

Claims

Claim Filing Process

Northwood claims for Well Sense NH Medicaid Care Management Program members may be submitted electronically or on a CMS 1500 (paper) claim form.

Paper Claims: Paper claims must be fully completed and include -

- Northwood's authorization number
- Member's Well Sense Health Plan ID #
- Physician's written order (initial claim only) including NPI/TIN number
- 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 (Manufacturer's Invoice attached if not submitted during authorization.)

Send paper claims (CMS 1500) to:

Northwood, Inc.
Attn: Well Sense NH Medicaid Claim
P.O. Box 510
Warren, MI 48090-0510

Electronic Claims: 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.

Claims submitted without the required information will be rejected and must be resubmitted within the 90-day claim filing limitation timeframe.

Northwood Provider Manual - Section V: For more detailed information regarding Claims, please see Section V of the Northwood Provider Manual for the Well Sense Health Plan NH Medicaid Care Management Program.

NORTHWOOD SERVICES FOR WELL SENSE HEALTH PLAN NEW HAMPSHIRE MEDICAID CARE MANAGEMENT PROGRAM MEMBERS



DME • P&O • Medical Supplies

Northwood provider inquiry hours are Monday through Friday 8:00 a.m. to 5:00 p.m. EST. After hours and on weekends, Northwood staff are on-call and can be reached for assistance and emergencies at:

1-866-802-6471



Northwood

P.O. Box 510
Warren, MI 48090
Phone: 1-866-802-6471
Fax: 1-877-552-6551



Northwood

1-866-802-6471

**Provider Reference
Guide For:**

**Durable Medical
Equipment,
Prosthetics,
Orthotics and
Medical Supplies
Program**



**Well Sense
Health Plan**

www.northwoodinc.com

Well Sense Health Plan and Northwood

Well Sense Health Plan and Northwood have entered into a partnership to arrange for quality, cost-effective durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) for the Plan's members.

How To Request An Authorization



PHONE
1-866-802-6471

Contact Northwood to request an authorization for any prescribed durable medical equipment, prosthetic, orthotic, or medical supply.

To assist with a speedy authorization process, please have all necessary information available - see 'Information Needed to Obtain an Authorization'.



FAX
1-877-552-6551

Authorization requests may also be faxed to Northwood. A authorization request form is available online at www.northwoodinc.com under the Well Sense Health Plan program tab - click on New Hampshire.

Please fax the completed form to Northwood at the number above. It will be processed during regular business hours. If you need immediate service, or after normal business hours, please contact Northwood at 1-866-802-6471.



ONLINE
WWW.NORTHWOODINC.COM

Northwood providers may also request authorizations online. Please follow the instructions available online on how to submit an electronic authorization.

Authorizations are performed Monday thru Friday, 8:00 a.m. to 5:00 p.m. Urgent/emergent authorization requests need to be submitted to Northwood within the next two (2) regularly scheduled business days.

Authorization Required

Authorization is necessary for all Well Sense Health Plan members requiring:

- Durable Medical Equipment
- Prosthetics
- Orthotics
- Medical Supplies

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.
- Member's 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.
- Manufacturer's Invoice for NOC/IC Codes.
- Service Type (Purchase or Rental).
- Quantity.
- Duration of Need.

Northwood Provider Manual - Section II: For more detailed information regarding Authorization, please see Section II of the Northwood Provider Manual for the Well Sense Health Plan NH Medicaid Care Management Program.

Authorizations

Immediate Authorization

Northwood's benefit coordinators will be the provider's 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.

Case Review Authorization

Cases that cannot be authorized immediately will be sent to Northwood's Case Review department. Northwood's case review team will gather necessary documentation to determine whether an authorization can be granted. If after gathering pertinent medical information 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.

Denials and Appeals

Cases that cannot be authorized by Northwood will be sent to Well Sense Health Plan for review.

If Well Sense Health Plan determines that the equipment/service can be authorized, the Plan will notify Northwood and Northwood will notify the provider. If the Plan determines that the requested equipment/service does not meet medical criteria, the Plan will issue a denial to the provider and member.

Members (or providers on behalf of members) who would like to file an appeal of a medical necessity denial must contact 1-877-957-1300 (1-866-765-0055 TDD/TTY).

Providers who need to file a provider appeal (for claims or administrative denials) may contact Northwood at 1-866-802-6471 or access the Claim Status form online at www.northwoodinc.com under the Provider tab.