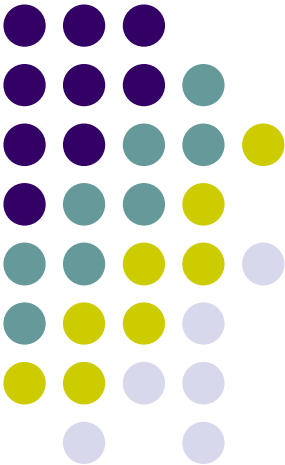


Northwood Provider Orientation

Durable Medical Equipment Benefit Management (DBM)



What is Durable Medical Equipment Benefit Management (DBM)?



- Provider Network Management
 - Credentialing and Re-credentialing process
 - Convenient member access – to meet Alliance Health Plan’s needs
- Member and Provider Service Management
 - Call center for members and providers – 24/7 access
- Utilization Management
 - Items under \$500 purchase or total rental allowed will not require prior authorization in order to submit a claim.
 - During the 91-day transition of care period (07/01/2024 – 09/30/2024) authorizations will not be required. We will be following NC DHHS requirements as they develop.
- Claims Management
 - 30-day turn-around 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
- NCQA accredited in Health Utilization Management



Northwood Customers



Northwood and Alliance Health Plan



- Alliance Health Plan has contracted Northwood to be their Durable Medical Equipment Benefit Manager for their members Tailored Plan Product members beginning July 1, 2024. This will include:
 - Provider contracting
 - Credentialing and re-credentialing per State Uniform Credentialing requirements
 - Provider management
 - Prior authorization
 - Utilization management
 - Claims submissions



Alliance Health Plan Members



Plan Members Include:

- BH/IDD Tailored Plan Product members



Products and Services Managed by Northwood for Alliance Health Plan



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

- Durable medical equipment providers
- Medical supply providers
- Oxygen/respiratory equipment providers
- Mobility providers
- Orthotics/prosthetics providers
- Breast prosthesis providers
- Ocular prosthetic providers
- Diabetic supplies



Products and Services Managed by Northwood for Alliance Health Plan (cont.)



- Emergency response providers
- Pharmacy providers (who distribute/dispense DMEPOS)
- Speech generating device 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 nutrition, Alliance Health Plan is responsible to manage/pay for those supplies/equipment claims.



Provider types that will be Managed by Alliance Health Plan



- Acute, sub-acute and intermediate care, and rehabilitation hospitals and facilities
- Hearing aid providers
- Vision providers
- Physician and mid-level clinicians and corresponding locations
- Allied health practitioners (including 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



Timeline – July 1, 2024



- Starting July 1, 2024, Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies will need to be prior authorized through Northwood.
 - **Items under \$500 purchase or total rental allowed will not require prior authorization in order to submit a claim**
 - **EXCEPTION: NON-PREFERRED BRAND DIABETIC SUPPLY CODES (A4253, A4256, A4258 and A4259) regardless of dollar amount require an authorization.**
 - **During the 91-day transition of care period (07/01/2024 – 09/30/2024) – authorizations are not required.**
- All Alliance Health Plan member claims for DMEPOS with a date of service (DOS) of 07/01/2024 or after must be submitted to Northwood.



Transition Timeline for Northwood Contracted Providers



- In accordance with NC DHHS Tailored Plan Launch Flexibilities:
 - During the first 91-days, no authorizations are required for claim submission (07/01/2024 – 09/30/2024)
- Beginning 10/01/2024, only DMEPOS items greater (>) than \$500 purchase or total rental allowed require prior authorization in order to submit a claim.
 - **EXCEPTION: NON-PREFERRED BRAND DIABETIC SUPPLY CODES (A4253, A4256, A4258 and A4259) regardless of dollar amount require an authorization.**



Transition Timeline for Providers Not Contracted with Northwood or Alliance Health Plan



In accordance with NC DHHS Tailored Plan Launch Flexibilities:

- During the first 91-days, no authorizations are required for claim submission (07/01/2024 – 09/30/2024).
- Beginning 10/01/2024 – 01/31/2025, non-contracted providers are required to obtain prior authorization for DMEPOS items greater (>) than \$500 purchase or total rental allowed in order to submit a claim.
 - **EXCEPTION: NON-PREFERRED BRAND DIABETIC SUPPLY CODES (A4253, A4256, A4258 and A4259) regardless of dollar amount require an authorization.**
- Beginning 02/01/2025, non-contracted providers must request prior authorization for all DMEPOS items prior to servicing a member.



Prior Authorization Process



- Prior Authorization is Required
 - Items under \$500 purchase or total rental allowed will not require prior authorization in order to submit a claim.
 - **EXCEPTION: NON-PREFERRED BRAND DIABETIC SUPPLY CODES (A4253, A4256, A4258 and A4259) regardless of dollar amount require an authorization.**
 - For all Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS) and Enteral Products/Supplies for all Alliance Health Plan members enrolled in their Tailored Plan Product.



Prior Authorization Process (cont.)



