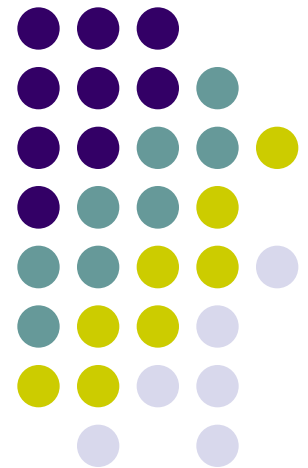


Northwood Provider Orientation

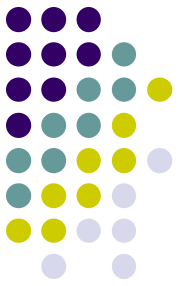
Durable Medical Equipment Benefit Management (DBM)



Northwood



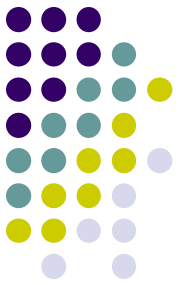
What is Durable Medical Equipment Benefit Management (DBM)?



- Provider Network Management
 - Credentialing/Re-credentialing process
 - Convenient member access – to meet the Plan's needs
- Member/Provider Service Management
 - Call center for members and providers – 24/7 access
- Utilization Management
 - 100% Prior Authorization
- Claims Management
 - 30 day turnaround time on clean claims



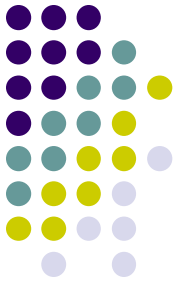
Why Durable Medical Equipment Benefit Management?



- Ensure appropriate utilization of durable medical equipment, prosthetic, orthotic and medical supply services.
- Achieve reasonable cost savings while providing appropriate member care.



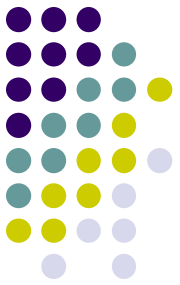
Northwood Overview



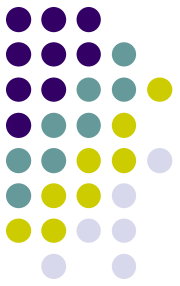
- Northwood is a Durable Medical Equipment Benefit Management (DBM) company specializing in cost management and improving member care and satisfaction.
- Founded in 1992 by an independent, family-owned home medical equipment company.
- Over 5,800 durable medical equipment, prosthetic, orthotic and medical supply (DMEPOS) provider locations nationwide.
- Large staff consisting of experts in the DMEPOS industry and clinicians.
- URAC accredited in Health Utilization Management and Claims Processing.



Northwood Experience



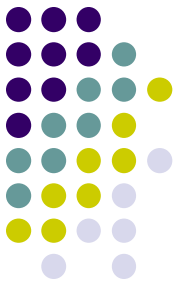
Northwood and BMCHP/Well Sense



- BMC HealthNet Plan operating in NH under the trade name Well Sense Health Plan (Well Sense) has contracted Northwood to be their Durable Medical Equipment Benefit Manager for the New Hampshire Medicaid Care Management Program beginning December 1, 2013.



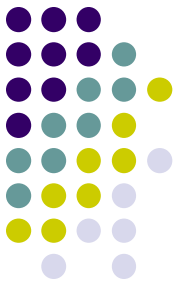
BMCHP/Well Sense Program Participants



- All Plan Members
 - Well Sense NH Medicaid Care Management Program
 - MassHealth and Commonwealth Care
 - Commercial Choice and Employer Choice
 - All plan types
 - Qualified Health Plan Products (QHP)
 - All plan types



Products and Services Managed by Northwood for the Plan's Programs

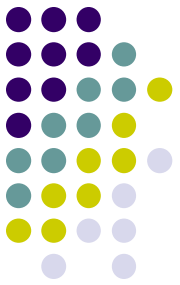


All Durable Medical Equipment, Prosthetics, Orthotics, Medical Supplies, and Enteral Products and Supplies dispensed and billed by the following provider types:

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



Products and Services Managed by Northwood for the Plan's Programs (cont.)



