

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

Health New England has selected Northwood, Inc., as their Durable Medical Equipment Benefit Manager (DBM). Northwood will administer and manage all aspects of durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS), including prior authorization, provider contracting, provider management, provider appeals, member services and claims payment for most Health New England members (excluding Medicare Supplement members).

### **General Information**

**1. When will the Northwood/Health New England DMEPOS Management Program become effective?**

The Northwood/Health New England DMEPOS Management Program will become effective for dates of service beginning October 1, 2018. Northwood will begin accepting authorization requests from contracted providers via its Provider Portal on October 1, 2018. Non-contracted providers may submit authorization requests via fax beginning October 1, 2018.

**2. Why is Health New England outsourcing these services?**

Health New England is outsourcing these functions in order to improve efficiency and cost-effectiveness in the delivery of DMEPOS services to its members.

**3. Which Health New England members or products are affected by the program?**

The new DMEPOS Management Program will apply to most Health New England members. This includes Commercial, Medicare Advantage and Medicaid members. The program does not apply to Medicare Supplement members.

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

As communicated in Health New England's letter to DMEPOS providers dated March 21, 2018, Health New England has decided to partner with Northwood to manage DMEPOS services provided by the following provider types for all members, beginning October 1, 2018.

**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
- Sleep DME providers
- Home infusion providers\*
- Home care providers\*
- Specialty pharmacy providers\*

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

**Provider Types That Will Continue to Be Managed by Health New England:**

- 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

**5. I am interested in becoming a Northwood contracted provider for the Health New England DMEPOS Management Program. Whom should I contact with questions about applying to the Northwood network?**

Providers may contact Northwood's Provider Affairs department via email at [provideraffairs@northwoodinc.com](mailto:provideraffairs@northwoodinc.com) or via phone at 800-447-9599.

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

**Authorization Information**

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

Northwood's DMEPOS Management Program requires prior authorization of all durable medical equipment, prosthetics, orthotics, medical supplies, 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.

**Note:** Providers supplying CPAP/BiPAP equipment and related supplies will continue to request authorizations for those items through eviCore. Claims for these items will need to be submitted to Northwood with the eviCore authorization number.

## **2. What is the process for Sleep DME prior authorization?**

- eviCore will continue to provide Sleep DME prior authorizations as they currently do today for Health New England members. Health New England will continue to supply the data that eviCore needs to provide DME prior authorizations.
- DME providers will submit authorization requests to eviCore for Sleep DME equipment and supplies. This can be done via eviCore's online portal at <https://www.evicore.com/pages/providerlogin.aspx>, by phone at 888-693-3211, or by fax to 888-693-3210.
- eviCore will authorize Sleep DME products for Northwood and will continue to authorize sleep study professional services for Health New England.
- Health New England will continue to process Sleep Study Professional services.
- Health New England will continue to process Sleep DME claims that are submitted by a physician.
- Northwood will process claims for Sleep DME that is dispensed by a DMEPOS provider.

## **3. 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 10/1/18) require prior authorization by Northwood. Providers are required to contact Northwood with the necessary medical information and obtain a Northwood authorization prior to dispensing the requested product/service.

If all the necessary information is submitted, the request is processed by a Northwood Benefit Coordinator. Some requests may require additional information and are referred to Northwood's Case Review Department for further review. If the information submitted does not meet Northwood's clinical criteria, the request will be reviewed by Northwood's Medical Director for review and determination. If Northwood's Medical Director approves the request, you will receive an authorization fax approval from Northwood – just like you will for other Northwood approved requests. If Northwood's Medical Director denies the request, Northwood will issue a denial letter documenting the denial rationale and the member's option for appeal.

## **4. How can I submit prior authorization requests/authorization updates to Northwood?**

Beginning October 1, 2018, participating providers must submit authorization requests to Northwood via the online provider portal:

- Online Provider Portal – Participating providers must submit authorization requests online at <https://providerportal.northwoodinc.com>. Please contact Northwood to obtain a login ID and password.

- Fax – Non-participating providers may 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.
- Phone – For urgent/emergent requests only, providers may call Northwood on the dedicated Health New England provider line at 877-807-3701 during normal business hours (8:30 a.m. to 5:00 p.m. EST, Monday through Friday), or within two (2) business days when services were provided after-hours.

**5. 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 reviewed by Northwood’s Medical Director for review and determination. All determinations will be made in accordance with state or other applicable regulations.