To Request an Authorization:

- Online at <https://providerportal.northwoodinc.com>
 - To request access to the portal, please visit <https://providerportal.northwoodinc.com/Resources/ProviderLoginRequest.pdf>. The user manual is located on Northwood's website under the provider tab.
- Fax Northwood at: (877) 552-6551 (non-contracted Providers only)
- Call Northwood at: (877) 403-6164 (urgent requests only)



Information Needed To Obtain An Authorization



To assist with the authorization process, it is essential to have the following information available when submitting an online authorization request to Northwood:

- Provider ID Number
- Member Name/
Address/Telephone
- Member Contact/Telephone
- Member Date of Birth
- Referral Source/Telephone
- Alliance Health Plan ID #
- Other Insurance Information
(if any)
- Diagnosis - ICD-10-CM
Code and Description
- Date of Service
- Referring Physician
- Level II HCPCS Code
- Description of Product/Service
- Service Type
(Purchase or Rental)/Modifiers
- Quantity
- Duration of Need



Prior Authorization Outcomes



Routine Authorization

- Northwood's Benefit Coordinators will be your initial contact for requesting an authorization through the provider portal. If the request and related equipment/service meet criteria for diagnosis, quantity, standard equipment, etc., an authorization will be issued to the provider and electronically faxed to the provider for their records. A Northwood authorization number is required for claim 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 and determination can be made to authorize the product/service, Northwood will contact the provider with the authorization number and an electronic authorization notification.
 - If Northwood is unable to authorize the product/service, even after receiving additional information - the case will be sent to Northwood's Medical Director for their review.



Prior Authorization Outcomes (cont.)



Denials

- Northwood will manage denials for Alliance Health Plan. The types of denials are:
 - Administrative denials – these denials are based on an administrative reason; not based on medical necessity of service/product:
 - Not following authorization/referral process (denial will be to the DME provider)
 - Benefit exclusion denials – these denials are based on the requested item/product/service being excluded from a member’s benefit plan. (member denial)
 - Medical Necessity Denials – these denials are based on the requested item/product/service not meeting medical necessity guidelines. (member denial)



Prior Authorization Outcomes (cont.)



Inquiries, Appeals and Grievances

- **Member Inquiries, Appeals and Grievances**
 - Alliance Health Plan will retain responsibility for member appeals and grievances for all plan members.
- **Provider Inquiries, Appeals and Grievances**
 - Northwood has been delegated by Alliance Health Plan to manage all provider inquiries, provider appeals and grievances for the Alliance Health Plan Tailored Plan Product program.



Member Appeals and Grievances



Alliance Health Plan members or the member's Authorized Representative may submit a grievance or appeal in the following ways:

- Try to resolve problems by calling Alliance Health Plan Member Services:
 - 919-651-8545
- Submit an appeal by mail:

Alliance Health Plan
Attn: Appeals Department
5200 West Paramount Parkway, Suite 200
Morrisville, NC 27560



Provider Inquiries, Appeals and Grievances



- Provider inquiries, appeals* and grievances may be made by contacting Northwood at:

- Phone: 1-877-403-6164
- Fax: 1-877-552-6551
- Mail: Northwood
Attn: Alliance Health Plan/Provider
Appeal
P.O. Box 5010
Warren, MI 48090-5010

*Provider appeals must be submitted in writing. These are not provider appeals on behalf of a member as those are member appeals that need to be sent to Alliance Health Plan.



Claims



Claim Filing Process

- Northwood claims for Alliance Health Plan member services may be submitted electronically (preferred) or on a CMS 1500 (paper) claim form.
- The filing limit for Alliance Health Plan member claims is 365 days from the date of service (DOS) or the date from the primary payer's EOB/remittance. This time includes all claims submitted for adjustments and corrections.



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 at 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 (cont.)



Paper Claims

- Paper claims must be fully completed and include:
 - Northwood's authorization number
 - Member's Alliance Health Plan ID No.
 - 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
- Do not staple claims, fold claims or hand-write on paper claims as they will not be able to be scanned and will need to be returned.



Claims (cont.)



Send paper claims (CMS 1500) to:

Northwood, Inc.

Attn: Alliance Health Plan Claims

P.O. Box 510

Warren, MI 48090-0510



Additional NC Medicaid Tailored Plan Training



In addition to completing this training which contains key information related to working with Northwood on claims submission and billing, prior authorization requirements and process, and filing complaints and grievances; Participating Suppliers must also complete training on EPSDT, Infectious Disease Control Practice, and NC Medicaid Managed Care Overview within 30 days of contract execution. This additional training can be accessed here:

<https://www.alliancehealthplan.org/tp/providers/provider-training/#>

NOTE: As outlined in the 'Provider Manual for Alliance Health Tailored Plan Product', providers must identify up to three (3) staff that have completed this training and provide evidence of completion when requested.



Provider Resources



- All reference materials for the Alliance Health Tailored Plan DMEPOS program can be found at www.northwoodinc.com under the provider tab.
 - Northwood Provider Manual for Alliance Health Tailored Plan Product
 - Quick Provider Reference Guide
 - Frequently asked questions
 - A PDF copy of this presentation
 - Batch authorization request form
 - Login ID and password request form
 - Northwood Provider Online Authorization Request Portal User Manual

