Northwood Participating Provider Manual

For

Security Health Plan of Wisconsin, Inc. Program

July 1, 2017

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OFFICE HOURS
FOR PROVIDER INQUIRIES:
Monday-Friday
8:30 a.m. – 5:00 p.m. (CST)

CLAIMS/INQUIRIES:
Northwood, Inc.
ATTN: Security Health Plan Claims
P.O. Box 510
Warren, MI 48090-0510

Provider/Member Inquiry Line:	**866-532-1344**
Provider Inquiry Fax:	**866-483-9988**
Business Line:	**586-755-3830**
Business Fax:	**586-755-3733**
Website:	**www.northwoodinc.com**

INTRODUCTION

Northwood, Inc. (Northwood) is the exclusive contracted administrator of Durable Medical Equipment (DME), Prosthetic and Orthotic (P&O) devices and Medical Supplies (DMEPOS) for Security Health Plan of Wisconsin, Inc. (Security Health Plan).

The information contained in this Provider Manual will assist you when providing DMEPOS to Security Health Plan members.

Northwood's Participating Supplier Agreement and Security Health Plan's Vendor Subcontractor Affiliation Agreement require network providers to adhere to Northwood's Policies and Procedures. Policies and Procedures include, but are not limited to:

- Northwood's Security Health Plan Program Fee Schedule
- Assignment for All Services Provided By Your Company
- Authorization
- Member Billing
- Claims Processing
- Quality of Service/Member Satisfaction
- Provider Allows Northwood/Security Health Plan (Commercial, Security Administrative Services, BadgerCare and Advocare) and Family Health Center to Use Provider's Performance Data
- 24-Hour Emergency Service

SECTION I - BENEFIT/COVERAGE CRITERIA

Northwood administers Security Health Plan's DMEPOS Program for all plan members in accordance with Security Health Plan's benefits and the policy guidelines detailed below:

- Covered DMEPOS benefits for Security Health Plan members must be obtained from and provided by a Northwood contracted provider.
- Providers may not subcontract services to other providers without the consent of Northwood.
- Benefit criteria may vary by employer group, policy, and applicable riders.
- Equipment, supplies and services provided under the program are based upon the most medically appropriate and cost-effective, standard item(s). For example, this includes prefabricated items versus those that are custom made.
- Shipping, handling, and sales tax are not eligible for separate reimbursement, nor can they be billed to the member.
- All services must be prior-authorized (except in emergencies as further set forth described herein).
- Providers should contact Northwood for medical criteria questions. Medical policy criteria are available to providers by contacting Northwood.

PROVIDER RESPONSIBILITIES PRIOR TO RENDERING EQUIPMENT OR SUPPLIES

Prior to providing equipment or supplies, the provider is responsible for obtaining and verifying all necessary information, including the following:

- Verify member eligibility for each date of service.
- Review for appropriateness and cost effectiveness.
- Documentation to support the medical need for customized services.
- Confirming that equipment is to be provided in the member's home or qualifying place of residence. With a few exceptions, this program does not generally cover equipment provided in a hospital or skilled nursing facility.
- Other Coordination of Benefits (COB) information (auto liability, workers compensation, etc.)

DELIVERY TIMELINES

Northwood requires providers to:

- Provide covered equipment (excluding custom fitting or design services) on the same day services are authorized, unless the request is received after 12:00 PM.
- Provide orders received after 12:00 PM within 24 hours.
- Have on-call servicing available 7 days a week and 24 hours a day for respiratory and other necessary services.
- Deliver covered emergency services to member's place of residence (or hospital pending discharge) within 2 hours of receipt.
- Provide emergency services requested outside of Northwood's regular operating hours and obtain authorization within the next two (2) business days. (See Section II Authorization).

ASSIGNMENT – NONDISCRIMINATION

Northwood providers are required to:

- Provide covered equipment and supplies to Security Health Plan members in the same manner, quality and promptness as services that are provided to other customers, including after-hours and emergency servicing.
- Accept assignment on covered equipment or supplies routinely provided by the provider to Security Health Plan members.
- Render equipment and supplies in a manner consistent with professionally recognized standards of health care.

EQUIPMENT AND SUPPLIES NOT NORMALLY CONSIDERED A COVERED BENEFIT, INCLUDING DELUXE PRODUCTS/UPGRADES

- Member health care benefits are determined by the structure of their benefit package.
- A requested service normally considered "not a covered benefit" must be forwarded to Northwood for case review.
- All requests for services and medical review must be processed through Northwood. Do not forward requests directly to Security Health Plan or deny service to the member prior to case review.

- It is the responsibility of the provider to inform the member that there are standard products available that meet Security Health Plan's policy.

- If applicable, based on the member's benefits/cost-sharing, a member must be advised of his/her estimated payment responsibility and the provider must obtain the member's signed consent indicating he or she has been informed of his or her responsibility for any outstanding balance.

    - This must take place prior to ordering a product or before a product is delivered (refer to Section XI – Forms – Patient Advance Notice/Waiver of Liability of Noncovered Services Or Higher Grade/Deluxe Equipment Or Supplies.) **Note: Do not use this form for Advocare members. Rather, providers must obtain prior authorization and submit a Northwood Prior Authorization Request Form for the Security Health Plan (SHP) Program in order to obtain a coverage determination for an Advocare member.**

There will be no payment to the provider by Northwood when the provider fails to follow the Case Review process detailed above. Additionally, members may not be charged for services when providers fail to follow the above process. Please see the "Hold Harmless" Section (5.5) of the Participating Supplier Agreement and Section (C) and (E) of the Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement.