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

The following information is required when requesting an authorization:

- Provider ID Number
- Member Name/Address/Telephone
- Member ID Number
- Member Contact/Telephone
- Member Date of Birth
- Referral Source/Telephone
- Other Insurance Information (if any)
- Diagnosis(es) – ICD-10-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)/Modifiers
- Quantity
- Duration of Need

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

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

**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 will vary based upon service type and medical necessity. Regardless of duration of authorization, an authorization is not a guarantee of coverage or payment. It is the provider's responsibility to verify member eligibility and coinsurance information on a monthly basis. Payment by Northwood is always contingent on the member's eligibility and availability of benefits at the time of review. Northwood is not responsible for payment of services provided to members whose coverage has changed or terminated. Additional information on authorization effective periods is referenced in Northwood's Provider Manual for Health New England.

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

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

**12. What are Northwood's rent-to-purchase 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 rent-to-purchase items may be extended up to 13 months, at which time the equipment rental payments will end.

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

Providers may check the status of an authorization request via Northwood's Provider Portal at <https://providerportal.northwoodinc.com>.

**Transition/Implementation Information**

**1. I will be a Northwood contracted provider for the Health New England program starting October 1, 2018. What do I need to do for the Health New England members I am providing equipment/services for?**

Beginning October 1, 2018 all DMEPOS equipment/services will need to be prior-authorized by Northwood. Please submit authorization requests via Northwood's

Provider Portal (<https://providerportal.northwoodinc.com>) for all Health New England members you are currently or will be servicing - based upon the following schedule:

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

**NOTE:** If you are currently serving Health New England members under an open (Health New England) authorization extending beyond 9/30/18, it will be honored by Northwood through the time period authorized by Health New England.

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 Health New England members after October 1, 2018.

**2. I am currently a Health New England DMEPOS provider and have not contracted with Northwood. What do I need to do for Health New England members after October 1, 2018?**

Members can continue receiving DMEPOS services from you until your contract with Health New England expires. Continue business as usual working with Health New England through the end of your contract.

If, at that time, you do not contract with Northwood, members will be transitioned to a Northwood provider. Members can contact Health New England Member Services at (800) 310-2835 for assistance in finding a Northwood DMEPOS provider.

If you would like to transition Health New England members prior to your contract expiration date, you may contact Northwood.

### **Claims Information**

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

Yes. Claims must be submitted to Northwood electronically (preferred) or on paper after October 1, 2018.

**2. Where do I submit claims for DMEPOS with a date of service on or after October 1, 2018?**

For dates of service on or after October 1, 2018, claims for Health New England members must be submitted to Northwood electronically or on a CMS 1500 (paper) claim form.

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

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

For dates of service on or after October 1, **do not** submit claims directly to Health New England. If you do so, Health New England will deny those claims.

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

**Electronic Claims**

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

**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 Health New England ID number
- Northwood's authorization number
- EOB for secondary claims
- Manufacturer's name, description and product number documented in Box 19 of the CMS claim form for not otherwise classified (NOC) items

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

The claim filing time limit is 180 days from the date of service.

**5. When are claims paid?**

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

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

No. Providers 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. Providers should maintain valid prescriptions/medical documentation on file in case of audit.

**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?**

Providers may check the status of utilizing Northwood's Provider Portal at <https://providerportal.northwoodinc.com>.

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

Yes. The Claim Status Form is included in Northwood's Provider Manual for Health New England and will be accessible on the web at [www.northwoodinc.com](http://www.northwoodinc.com). Claim Status Forms must be submitted to Northwood within the claim timely filing limits.

**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 the claim timely filing limits and include the following:

- A new claim
- 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 will retract payments in those scenarios as provider level adjustments and providers will see the reason on their remittance advice.



## 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 Provider Affairs at 800-447-9599 during the hours of **8:30 a.m. to 5:00 p.m. EST, Monday thru Friday.**

**2. I have additional questions, issues, and/or concerns about my contract with Health New England. Whom should I contact?**

Additional issues, questions and concerns about a provider's contract with Health New England can be emailed to: [PContracting@hne.com](mailto:PContracting@hne.com).

**3. All other questions**

Non-DMEPOS questions, issues, and/or concerns from Health New England providers will be transferred to Health New England Provider Relations at 800-842-4464, ext. 5000.