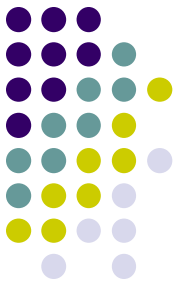
- Oxygen/respiratory equipment providers
- Speech generating device providers
- Ocular prosthetic providers
- Mobility providers
- Home infusion providers*
- Sleep study providers**

* **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.

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



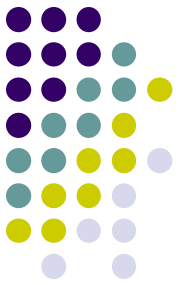
Timeline – December 1, 2013



- Starting December 1, 2013 all Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies will need to be prior authorized through Northwood.
- All Well Sense NH Medicaid Care Management Program member claims with a date of service (DOS) of 12/1/13 or after must be submitted to Northwood.



Transition Timeline for Northwood Contracted Providers



Beginning December 1, 2013 all DMEPOS equipment/services will need to be prior-authorized by Northwood. For December dates of service (DOS) only, please fax Northwood a Batch Authorization Request* for all Well Sense members you are servicing – based upon the following schedule:

- **December 1 – December 8:** to ensure continuity of services – Providers with members who have 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 equipment/supplies provided.
- **December 1 – December 10:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 12/9 and 12/20.
- **December 11 – December 22:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 12/21 and 12/31.

*Batch Authorization Request form may be obtained by contacting Northwood or online at www.northwoodinc.com.



Transition Timeline for Non-Contracted Providers/Non-Northwood



Providers (not contracted with Northwood, but still contracted with NH Medicaid) will still need to obtain an authorization for equipment/services through Northwood for Well Sense members.

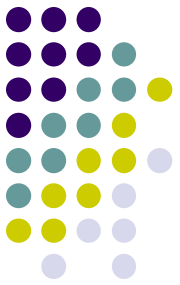
For December dates of service (DOS) only, please fax Northwood a Batch Authorization Request* for all Well Sense members you are servicing – based upon the following schedule:

- **December 1 – December 8:** to ensure continuity of services – Providers with members who have 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 equipment/supplies provided.
- **December 1 – December 10:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 12/9 and 12/20.
- **December 11 – December 22:** Providers must submit Batch Authorization Requests for members whose dates of service fall between 12/21 and 12/31.

*Batch Authorization Request form may be obtained by contacting Northwood or online at www.northwoodinc.com.



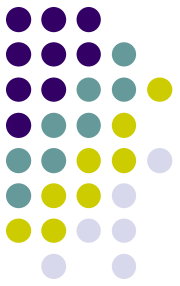
Transition Timeline for Non-Northwood Contracted Providers (cont.)



- If you have Well Sense members receiving continuous rentals or recurring supplies (and you do not already have an existing NH DHHS authorization), please contact Northwood (according to the schedule on the previous slide) to receive a transitional authorization.
- If you have Well Sense members who are receiving capped rental equipment (and you do not already have an existing NH DHHS authorization), please contact Northwood (according to the schedule on the previous slide) to receive a transitional authorization so that the member may continue with your company to complete capped rental coverage for remaining cap months or be transitioned to an in-network provider.

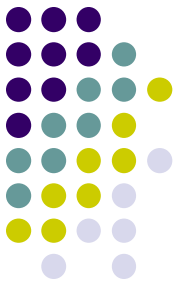


Transition Timeline for Providers With An Open DHHS Authorization



- If you are a provider (both Northwood contracted and non-Northwood contracted) currently serving Well Sense New Hampshire Medicaid Care Management Program members under an open New Hampshire Medicaid (DHHS) authorization extending beyond 12/1/13 (e.g. 12/30/13) – it will be honored by Northwood through the existing authorization 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 New Hampshire Medicaid authorization number in its system to allow for claim processing/payment.