OXYGEN EQUIPMENT

The following oxygen requirements apply for all Security Health Plan members:

- The minimum manufacturer oxygen output concentration level at any flow rate must be 87%.

- The concentrator must have a built-in continuous flow analyzer feature with automatic sensor alarm.

- The concentrator must have, at a minimum, a five-year manufacturer warranty.

- All Security Health Plan business lines follow Medicare guidelines and payment policies for oxygen rental and caps at 36 months.

ARRANGING OXYGEN FOR TRAVELING MEMBERS

When a Security Health Plan member uses oxygen and travels outside the local area for a period of less than 30 days, the Northwood provider should assist the member by making arrangements with another supplier to provide temporary oxygen services consistent with the type of services currently provided by the Northwood provider.

- The member may not be held financially responsible for oxygen equipment or contents under this travel policy (applicable coinsurance applies).

- For travel exceeding 30 days, the Northwood supplier is expected to assist the member with making arrangements with another supplier for oxygen equipment, stop billing and pick-up oxygen equipment from the member until they return to the local area.

- Northwood providers are required to pick-up and re-deliver oxygen equipment to reasonably accommodate the member's travel itinerary and to meet the member's oxygen needs.

- Northwood/SHP will only reimburse one supplier for oxygen during any month.

CPAP/BIPAP

The following Positive Airway Pressure (PAP) requirements apply for all Security Health Plan members:

- The PAP device must include, as standard equipment, integrated heat and humidification. To further clarify, as a standard feature included under HCPCS E0601, the CPAP should incorporate in-built or all-in-one heat and humidification. Examples of such CPAPs are available upon request.

- The PAP device must have, at a minimum, a 2-year manufacturer warranty.

- Providers have 2 business days following delivery/set-up of PAP equipment to request a supply change to an initial set-up authorization. Such requests should include the specific code relative to the type of mask/nasal application supplied, if it was unknown prior to set-up.

SECTION II – AUTHORIZATION

Northwood must review all equipment and supply requests to determine coverage. Northwood makes all approval and initial denial determinations. Coverage is based upon the member's benefit document.

Prior authorization is required for all Security Health Plan member services with the exception of equipment or supplies requested and provided after regularly scheduled Northwood business hours due to urgent/emergent situations (see After-Hours Retrospective Authorizations).

- Urgent/emergent situations 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.

AUTHORIZATIONS - GENERAL

There are several ways you may request an authorization.

- **Online** – Providers should submit requests online at https://providerportal.northwoodinc.com (after registering for a Login ID and Password) and will receive an email confirmation that a request has been submitted and received. For further information, please follow instructions outlined on webpage (www.northwoodinc.com).

- **Phone** – If necessary for urgent/emergent requests call Northwood on the dedicated Security Health Plan line at 866-532-1344 during normal business hours (8:30 a.m. to 5:00 p.m. CST, Monday through Friday), or within the next two (2) regularly scheduled business days if emergent/urgent services are provided.

The following information is required when requesting an authorization:

- Provider ID Number.
- Member Name/Address/Telephone.
- Provider Contact/Telephone.
- Referral Source/Telephone.
- Security Health Plan ID Number.
- Other Insurance Information (if any).
- Diagnosis - ICD-9/10-CM Code and Description.
- Date of Service.
- Referring/Prescribing Physician.

- Level II HCPCS Code.
- Description of Product/Service.
- Service Type (Purchase or Rental).
- Quantity.
- Duration of Need.

Authorizations for services will be provided:

- For equipment and supplies deemed to be covered benefits under the Security Health Plan program.

- When use of the equipment or supply does not exceed the quantity limitation and medical necessity guidelines (monthly, yearly, replacement period, etc.).

- For medically supported over-quantity requests approved through case review.

- For the most appropriate, cost-effective, standard and basic equipment or supply.

Reimbursement will be limited to the authorized equipment or supply based upon the allowable fee for the procedure code(s) approved.

Payment consideration for equipment and supplies includes;

- Member eligibility at the date of delivery.

- Medical necessity clinical criteria are met and documented on the physician's written order.

- Most cost-effective standard and basic equipment or supply.

- Benefit coverage.

AUTHORIZATION TIMEFRAMES

Rental DME equipment is authorized based upon medical necessity and the appropriate duration of need for the diagnosis provided at the time of rental.

- Authorizations may be extended for up to 13 months, at which time the equipment rental may be considered purchased.

- A limited number of items reach purchase in less than 13 months.

- Requests for quantities of supplies that exceed standard amounts are based on a review of medical documentation.

- Renewal authorizations for over-quantity amounts will require updated documentation.
- It is the provider's responsibility to verify member eligibility and cost-sharing (co-payments, coinsurance and/or deductibles) information for the effective period of an authorization or for continuing services, on a monthly basis.
- Neither Northwood nor Security Health Plan is responsible for payment of services provided to Members whose coverage has changed or terminated.
- Providers may verify member eligibility through:
    - Northwood's Provider Authorization Request Portal at **https://providerportal.northwoodinc.com**
- A Northwood authorization is not a guarantee of payment for service(s) provided.

IF THE PROVIDER FAILS TO OBTAIN A REQUIRED AUTHORIZATION, THE MEMBER MAY NOT BE BILLED. PLEASE SEE THE "HOLD HARMLESS" SECTION (5.5) OF THE PARTICIPATING SUPPLIER AGREEMENT AND SECTION (C) AND (E) OF THE SUBCONTRACTOR AFFILIATION ACKNOWLEDGMENT TO NORTHWOOD, INC.'S SECURITY HEALTH PLAN OF WISCONSIN, INC. VENDOR AFFILIATION AGREEMENT.

