

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

Security Health Plan of Wisconsin, Inc. (Plan) has selected Northwood, Inc. (Northwood) as their Durable Medical Equipment Benefit Manager (DBM). Northwood will administer and manage durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) for all Plan members. This includes prior authorization, provider contracting, provider management, provider appeals, member services and claims payment.

### **General Information**

#### **1. When will the Northwood/Security Health Plan DMEPOS Management Program become effective?**

The Northwood/Security Health Plan DMEPOS Management Program will become effective for dates of service (DOS) beginning July 1, 2015. Northwood will begin accepting authorization requests through its online authorization portal, fax, or phone on July 1, 2015.

#### **2. Which Security Health Plan members or products are affected by the program?**

The new DMEPOS Program will apply to all Security Health Plan members. This includes Commercial, Security Administrative Services, Family Health Center, Advocare (Medicare Advantage) and BadgerCare Plus members.

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

As communicated in Security Health Plan's letter to DMEPOS providers dated January 20, 2015, the Plan has decided to partner with Northwood to manage DMEPOS services provided by the following provider types for all Plan members, beginning July 1, 2015:

#### **Provider Types Managed by Northwood:**

- Durable medical equipment providers
- Medical supply providers
- Oxygen/respiratory equipment providers
- Mobility providers
- Orthotics/prosthetics providers
- Breast prosthesis providers
- Ocular prosthetic providers
- Pharmacy providers (who distribute/dispense DMEPOS)
- Speech generating device providers
- Sleep study providers\*

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

### **Provider Types Which Will Continue to Be Managed by Security Health Plan:**

- Acute, sub-acute/intermediate care, and rehabilitation hospitals/facilities
- Hearing aid providers
- Allied health practitioners (including chiropractors, physical therapists, occupational therapists, speech therapists 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

#### **4. I am interested in becoming a Northwood contracted provider for the Security Health Plan DMEPOS Management Program. Whom should I contact with questions about applying to the Northwood network?**

Providers may contact Northwood's Provider Relations Manager, Debbie Cutlip, directly at 586-755-3830 or 800-447-9599, extension 3703, or by email at [debbieac@northwoodinc.com](mailto:debbieac@northwoodinc.com).

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, and enteral nutrition products/supplies for all provider types managed by Northwood (listed in #3 above). These providers are required to submit prior authorization requests for all equipment and supplies to Northwood. Northwood will review the requests to determine coverage prior to the provider supplying the product/service.

#### **2. How does the Northwood DMEPOS Management Program work?**

All requests for DMEPOS products/services (including changes in quantities, frequency, modality, etc. for dates of service on or after 7/1/15) 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 real-time by a Northwood Benefit Coordinator. Some requests may require additional information and are referred to Northwood's Case Review Department for further review. If the

information submitted does not meet medical necessity criteria, the request will be reviewed by Northwood's Medical Director for 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 the Medical Director denies the request, we will issue a denial letter documenting the denial rationale and the member's option for appeal.

### **3. How can I submit prior authorization requests to Northwood?**

Beginning July 1, 2015, providers must submit authorization requests to Northwood via the online provider portal, fax or phone (for urgent/emergent/same day requests):

- Online Provider Portal – Providers may submit authorization requests online at <https://provider.northwoodinc.com>. To request access to the portal, please visit <https://provider.northwoodinc.com/FormsAndDocumentation/Documentation.aspx>.
  - Northwood will host a webinar on Tuesday, June 16, 2015 at 10:00/11:00 a.m. CST/EST to train all **participating** providers on the use of the online provider portal. It is highly recommended that at least one participant from each provider be on this call. A GoToMeeting invitation will be sent to the main contracted provider contact prior to 6/16/15. Although the online provider portal is not the only method for requesting an authorization, it is **highly preferred**.
- Fax - Submit a completed Prior Authorization Fax Form to Northwood at 866-483-9988. If sent after-hours or on weekends, Northwood will respond on the next regularly scheduled business day.
- Phone – If the request is urgent/emergent or same day (i.e. hospital discharge, a member is in your retail store), please call Northwood on the dedicated Security Health Plan provider line at 866-532-1344 during normal business hours (8:30 a.m. to 5:00 p.m. CST, Monday through Friday).

