authorization for or I am currently providing equipment/services for?**

Beginning December 1, 2013 all DMEPOS equipment/services will need to be prior authorized by Northwood. Please fax Northwood (877-552-6551) a Batch Authorization Request for all Well Sense members you are or will be servicing based upon the following schedule:

- December 1 –December 8: to ensure continuity of services – Providers with members who have dates of service between 12/1 – 12/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support the request/claim.
- December 1 –December 10: Providers must fill-out Batch Authorization Requests for members whose dates of service fall between 12/9 and 12/20.
- December 11 –December 22: Providers must fill-out Batch Authorization Requests for members whose dates of service fall between 12/21 and 12/31.

Note: If you currently have a NH DHHS authorization issued prior to December 1, 2013 for a Well Sense NH Medicaid Care Management Program member – it will be honored by Northwood/Well Sense through the existing authorization period end date – not to exceed 90 calendar days post 12/1/13 (i.e. 3/01/14). Please contact Northwood with the NH Medicaid authorization number, equipment/service and authorization timeframe information. Northwood will enter the NH Medicaid authorization number in its system to allow for claim payment.

- 2. I am currently a NH Medicaid DMEPOS provider and have not contracted with Northwood. What do I need to do for Well Sense Health Plan NH Medicaid Care Management Program members after January 1, 2013?**

Effective December 1, 2013, all provider types managed by Northwood for Well Sense (whether contracted with Northwood or non-contracted) must obtain an authorization for equipment/services from Northwood. Please fax Northwood (877-552-6551) a Batch Authorization Request Form for all Well Sense NH Medicaid Care Management Program members you are servicing – based upon the following schedule:

- December 1 –December 8: to ensure continuity of services – Providers with members who have dates of service (DOS) between 12/1 – 12/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support the request/claim.
- December 1 – December 10: Providers must fill-out Batch Authorization Requests for members whose dates of service (DOS) fall between 12/9 and 12/20.

- December 11 –December 22: Providers must fill-out Batch Authorization Requests for members whose dates of service (DOS) fall between 12/21 and 12/31.

If you have Well Sense NH Medicaid Care Management Program members receiving continuous rentals or recurring supplies (and you do not already have an existing NH DHHS authorization), please contact Northwood (according to the above schedule) to receive a transitional authorization.

If you have Well Sense NH Medicaid Care Management Program members receiving capped rental equipment (and you do not already have an existing NH DHHS authorization), please contact Northwood (according to the above schedule) to receive a transitional authorization so that the member may continue with your company to complete a capped rental for the remaining cap months or be transitioned to an in-network provider.

If you would like to transition Well Sense NH Medicaid Care Management Program members prior to the end date of an authorization or their next date of service, please contact Northwood for assistance.

Note: If a provider has a NH DHHS authorization issued prior to December 1, 2013 for a Well Sense NH Medicaid Care Management Program member – it will be honored by Northwood/Well Sense through the existing authorization period end date – not to exceed 90 calendar days post 12/1/13 (i.e. 3/01/14). Please contact Northwood with the NH Medicaid authorization number, equipment/service and authorization timeframe information. Northwood will enter the NH Medicaid authorization number in its system to allow for claim payment.

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 Well Sense NH Medicaid Care Management Program members after December 1, 2013.

Claims Information

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

Yes. Claims may be submitted to Northwood via paper or electronically.

2. Where do I submit claims for DMEPOS with a date of service on or after December 1, 2013?

For dates of service on or after December 1, 2013, claims for Well Sense NH Medicaid Care Management Program members must be submitted to Northwood (with a Northwood authorization number or DHHS authorization number) 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: **Well Sense NH Medicaid Care Management Program Claims**
P. O. Box 510
Warren, Michigan 48090-0510

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 Well Sense ID number
- Northwood's authorization number.
- Primary care physician's written order including NPI number.
- Attached provider remittance advice 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. (If you have not provided a copy of your manufacturer or distributor invoice before submitting your claim, the claim will be denied.)

Electronic Claims

Electronic claims must be completed according to HIPPA 837 transaction requirements detailed on Northwood's website - 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 provider remittance advice.

4. What is Northwood's timely claim filing deadline for the Well Sense NH Medicaid Care Management Program?

The claim filing time limit is 90 days from the date of service. Initial claims must be submitted no later than **90 calendar days from the date of service**, unless you are awaiting a payment and remittance (or explanation of payment) from a primary insurer via coordination of benefits.

Secondary claims - If you receive payment or documentation from another insurer more than 90 calendar days after the date of service, you must send your claim form and the primary insurer's remittance advice to Northwood within **90 calendar days of receipt of the remittance advice from the other insurer**.

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 30 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 Well Sense NH Medicaid Care Management Program and will be accessible on the web at www.northwoodinc.com. Claim Status Forms must be submitted to Northwood within 90 days of the date of service or primary payer's provider remittance advice; not to exceed 180 days.

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 denial or primary payer's remittance advice; not to exceed 180 days 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 refund process?

Yes. From time to time Northwood may be required to request a refund from the provider for reasons such as; retroactive terminations, coordination of benefits (COB), eligibility changes, etc. Northwood provides a written request form with the refund explanation, amount, check run, check date and amount paid. Providers have up to 60 days from request date to remit refunds, or Northwood reserves the right to deduct outstanding balances from future payments.

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.