CHANGE TO INITIAL AUTHORIZATION

Claims will be denied if the services provided do not match the authorization.

- If a change to an equipment item or supply originally authorized becomes necessary, contact a Northwood Benefit Coordinator via fax or telephone to request review for a revised authorization. The following information must be included when requesting a review:
    - Current authorization number.
    - Patient name.
    - Security Health Plan ID Number
    - Documented reason for change of equipment or supply.
- Providers are responsible for maintaining the original authorization. Northwood will not provide duplicate copies of authorization for billing purposes or after payment has been made.

AFTER HOURS - RETROSPECTIVE AUTHORIZATIONS

Authorizations are provided during regular business hours - 8:30 a.m. to 5:00 p.m. CST Monday thru Friday.

If an urgent request for services occurs after-hours or on weekends/holidays the provider must request an authorization within two (2) business days, or within 10 (10) business days for point-of-service providers (stock/bill, loan closets) identified by Northwood.

Urgent/Emergent and non-routine retrospective authorization requests must be submitted online to Northwood along with supporting documentation for case review.

Retrospective authorizations will only be provided for after-hours service due to urgent/emergent situations or non-routine circumstances. Urgent/emergent situations 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. The provider shall proceed as listed below:

- Under these conditions, the member should be serviced.
- The provider may obtain authorization within the next two (2) business days.
- Members should be informed of their potential financial responsibility for cost-sharing (co-payments, coinsurance and/or deductibles).

Northwood may issue retrospective authorizations for urgent/emergent and non-routine circumstances. However, for routine requests retrospective authorizations will be administratively denied for provider's failure to obtain authorization prior to delivery or completion of services.

SECTION III - MEMBER SERVICES

Covered DMEPOS benefits for Security Health Plan members must be obtained through Northwood's contracted providers and prior authorized by Northwood.

Members, referral sources, and providers may contact Northwood during regular business hours for questions and inquiries regarding:

- Provider locations.
- General benefits and/or coverage criteria.
- Financial responsibility.
- Appeal and grievance procedures.

Contact Northwood's dedicated Security Health Plan toll-free line at 1-866-532-1344. Members (non-English speaking) requiring language services may contact a Northwood Benefit Coordinator who will coordinate translation services.

MEMBER BILLING

- Northwood providers are bound by contract to accept assignment for all covered equipment and supplies rendered to Security Health Plan members.

- Members are only financially responsible, and may be billed, for applicable cost-sharing (co-payments, coinsurance and/or deductibles); retroactive eligibility terminations by Security Health Plan due to regulator/regulatory requirements or contractual standards; and for non-covered services in accordance with Northwood's Participating Supplier Agreement ("PSA") and Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement.

MEMBER HOLD-HARMLESS PROVISION

According to Northwood's Participating Supplier Agreement ("PSA") and the Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement, providers agree to abide by Northwood Policies and Procedures and to look solely to Northwood for payment of authorized covered equipment and supplies rendered under the Security Health Plan Program.

Members are financially responsible only for applicable cost-sharing (co-payments, coinsurance and/or deductibles) for equipment and supplies that have been approved by Security Health Plan and Northwood. Providers are prohibited from billing the member for any of the following:

- The difference between the provider's submitted charge and Northwood's fee.
- Reduced fee differential amounts on down-coded or adjusted items based upon medical necessity or the least costly alternative.

- When medical documentation provided conflicts with the information supplied during the authorization request.
- Provider's failure to obtain required authorization for covered equipment and supplies.
- Claims submitted past filing limitations.
- Provider's failure to follow Northwood policies and procedures.

SECTION IV - PRESCRIPTION REQUIREMENTS

It is the provider's responsibility to obtain a valid prescription for requested equipment and supplies. Verbal orders are acceptable for initial set-up of equipment and supplies; however, a prescription must be obtained and provided to Northwood upon request. Providers must have a faxed, photocopied, original signed order or electronic prescription in their records before they can submit a claim for payment to Northwood. Providers must maintain valid prescriptions on file for equipment and supplies.

A valid prescription, paper or electronic, must include:

- Prescription Date (the original date of service must be within 30 days of the RX date).
- Item Ordered.
- Duration of Need.
- Diagnosis.
- Quantity.
- Physician Signature (stamped signatures are not valid).

PRESCRIPTION DURATIONS

- Most prescriptions are valid for 12 months but may vary according to medical necessity.

SECTION V - CLAIMS

FILING PROCESS

Northwood claims for Security Health Plan members must be:

- Submitted electronically or on a CMS 1500 Claim Form.
- DMEPOS provider must have their National Provider Identifier (NPI) on all claims.
- PAPER claims must be completed in entirety and include:
    - NORTHWOOD'S AUTHORIZATION NUMBER
    - Physician's written order including NPI number (on initial orders only and upon prescription renewal).
    - Attached 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.
- ELECTRONIC claims must be completed according to HIPAA 837 transaction requirements detailed on Northwood's website at www.northwoodinc.com.

Claims submitted without the required information will be rejected and must be resubmitted within the filing limitation timeframe (see below).

CLAIMS FILING LIMITATIONS

Claims for Security Health Plan program members must be submitted to Northwood as follows:

- **Commercial Members** (Group and Direct Pay and some third party administrator) claims must be submitted within 180 days of the date of service (DOS), unless you are awaiting a payment and or remittance advice from a primary payor via coordination of benefits. If the member has other health insurance that is primary, then timely filing is counted from the date of the Explanation of Payment (provider remittance) of the other carrier. This deadline applies to claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limits, claims will be denied.
- **Family Health Center** claims and adjustment requests must be received within 365 days of the date of service. This deadline applies to claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limits, claims will be denied.