### **4. What is Northwood's prior authorization response time?**

If the provider has submitted all of the necessary medical information and the request meets the clinical criteria, the authorization will be processed in real-time (same day/next day) 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 medical necessity 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.

### **5. Will Northwood accept and process multiple prior authorization requests when the request is made by phone?**

Yes, within reason. Northwood Benefit Coordinators will process multiple prior authorization requests per phone call – however, these calls should be limited to

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urgent/emergent prior authorization requests (i.e.; hospital discharge, member is in your retail store). All routine prior authorization requests should be requested via the online provider portal or via fax. If an authorization request is submitted after-hours or on weekends, Northwood will respond on the next regularly scheduled business day.

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

The following information is required when requesting an authorization:

- Provider ID Number.
- Member Name/Address/Telephone
- Member ID Number
- Member Contact/Telephone
- Member Date of Birth
- Referral Source/Telephone
- Other Insurance Information (if any)
- Diagnosis(es) – ICD-9/10-CM Code(s) and Description(s)
- Date of Service
- Referring 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 will accept authorizations after-hours and on weekends/holidays for **urgent/emergent** equipment/supplies. However, urgent/emergent requests do not require prior authorization, but must be requested 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 may 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 Security Health Plan of Wisconsin, Inc.

**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 capped rental policies?**

Rental DME equipment is authorized based upon medical necessity and the appropriate duration of need for the diagnosis submitted at the time of rental. Authorizations for rental may be extended up to 13 months, at which time the equipment rental payments will end or "reach purchase."

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

If the request was submitted via the online portal, providers will be able to manage their authorizations and see an authorization's status. If the request was urgent/emergent or after-hours, providers may check the status of those authorization requests by calling Northwood at 866-532-1344.

**Transition/Implementation Information**

**1. I will be a Northwood contracted provider for the Security Health Plan Program starting July 1, 2015. What do I need to do for the Security Health Plan members I am providing equipment/services for?**

Beginning July 1, 2015 all DMEPOS equipment/services will need to be prior authorized by Northwood. For July dates of service (DOS) only, please utilize Northwood's Online Provider Portal or fax Northwood (866-483-9988) a Batch Authorization Request for all Security Health Plan members you are or will be servicing - based upon the following schedule:

- July 1 – July 8: to ensure continuity of services – Providers with members who have dates of service between 7/1 – 7/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support the request/claim.
- July 1 – July 10: Providers must submit requests for members whose dates of service fall between 7/9 and 7/20.
- July 11 – July 22: Providers must submit requests for members whose dates of service fall between 7/21 and 7/31.

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**NOTE:** If you are currently serving Security Health Plan members under an open (Security Health Plan) authorization extending beyond 7/1/15 (e.g. 8/31/15) – it will be honored by Northwood through the time period authorized by the Plan. Northwood will enter the Security Health Plan authorization number in its system to allow for claims processing.

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 Security Health Plan members after July 1, 2015. These provider educational materials are available on Northwood's website at [www.northwoodinc.com](http://www.northwoodinc.com) under the provider tab.

**2. I am currently a Security Health Plan DMEPOS provider and have not contracted with Northwood. What do I need to do for Security Health Plan members after July 1, 2015?**

Authorizations issued by Security Health Plan prior to July 1, 2015 will be honored through the end date of the authorization. Northwood will enter the Security Health Plan authorization number in its system to allow for claims payment.

Effective July 1, 2015, all provider types managed by Northwood (whether contracted with Northwood or previously with Security Health Plan) must obtain an authorization for equipment/services from Northwood. For July dates of service (DOS) only, please fax Northwood (866-483-9988) a Batch Authorization Request Form for all Security Health Plan members you are servicing – based upon the following schedule:

- July 1 – July 8: to ensure continuity of services – Providers with members who have dates of service between 7/1 – 7/8 - will be authorized retroactively. The provider is still responsible to have the appropriate medical necessity documentation on file to support the request/claim.
- July 1 – July 10: Providers must submit requests for members whose dates of service fall between 7/9 and 7/20.
- July 11 – July 22: Providers must submit requests for members whose dates of service fall between 7/21 and 7/31.

