



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

Alliance Health Plan (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/Alliance Health Plan DMEPOS Management Program become effective?**

The Northwood/Alliance Health Plan DMEPOS Management Program will become effective for dates of service beginning July 1, 2024. Northwood will begin accepting authorization requests from contracted providers via its Provider Portal on July 1, 2024. Non-contracted providers may submit authorization requests via fax beginning July 1, 2024.

- **NOTE: Following NC DHHS Tailored Plan Launch Flexibilities, during the first 91-days, no authorizations are required for claim submission (7/1/2024 – 09/30/2024).**

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

The new DMEPOS Management Program will apply to all Alliance Health Plan's BH/IDD Tailored Plan Product members.

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

Alliance Health Plan has decided to partner with Northwood to manage DMEPOS services to their BH/IDD Tailored Plan Product members. Northwood will manage the below provider types on behalf of the Plan.

#### **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
- Home infusion providers\*
- Home care providers\*
- Specialty pharmacy providers\*
- Sleep study 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.

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

### **Provider Types Managed by Alliance Health Plan:**

- Acute, sub-acute/intermediate care, and rehabilitation hospitals/facilities
- Hearing aid providers
- Vision 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

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

Providers may contact Northwood’s Provider Relations 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) or directly at [providerapplication.northwoodinc.com](http://providerapplication.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 durable medical equipment, prosthetics, orthotics, medical supplies, enteral nutrition products and supplies for all provider types managed by Northwood (listed in #3 above) and only for DMEPOS items greater (>) than \$500 purchase or total rental allowed AND non-preferred

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brand diabetic supply codes (A4253, A4256, A4258 and A4259 with no NDC) in order to submit a claim. These providers are required to submit prior authorization requests for all equipment and supplies over \$500 purchase or total rental allowed and non-preferred brand diabetic supply codes (A4253, A4256, A4258 and A4259 with no NDC) 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?

Requests for DMEPOS products/services (including changes in quantities, frequency, modality, etc. for dates of service on or after 07/01/24) require prior authorization by Northwood if the item is greater than \$500 purchase or total rental allowed or is a non-preferred brand diabetic supply codes (A4253, A4256, A4258 and A4259 with no NDC) in order to submit a claim. 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 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/authorization updates to Northwood?

Beginning July 1, 2024, for DMEPOS items requiring a prior authorization, 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. Please refer to the user manual for instructions on how to use the portal which can be found on Northwood's website at: <https://northwoodinc.com/northwood-providers/>
- Fax – **non-participating providers only** 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 Alliance Health Plan phone line at 877-403-6164 during normal business hours (8:30 a.m. to 5:00 p.m. EST, Monday through Friday), or within two (2) business days for when provided after-hours.

#### **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 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.

#### **5. 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

#### **6. 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.

#### **7. 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.

#### **8. 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.

**9. 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 Alliance Health Plan.

**10. 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.

**11. 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 10 months, at which time the equipment rental payments will end. This follows the North Carolina Medicaid fee schedule.

**12. 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 Alliance Health Plan program starting July 1, 2024. What do I need to do for the Alliance Health Plan BH/IDD Tailored Plan Product members I am providing equipment/services for?**

Beginning July 1, 2024, following the NC DHHS Tailored Plan Launch Flexibilities, no authorizations are required for the first 91-days. This will be effective from 07/01/2024 through 09/30/2024.

Beginning 10/1/2024, only DMEPOS equipment and services greater (>) than \$500 purchase or total rental allowed require Northwood’s prior authorization in order to bill a claim.

- **EXCEPTION:** Regardless of dollar amount, **NON-PREFERRED BRAND DIABETIC SUPPLY CODES (A4253, A4256, A4258 and A4259) always require an authorization.**

Northwood's Online Provider Portal may be accessed at <https://providerportal.northwoodinc.com>. A Log in ID Request Form can be obtained at <https://northwoodinc.com/northwood-providers/> along with a user manual and a video tutorial.

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 Alliance Health Plan BH/IDD Tailored Plan Product members after July 1, 2024.

**2. I am currently a DMEPOS provider and have not contracted with Northwood. What do I need to do for Alliance Health Plan members after July 1, 2024?**

Following NC DHHS Tailored Plan Launch Flexibilities, you may still continue to service members:

- During the first 91-days, no authorizations are required for claim submission (07/01/2024 – 09/30/2024).
- Beginning 10/1/2024 – 01/31/2025, non-contracted providers are required to obtain prior authorization for DMEPOS items greater (>) than \$500 purchase or total rental allowed AND **NON-PREFERRED BRAND DIABETIC SUPPLY CODES (A4253, A4256, A4258 and A4259)** in order to submit a claim.
- Claim will be paid at par rates which is 100% of NC Medicaid fee-for-service.
- Beginning 02/01/2025, non-contracted providers must request prior authorization for all DMEPOS items prior to servicing a member.

## 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 for DOS after July 1, 2024.

**2. Where do I submit claims for DMEPOS with a date of service on or after July 1, 2024?**

For dates of service on or after July 1, 2024, claims for Alliance 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: Alliance 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 Alliance Health Plan. If you do so, Alliance Health Plan will deny those claims.

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

#### **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).

#### **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 Alliance Health Plan 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 365 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?**

Northwood contracted providers may check the status of claims 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 Alliance 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 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 question 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, occasionally 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 Relations at 1-800-447-9599 during the hours of **8:30 a.m. to 5:00 p.m. EST, Monday thru Friday.**