- **Medicare Advantage** follows Medicare claims submission guidelines. To be eligible for reimbursement, claims must be filed within one year (365 days). If claims are received after the timely filing limits, claims will be denied.

- **BadgerCare Plus** claims and adjustment requests must be received within 365 days of the date of service (DOS). This deadline applies to claims, corrected claims, and adjustments to claims. If claims are received after the timely filing limits, claims will be denied.

    - State and federal laws provide eight exceptions to the submission deadline for BadgerCare Plus. Exceptions may be considered to the submission deadline only in the following circumstances:
        - Change in nursing home resident's level of care or liability amount.
        - Decision made by a court order, fair hearing, or the DHS (Department of Health Services).
        - Denial due to discrepancy between the member's enrollment information in ForwardHealth interchange and the member's actual enrollment.
        - Reconsideration or recoupment.
        - Retroactive enrollment for persons on GR (General Relief).
        - Medicare denial occurs after ForwardHealth's submission deadline.
        - Refund request from another health insurance source.
        - Retroactive member enrollment.

- Filing limitations apply to all claims, including claims previously submitted and returned for missing or incomplete documentation. Northwood and Security Health Plan are not responsible to provider for claims not submitted in a timely manner. In addition, provider may not bill, charge or seek remuneration from member for claims denied due to late submission.

- A claims status (claim denials or corrected claims) must be submitted within the claim filing limitations noted above.

- Submit paper claims with the required medical and other carrier payment documentation to the following address:

NORTHWOOD, INC.
ATTN: SECURITY HEALTH PLAN CLAIMS
P.O. BOX 510
WARREN, MICHIGAN 48090-0510

CLAIMS PAYMENT CYCLE

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

- A clean claim consists of the following information:

    - Northwood Authorization Number.
    - Provider Name/Address/NPI Number.
    - Member Name/Address/Telephone.
    - Security Health Plan ID Number.
    - Date of Birth.
    - Other Insurance Information (if any).
    - Diagnosis (ICD-9/10-CM Code).
    - Date of Service.
    - Referring Physician Name.
    - Referring Physician NPI and TIN.
    - Level II HCPCS Code.
    - Manufacturer name, description and product number for NOC items.
    - Service Type (Purchase or Rental).
    - Quantity
    - Duration of Need.
    - Modifier.
    - Provider Charge.
    - Other Payment.
    - Taxonomy (Medicaid)

- Claims payment shall be limited to Northwood's allowable fee less any member cost-sharing (co-payments, coinsurance and/or deductibles) or primary payment amount.

- Northwood maintains the right to request proof of delivery or hard copy prescription upon request. Payment will be suspended pending requested documentation.

- Payment is contingent upon provider's compliance with all applicable documentation requirements.

OTHER PARTY LIABILITY CLAIMS

- Claims must first be submitted to the primary carrier and a hard copy of the provider remittance advice must be submitted with your hard copy claim to Northwood. If a secondary claim is submitted electronically to Northwood,

primary payment information must be included pursuant to Northwood electronic claims submission procedures (available at www.northwoodinc.com).

- If providers receive information that indicates that the member is pursuing settlement from a liable party for accident and trauma claims the provider must notify Northwood immediately.

- Northwood's payment for a service or supply as the secondary payer will be based on the difference between what the primary payer paid and what Northwood would have paid as the primary payer up to Northwood's allowed amount. If the primary payer's payment is less than Northwood's allowed amount, Northwood will pay the difference not to exceed its allowed amount.

- Northwood does not reimburse for the difference between the billed and primary insurance allowable.

PROVIDER REMITTANCE ADDRESS

- Northwood maintains a primary address on file for all providers that will be used when processing claims for payment.

- All payments by check will be payable to the primary address supplied to Northwood during the credentialing period for network participation.

- It is important that each provider have only one primary remittance address.

- Providers need to notify Northwood in writing on company letterhead of any address changes to their primary billing address.

- Providers must supply Northwood with an updated W-9 form for address changes.

- Providers are responsible for maintaining the original Northwood payment vouchers and providing copies to branch locations. Northwood is not responsible for re-issuing duplicate vouchers.

COORDINATION OF BENEFITS (C.O.B.)

- Providers are required to obtain all insurance information from the member, including Worker's Compensation insurance.

- For Security Health Plan's Medicaid Program, Security Health Plan is the payer of last resort when any other type of insurance exists except for Family Health Center which is secondary to Medicaid. For Commercial Plans, as applicable, Northwood follows Coordination of Benefits guidelines from the National Association of Insurance Commissioners (NAIC) and applicable law.

- A claim may be rejected if a provider does not complete the section of the claim form regarding other insurance coverage.

HIPAA EDI CLAIMS INQUIRY

Electronic claim submitters may submit a HIPAA 276 transaction, Health Care Claim Status Request, for claims inquiry.

- Requests will be accepted in batch and can be uploaded using the same secure connection as with electronic claims.

- Northwood will respond with a HIPAA 277 transaction, Health Care Claim Status Response, which can be retrieved using the same secure connection that is used for electronic claim acknowledgements.

- Submitters will be notified by email when a new transaction batch is ready for download.

HIPAA EDI CLAIMS PAYMENT/ADVICE

Electronic claim submitters will receive HIPAA 835 transactions, Health Care Claim Payment/Advice, using the same secure connection that is used for electronic claim acknowledgements.

- Electronic payment /advice transactions will only apply to electronic claims.