**NOTE:** If you have Security Health Plan members receiving continuous rentals, recurring supplies or continuous therapy (and you do not already have an existing Security Health Plan authorization), please contact Northwood (according to the schedule on the previous question) to receive a transitional authorization.

If you have Security Health Plan members who are receiving capped rental equipment (and you do not already have an existing Security Health Plan authorization), please contact Northwood (according to the schedule on the previous question) 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.

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

Yes. Claims must be submitted to Northwood via paper or electronically after July 1, 2015.

**2. Where do I submit claims for DMEPOS with a date of service on or after July 1, 2015?**

For dates of service on or after July 1, 2015, claims for Security Health Plan 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: Security Health Plan Claims  
P. O. Box 510  
Warren, Michigan 48090-0510

For dates of service on or after July 1, do not submit claims directly to Security Health Plan. If you do so, Security Health Plan will deny those claims.

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

**Paper Claims**

Providers submitting paper claims must use the CMS 1500 claim form. The CMS 1500 claim form must be completed in its entirety and include the following additional information:

- Member's Security Health Plan ID number
- Northwood's authorization number.
- Prescribing physician's written order including NPI number (on initial claim).
- Attached 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.

**Electronic Claims**

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

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

Northwood is following current Security Health Plan claim filing deadlines as noted below:

- **Commercial Members** (Group and Direct Pay and some third party administrator) claims must be submitted within 180 days of the date of service, unless you are awaiting a payment and or remittance advice from a primary payor

via coordination of benefits. Claim filing timelines do not end with the original claim submission. If a provider submits the original claim to Northwood within 180 days and Northwood rejects or denies the claim, the provider has 90 days from the date of rejection or notification of denial to resubmit a corrected claim to Northwood. Resubmitted claims older than 90 days will be denied and cannot be resubmitted again for payment.

- In the event of Coordination of Benefits (COB) when Security Health Plan is secondary, claims must be submitted 180 days from the date the primary carrier has completed processing of the claim.
- **Family Health Center** 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.
- **Advocare** 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.
  - State and federal laws provide eight exceptions to the submission deadline. 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.

## 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?**

Providers who submit paper claims must include a prescription with the **initial** claim, when an original prescription expires, or if there is a change in quantity/frequency/modality. Prescriptions must include the prescriber's NPI number.

Providers submitting electronic claims must maintain a valid prescription in their files prior to dispensing products/services and the prescription should be available upon audit.

**7. Does Northwood require a prescription to be attached to the claim for ongoing equipment rentals or maintenance supplies; such as hospital beds, CPAP supplies, etc.?**

No. Northwood only requires prescriptions to be attached to the initial claim, when an expired prescription is renewed, or when there is a change in prescription.

**8. What information is needed on a valid prescription?**

A valid prescription, paper or electronic, must include:

- Prescription Date
- Items Ordered
- Duration of Need
- Quantity
- Name/Address/Date of birth of member
- Physician signature (stamped signatures are not valid)
- NPI number if the prescription is signed by nurse practitioner

**9. Does Northwood allow stamped physician signatures?**

No. Stamped physician signatures on prescriptions are not permitted.

**10. How may I check the status of a claim?**

After 30 days from claim submission, if a provider has not received payment or a response to a submitted claim, providers should contact Northwood at 866-532-1344.

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

Yes. The Claim Status Form is included in Northwood's Provider Manual for Security Health Plan 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 filing limits noted above.

**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 60 days of the date of Northwood's remittance voucher and include the following:

- Copy of the original claim
- Supporting documentation
- Northwood's remittance voucher

**13. Does Northwood allow shipping and handling to be billed?**

No. Shipping, handling and sales tax are not eligible for separate reimbursement.

**14. Does Northwood have a refund process?**

Yes. From time to time, Northwood may be required to 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.

**Other**

**1. Whom should I contact with questions about the DMEPOS Management Program?**

If you have additional questions about the DMEPOS Management Program, please contact Northwood at 866-532-1344 during the hours of **8:30 a.m. to 5:00 p.m. EST.** **(Please note: after 7/1/15, Northwood's Customer Service/Benefit Coordinators will be available Monday thru Friday 8:30 a.m. to 5:00 p.m. CST).**