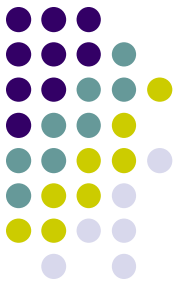




Prior Authorization Process

- Prior Authorization is Required
 - 100% Prior Authorization Program
 - For all Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS) and Enteral Products and Supplies.
 - For all Well Sense New Hampshire Medicaid Care Management Program Members



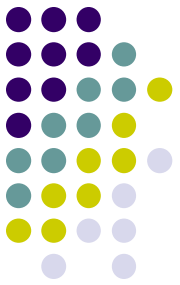


Prior Authorization Process (cont.)

- **To Request an Authorization:**
 - Call Northwood at: 1-866-802-6471
 - Fax Northwood at: 1-877-552-6551
 - Online at: www.northwoodinc.com
 - Follow instructions provided on webpage



Information Needed To Obtain An Authorization



- To assist with the authorization process, it is essential to have the following information available when contacting Northwood:
 - Provider ID Number
 - Member Name/
Address/Telephone.
 - Member Contact/Telephone.
 - Referral Source/Telephone.
 - Well Sense ID #.
 - Other Insurance Information (if any).
 - Diagnosis - ICD-9-CM Code and Description.
 - Date of Service.
 - Referring Physician.
 - Primary Care Physician.
 - Level II HCPCS Code.
 - Description of Product/Service.
 - Service Type (Purchase or Rental).
 - Quantity.
 - Duration of Need.





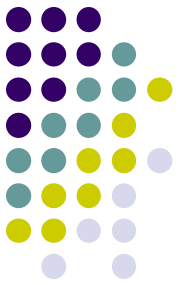
Prior Authorization Outcomes

Immediate Authorization

- Northwood's benefit coordinators will be your initial contact for requesting an authorization. If the request and related equipment/service meet criteria for diagnosis, quantity, standard equipment, etc. - an immediate authorization will be issued to the provider verbally and electronically faxed to the provider for their records. A Northwood authorization number is required on claims submission.
- If the requested product/service cannot be authorized by Northwood's benefit coordinators because it does not immediately meet criteria - it will be sent to Northwood's Case Review department for review and processing.



Prior Authorization Outcomes (cont.)

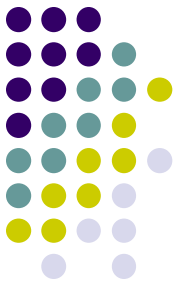


Case Review Authorization

- For cases that are sent to Northwood's Case Review department:
- Northwood's case review team will gather necessary documentation to determine whether an authorization can be granted.
 - Once medical information is obtained a determination can be made to authorize the product/service, Northwood will contact the provider with the authorization number and an electronic authorization form.
 - If Northwood is unable to authorize the product/service, even after receiving additional information - the case will be sent to Well Sense Health Plan for their review.



Prior Authorization Outcomes (cont.)

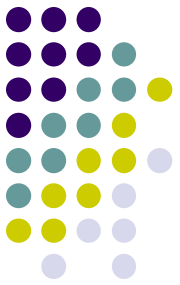


Denials

- Administrative and Benefit Denials
 - Northwood will manage administrative and benefit denials for the Plan. Administrative denials are based on an administrative reason; not based on medical necessity of service/product:
 - Not following authorization/referral process
 - Claims received outside of the timely filing limit
 - Member eligibility limitation
 - Coding or clinical edit denials
 - Benefit exclusions
- Medical Necessity Denials
 - Well Sense Health Plan will process denials based upon medical necessity.



Prior Authorization Outcomes (cont.)