- A payment/advice batch of transactions will be available on the day that Northwood prepares cash disbursements.

- Submitters will be notified by email when a new transaction batch is ready for download.

Please see the Northwood website at www.northwoodinc.com for the latest details related to HIPAA EDI transactions.

CLAIMS INQUIRY

A provider may make a claim inquiry under the following circumstances:

1. PAYMENT OTHER THAN ANTICIPATED

- If payment received is other than anticipated and not in accordance with the Northwood fee schedule, please submit a completed Claims Status Form in Section XII following the claim filing limitations noted above and include the following;
    - Copy of the original claim.
    - Supporting documentation.
    - Northwood's remittance voucher.

2. NO RESPONSE TO CLAIMS SUBMISSION

- If you have not received a response to your original claim submission in accordance with Northwood's claim payment turnaround time, please verify that the claim was submitted to the correct address and resubmit.

- If a claim was correctly submitted and has not been responded to within 45 days (mailing, provider posting time, etc.) please copy the claim form and required documentation, write SECOND REQUEST at the top of the CMS claim form and resubmit.

Post payments and resolve rejections prior to resubmitting claims to Northwood.

CLAIM PAYMENT RECOVERY

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 30 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.

ELECTRONIC FUNDS TRANSFER

Electronic funds transfer (EFT) is available; please visit the Northwood, Inc. website at www.northwoodinc.com to sign up.

SECTION VI - QUALITY

IT IS THE RESPONSIBILITY OF CONTRACTED PROVIDERS TO ENSURE THAT THEIR EMPLOYEES UNDERSTAND NORTHWOOD POLICIES AND PROCEDURES, INCLUDING SERVICING AND QUALITY ISSUES AS THEY MAY PERTAIN TO THE SECURITY HEALTH PLAN PROGRAM.

Quality issues include but are not limited to:

- Substandard care.
- Deviations from standards and guidelines from generally accepted industry practices as they pertain to the provision of equipment and supplies in accordance with health plan provisions.
- Member discrimination related to plan coverage.
- Inappropriate behavior of staff, as perceived by the member, provider, Northwood or Security Health Plan.

PROVIDER COMPLAINT, APPEAL AND QUALITY IMPROVEMENT PROCESS

Northwood strives to provide quality service in a professional and timely manner. In the event a provider believes that Northwood has not satisfactorily resolved a problem or concern, providers may utilize Northwood's Complaint and Grievance Process.

- Providers may contact Northwood in writing regarding quality issues/concerns such as those outlined in the Quality Section of this Provider Manual.
- Northwood encourages providers to participate in the continuous quality improvement process by submitting quality concerns in writing.
- Periodically, Northwood will perform Provider Satisfaction Surveys to determine provider satisfaction with Northwood administrative services and to identify opportunities for improvement.
- A Provider may submit a provider appeal to Northwood, in writing, to request reconsideration of a previous decision. A provider appeal must be filed with Northwood within 60 calendar days from the date of denial. Written appeals should be submitted in letter format including any additional information or details deemed necessary. Appeals should be directed to:

Northwood, Inc.
P.O. Box 510
Warren, Michigan 48090-0510
Attn: Provider Appeals

- Provider appeals filed beyond the above-described timeframes will be denied and both Northwood and Security Health Plan will be held harmless. For more information on submitting a provider appeal, please contact Northwood at 1-866-532-1344. Appeal decisions are usually rendered within 30 calendar days of receipt of an appeal.

- If an initial provider appeal (Level I) as outlined above results in a denial, a provider may file a second (Level II) provider appeal. Providers shall follow the procedure described above and clearly indicate that their submission is a second (Level II) provider appeal. Second (Level II) provider appeal decisions are considered final.

Note: Member appeals filed by a member or by a member's Authorized Representative should be directed to Security Health Plan.

Northwood monitors the quality and performance of its network providers through its Member Satisfaction Surveys and complaint processes.

MEMBER COMPLAINTS

- Member complaints may be received through the survey process, provider, referral source, health plan, member or patient advocate.

- Members should be directed to contact Northwood at 1-866-532-1344 or Security Health Plan Member Service department at 1-800-472-2363 to register a complaint or concern.

- Members are encouraged to discuss their concerns with their Northwood provider who often can correct the situation to the member's satisfaction.

- Providers are required to notify Northwood of all member complaints to ensure activation of the Member Complaint and Grievance Process.

- Complaints are investigated by Northwood personnel, documented on a Northwood Non-conformity form and faxed to the Northwood provider for written resolution.

- Providers will be contacted telephonically when complaints require immediate attention. A Non-conformity form will be forwarded to the provider via fax for written resolution.

- Non-conformity forms must provide written resolution, be signed by a company manager and returned to Northwood within 48 hours.

- Northwood performs a follow-up survey with the member to determine if the concern is resolved to the member's satisfaction.

- If the resolution is not to the member's satisfaction, Northwood will notify the member of Security Health Plan's member Complaint and Grievance process.

- Northwood reports member complaints to Security Health Plan for quality monitoring and tracking purposes.

SECTION VII - CONFIDENTIALITY

CONFIDENTIALITY OF MEDICAL RECORDS

In accordance with applicable state and federal laws and regulations, Security Health Plan, Northwood and Northwood contracted providers shall not:

- Disclose medical records or information except to an authorized representative of Security Health Plan, Northwood or to a properly identified and authorized government agent and as otherwise specifically provided in the Northwood Participating Supplier Agreement and Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement.

- Both Northwood and Northwood contracted providers are required to maintain accurate and timely medical records for members describing covered equipment and services and related financial records. These records must be kept for at least six (6) years (children's records must be retained up to age of majority) from the last date of provision of covered equipment, or longer if required by law (e.g. 10 years for Medicare Advantage), regulation or applicable contract. Such records must be kept in a manner that safeguards the privacy of any information that may identify a particular member.

- Northwood and Security Health Plan have the right to inspect and obtain, at no additional charge, copies of all medical records of members.

In addition to the above, Northwood providers shall:

- Have a central file location where records are stored in an adequate filing space and patient records are available and retrievable.

- Ensure patient records are stored and accessed according to the Health Insurance Portability and Accountability Act (HIPAA).

- Store patient records securely in a separate area or room that is accessible only to authorized personnel. If feasible, records area should be locked.

CONFIDENTIALITY OF BUSINESS INFORMATION

In accordance with Northwood's Participating Supplier Agreement ("PSA") and Subcontractor Affiliation Acknowledgment to Northwood, Inc.'s Security Health Plan of Wisconsin, Inc. Vendor Affiliation Agreement, Northwood providers are bound to hold all confidential or proprietary information or trade secrets of each other in trust and confidence and agree that such information shall be used only for the purposes contemplated in the above named agreements.

SECTION VIII - PARTICIPATION REQUIREMENTS AND CREDENTIALING

PROVIDER CRITERIA

Northwood requires its providers to meet the following minimum requirements for participation in its network:

- Centers for Medicare and Medicaid Services (CMS) approval/supplier number.
- Accreditation by an independent accrediting organization adopted by CMS.
- National Provider Identifier (NPI)
- State required licensure (if applicable).
- Any required DMEPOS licensure (if applicable) must be in good standing.
- Enrolled as a provider with the State of Wisconsin Medicaid program (ForwardHealth).
- Liability insurance minimums of $1,000,000 per occurrence/$2,000,000 annual aggregate.
- Notification to Northwood of changes or termination of such insurance.
- Sound financial standing.
- Possession of manufacturer's warranties on equipment.
- Ability to service equipment according to warranty specifications.
- Available skilled and/or credentialed staff to support services provided.
- Appropriately staffed business hours (8 hours per day).
- Staff available twenty-four hours per day, seven days per week for emergency services.
- After-hours answering service/paging system.
- Providers must use the OIG List of Excluded Individuals Entities (LEIE) and SAM Excluded Parties List upon initial hiring and on an ongoing monthly basis to screen employees to determine if any are excluded from participation in federal health care programs.

- Not currently excluded, terminated or suspended from participation in federal and/or state programs.

    - Under its contracts, if Northwood receives a direct notification from Security Health Plan (via federal and/or state regulatory bodies) to suspend or terminate a provider, Northwood is required to suspend or terminate the provider from its network if the provider contracts with Northwood for Security Health Plan members. (Northwood is not permitted to authorize any providers terminated or suspended from federal and/or state programs to treat members and must deny payment to such providers.)

- Provider has a formal policy that states it does not compensate employees/consultants/contractors or healthcare providers in bonuses, reimbursement or incentives, based on member utilization of health care services. During orientation of new staff and annually, provider reviews potential scenarios that may result in conflict of interest or ethical situations, including those involving financial incentives of staff.

- Participation in quality assurance/utilization review programs, including reviews involving;

    - Determination of appropriate equipment,
    - Complete and detailed member treatment records, available to Northwood/Security Health Plan for review,
    - Emergency visits to member's home/place of residence,
    - Two-hour provision for emergency equipment/service delivery,
    - Member education, including written patient instructions on proper use and maintenance of equipment.
    - Physician contact when necessary to review prescriptions and changes in patient's conditions.
    - Scheduled follow-up visits to member's home or by appointment in provider's facility.
    - Integrity and ethical business practices.
    - Solid community standing.

PROVIDER CREDENTIALING

Providers must submit and update the following credentialing information to Northwood during the initial credentialing process:

1. A copy of your National Supplier Clearinghouse (NSC) document indicating CMS's approval and assignment of your Medicare supplier number(s);
2. A copy of your accreditation letter or certificate for Durable Medical Equipment issued by an independent accrediting organization adopted by CMS (e.g., Joint Commission);

3. A copy of your Prosthetic/Orthotic certification/accreditation (e.g., ABC) if applicable;
4. A copy of your state license, i.e. limited retail drug license (if applicable);
5. A copy of your Business License;
6. A copy of your Certificate of Liability Insurance with Northwood named as a Certificate Holder
7. A complete copy of your current liability insurance certificate or declaration page (face sheet) of your insurance policy. The document should include the name of the company, name of applicant, policy number, dates of coverage and amounts of coverage (with a minimum of coverage outlined in Section X Liability Insurance Requirements);
8. A copy of your National Provider Identifier (NPI) notification;
9. A copy of your Sales Tax License (if applicable);
10. Copies of any other certifications held.

Northwood provides an annual summary of provider demographics and other information it maintains in the provider database. Providers must review and make any changes to data, provide certificates or other information as requested and return to Northwood by the return date indicated on the form.

RE-CREDENTIALING PROCESS

It is the responsibility of the provider to notify Northwood in writing of any changes to the information initially supplied on the Northwood Participating Provider Application including;

- Additions or deletions to locations.
- Address changes, phone, fax, key personnel.
- Changes to remittance address.
- Changes to ownership.
- Insurance coverage changes.
- Federal Tax ID numbers.

Northwood will make its best efforts to accommodate the addition of newly added locations of the provider. Requests should be directed to the Northwood Provider Affairs Manager.

Changes to ownership will require reapplication into the network.
Upon notification from Northwood, providers will be required to submit a completed re-credentialing application and all requested supporting documentation.