Inquiries, Appeals and Grievances

- **Member Inquiries, Appeals and Grievances**
 - Well Sense Health Plan will continue to retain responsibility for member appeals and grievances for all Well Sense NH Medicaid Care Management Program members.
 - Northwood will respond to member inquiries.
- **Provider Inquiries, Appeals and Grievances**
 - Northwood has been delegated by Well Sense Health Plan to manage all provider inquiries, appeals and grievances for Well Sense NH Medicaid Care Management Program members.



Member Appeals and Grievances

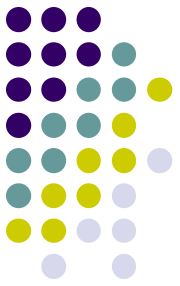


Well Sense Health Plan NH Medicaid Care Management Program Members

- Well Sense NH Medicaid Care Management Program members or the member's Authorized Representative may submit a grievance or appeal in the following ways:
 - By phone: 1-877-957-1300 (1-866-765-0055 TTY/TDD)
 - Monday through Wednesday between the hours of 8:00 a.m. and 8:00 p.m. or Thursday through Friday between the hours of 8:00 a.m. and 6:00 p.m.(except holidays)
 - By mail: Well Sense Health Plan
Member Appeals and Grievances
Two Copley Place, Suite 600
Boston, MA 02116
- Member Appeals must be submitted to the Plan within 30 calendar days of the notice of Adverse Action to the member - 1-877-957-1300.

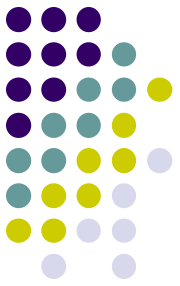


Provider Inquiries, Appeals and Grievances



- Provider inquiries, appeals and grievances may be made by:
 - Phone: 1-866-802-6471
 - Fax: 1-877-552-6551
 - Mail: Northwood/Well Sense NH Medicaid Care Management Program
7277 Bernice
Center Line, MI 48015



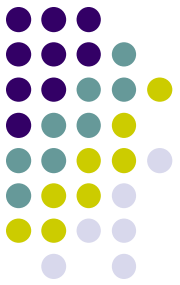


Claims

Claim Filing Process

- Northwood claims for Well Sense New Hampshire Medicaid Care Management Program member services may be submitted electronically or on a CMS 1500 (paper) claim form.
- The filing limit for Well Sense New Hampshire Medicaid Care Management Program member claims is ninety (90) days from the date of service (DOS).



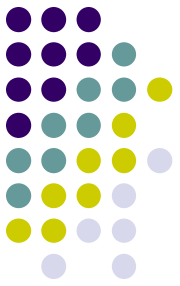


Claims (cont.)

Paper Claims

- Paper claims must be fully completed and include:
 - Northwood's authorization number
 - Member's Well Sense Health Plan ID No.
 - Physician's written order including NPI number (with initial claim only)
 - 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





Claims (cont.)

Send paper claims (CMS 1500) to:

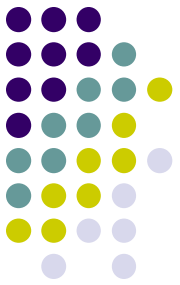
Northwood, Inc.

**Attn: Well Sense NH Medicaid Care
Management Program Claim**

P.O. Box 510

Warren, MI 48090-0510





Claims (cont.)

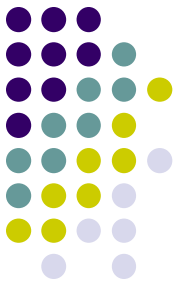
Electronic Claims

- Providers may send their claims to Northwood electronically. Electronic claims must be completed according to HIPAA 837 transaction requirements detailed on Northwood's website www.northwoodinc.com.

Electronic Funds Transfer

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





Provider Resources

- All reference materials for the Well Sense Health Plan New Hampshire Medicaid Care Management Program for DMEPOS administration can be found at www.northwoodinc.com under the provider link.
 - Northwood Well Sense Health Plan NH Medicaid Care Management Program Provider Manual
 - Quick provider reference guide
 - Frequently asked questions
 - A PDF copy of this presentation
 - Batch Authorization Request form