Failure to respond to the re-credentialing notice may result in termination from Northwood's network.

SECTION IX - LIABILITY INSURANCE REQUIREMENTS

The following insurance minimums are required for contract participation in accordance with Northwood's agreements with Security Health Plan:

- General liability coverage including products, completed operations liability coverage, and contractual liability coverage with minimum annual limits of $1,000,000 per occurrence and $2,000,000 annual aggregate and applicable medical professional liability coverage with annual limits of $1,000,000 per claim and $2,000,000 annual aggregate.

    - Such coverage shall include provider, its employees and agents at all sites and for all activities related to provision of covered equipment.

- Provider is required to promptly notify Northwood:

    - Upon discovery of any loss, or impairment of required coverage, or;
    - When more than half of any required annual limits have been exhausted or reserved by the applicable insurance carrier;
    - And, submit annually a listing of all Products/Completed Operations losses incurred by provider, including those reported to provider's insurers regardless of whether any such losses have been paid.

- If liability coverage is secured on a "claims made" policy:

    - Provider must purchase a "tail" policy covering a period of not less than five (5) years following termination of the coverage or termination of your agreement with Northwood/Security Health Plan whichever is later, or;
    - Agree to continue to provide the certificate of insurance as outlined in this request for a period of five (5) years after termination of your agreement with Northwood/Security Health Plan.

- Providers are required to name Northwood as a certificate holder and immediately notify Northwood in writing of any lapse or change in coverage. Failure to do so may result in termination from network participation.

SECTION X – FINANCIAL INCENTIVE POLICY

Northwood does not reward practitioners, providers, or employees who perform utilization reviews for not authorizing health care services. No one is compensated or provided incentives to encourage denials, limit authorizations or discontinue medically necessary covered services. Denials are based on lack of medical necessity or because a benefit is not covered. Northwood does not make decisions about hiring, promoting, or terminating practitioners or other staff based on the likelihood or the perceived likelihood that the practitioner or other staff member supports, or tends to support, "denial of benefits".

SECTION XI - FORMS

1. NORTHWOOD PATIENT ADVANCE NOTICE/WAIVER OF LIABILITY OF NONCOVERED SERVICES OR HIGHER GRADE/DELUXE EQUIPMENT OR SUPPLIES FORM

2. NORTHWOOD CLAIM STATUS FORM

3. NORTHWOOD PRIOR AUTHORIZATION REQUEST FORM FOR THE SECURITY HEALTH PLAN (SHP) PROGRAM

4. RETROSPECTIVE AUTHORIZATION FORM

5. FEE SCHEDULE / POLICY UPDATE ACKNOWLEDGMENT FORM

Northwood

PATIENT ADVANCE NOTICE/WAIVER OF LIABILITY OF NONCOVERED SERVICES OR HIGHER GRADE/DELUXE EQUIPMENT OR SUPPLIES

Provider Name:	NPI:
Member Name:	Contract/ID #:
Health Plan:	Date of Service:

Equipment/Supply Requested:

HCPCS Codes:

The equipment/supply being prescribed and requested will probably not be covered by your health plan because it is a:

□ Noncovered item
□ Reason not covered_____

□ Higher Grade/Deluxe Equipment
□ Standard Equipment:_____

Provider Charge: $.	Expected Insurance Payment: $.	Expected Member Liability: $.

Northwood Benefit Coordinator Name: Date Contacted:

If you believe a service will not be covered, you will need to contact Northwood and speak to a Benefit Coordinator.

This notice gives an opinion regarding nonpayment or noncoverage for equipment or supplies by your health plan. It is not an official decision by your plan. If you would like to receive an official decision from your health plan prior to receiving and paying for the prescribed and requested equipment/supply we can contact your health plan.

By signing and dating below, I understand that my insurance may not pay for the equipment/supplies I am receiving today or they may not pay the full amount (less any applicable deductibles, coinsurance, co-pays, etc. which are member responsibility). It is my decision to receive the equipment/supply irrespective of its coverage and that the charges will be my responsibility.

_____

Print Name Signature Date

If you have questions about this notice or about your plan billing or coverage, please call your health plan's customer service number.

PA-13
05-17-2013

FORM INSTRUCTIONS:

In order to bill a member for noncovered or deluxe equipment, the provider must first obtain a signed, appropriate advanced notice/waiver of liability. This form may be used to obtain the member's advanced permission to bill the member for noncovered/deluxe equipment.

If a provider believes that an equipment/service will not be covered, or is a higher-grade/deluxe item, Northwood must be contacted to verify benefits. If the determination is that the equipment is noncovered or deluxe, the member may choose to have the item dispensed without receiving a formal health plan determination/decision. Prior to dispensing the noncovered or deluxe equipment, the member must acknowledge liability in writing by signing an advance notice/waiver of liability. If a provider will be billing a member for noncovered or deluxe equipment, the provider must inform the member before services are rendered and the member must agree in writing to the arrangements regarding the cost of the equipment/service and payment terms.

This form must be filled out in its entirety. When indicating that the item is noncovered, providers must state a reason for noncoverage; i.e. not medically necessary, experimental/investigational, etc. Also, in the boxes provided fill in the equipment (including HCPCS codes) being provided, the charge for the equipment, any anticipated health plan payment and the potential amount of member liability. Document the name of the benefit coordinator that was contacted at Northwood and indicated that the item was noncovered/deluxe.

After completely filling out all the fields on the document - have the member print their name, sign, and date the document. After the member signs, give a copy of the signed notice/waiver to the member and keep the original on file in the Member's record.

OTHER INSTRUCTIONS:

If it is determined by Northwood that the item is noncovered or deluxe, a Member may be given the option to receive a formal decision from their health plan or continue with obtaining the equipment/service by signing an advanced notice/waiver. If the member chooses to receive a formal health plan decision, the provider must submit the request to Northwood and include supporting documentation, i.e. prescription, LOMN, etc.

PA-13
05-17-2013

CLAIM STATUS FORM

Date of Status_____ Provider Contact/Statuses: _____

Provider Name and Tax ID: _____

Health Plan _____

Patient Name: _____

Contract/ID Number: _____

Claim Number _____

Procedure Code(s) Status: _____

Usual and Customary Charge(s): $_____

Date of Service: _____

Authorization Number: _____

Date of First Submission: _____

Reason for Claim Status: _____

_____

Additional Documentation Submitted (YES) _____ (NO) _____

Additional Comments:

_____

_____

Status forms are to be used for underpayment or rejected claims only.

Mail to: Northwood, Inc.
Attn: Security Health Plan Claims
P.O. Box 510
Warren, MI 48090-0510

SHP CL-01
11-13-14

Northwood

Northwood Prior Authorization Request Form for the Security Health Plan (SHP) Program

Telephone: 1-866-532-1344 Fax: 1-866-483-9988

DMEPOS Provider Information		
Date Of Request:	NW Provider ID #:	
Provider Name/City/State:		
Contact Person:	Phone #:	Fax#:

Patient/Member Information		
SHP ID #:	Date of Birth:	
Last Name:	First Name:	
Patient Phone #:	Patient Height:	Patient Weight:
Ordering Physician Name:		
Ordering Physician Phone #:	Ordering Physician NPI #:	
Other Insurance Name:	Other Insurance #:	

Equipment/Medical Supply Information

Date of Service	HCPCS Code	Diagnosis Code (ICD-9/10)	Modifier (NU/RR/BO/BA)	Modifier (RT/LT)	Quantity

Utilization Management Section

Have you attached the medical documentation necessary to review this request? ☐ YES ☐ NO
(i.e. requests for over-quantity should have valid prescription and LOMN attached; requests for Enteral nutrition should have valid prescription (height, weight, BMI), LOMN and growth charts (infants).

Is this an urgent/emergent request? ☐ YES ☐ NO

Was this dispensed from a loan closet or stock and bill? ☐ YES ☐ NO

Manufacturer cost invoices must be submitted for NOC/IC codes. If this is an NOC/IC code request, have you attached your manufacturer cost invoice? ☐ YES ☐ NO

Important Note Section

To document medical necessity for the item/service requested above, the written diagnosis and supporting clinical information must be attached and included with your request, and be signed by a qualified practitioner (PCP, treating Physician/ARNP).

All durable medical equipment, prosthetics, orthotics, and medical supplies (DMEPOS) require a preauthorization. If any DMEPOS is provided without a preauthorization, the claim will be denied.

Authorizations are performed Monday thru Friday, 8:30 a.m. to 5:00 p.m. Urgent/emergent requests for services performed after-hours or on weekends need to be requested within the next two (2) scheduled business days. Requests for authorizations requested outside the timeframes will result in an Administrative Denial.

If you do not receive a response to your fax request within 2 business days please call Northwood at 1-866-532-1344.

SHP CSR-02
4/21/15

RETROSPECTIVE AUTHORIZATION REQUEST FORM
FOR URGENT/EMERGENT DMEPOS REQUESTS

PROVIDER NAME _____ NW PROVIDER #_____

PROVIDER CONTACT NAME_____

PHONE #_____FAX # _____

DATE OF REQUEST_____DATE OF SERVICE_____

MEMBER NAME_____

CONTRACT/ID NUMBER _____

DIAG.CODE(S) _____

EQUIPMENT/SUPPLIES DISPENSED_____

_____

HCPCS CODE(S)

_____

QUANTITY_____

REASON FOR NOT OBTAINING PRIOR AUTHORIZATION

_____

_____

ABOVE INFORMATION MUST BE COMPLETE AND SUBMITTED WITH ANY SUPPORTING DOCUMENTATION TO BE CONSIDERED FOR RETROSPECTIVE AUTHORIZATION.

RETROSPECTIVE AUTHORIZATION REQUESTS MUST BE SUBMITTED WITHIN THE NEXT TWO (2) SCHEDULED BUSINESS DAYS, OR WITHIN FIVE (5) BUSINESS DAYS FOR POINT-OF-SERVICE PROVIDERS (STOCK/BILL, LOAN CLOSETS) IDENTIFIED BY NORTHWOOD.

CSR-01
11-13-14

FEE SCHEDULE/POLICY UPDATE ACKNOWLEDGEMENT FORM

Dear Northwood Provider,

Please review the enclosed Fee Schedule, Provider Manual Revisions and/or Policy Updates. One copy of the Fee Schedule, Provider Manual Revisions or Policy Updates has been mailed to the primary location listed on the contract agreement between Northwood, Inc. and the provider. Please copy and distribute to other branch locations as needed.

Northwood's Provider Relations Department requests that you acknowledge your receipt of the above referenced materials dated _____. Please sign, date and return a copy of this form via mail (P.O. Box 510, Warren, MI 48090) or fax (586 755 3733).

Acknowledgement of Receipt

I, _____ the _____of
Authorized Company Representative (Printed Name) *(Title)*

_____acknowledge receipt of the
Company Name

Northwood Fee Schedule effective _____

Northwood DME Manual or Policy Update effective _____

Signature: _____ Date: _____
Authorized Company Representative

PA-9
02-01-10