



2023 Provider Newsletter

Inside this issue:

Utilization Management.....2
 Pharmacy.....3
 Provider Relations.....5

Special Points of Interest:

- Model of Care Training due
- Changes to Post Service Auth Process
- NOMNC Changes
- Diabetic Preferred Products
- Organizational Contacts

Important Announcements:

Partner With Us On Urgent Care Education

We appreciate your partnership in providing your patients with the best possible care. We've noticed that some patients are seeking emergency care for conditions that can be effectively treated in a provider office or an urgent care setting. We are expanding our **urgent care network** and seeking ways to **educate patients** about the advantages of using them at the right time. We invite you to help educate your patients on the benefits of urgent care centers vs. an emergency department. Thank you for your continued partnership.

HEDIS PCP Gaps in Care Report Distribution

Alterwood Advantage will soon distribute its first gaps in care reports to all in-network primary care physicians. These reports can be used to identify members assigned to your practice's panel whom Alterwood Advantage has identified as needing recommended preventive services. If applicable, please schedule the member for any needed service or refer the member to a specialist or other resource to complete the service. Gaps in Care Reports include HEDIS measures specifications as well as billing codes that will count towards each measure. Questions? Please contact **HEDIS@AlterwoodHealth.com**.

Changes to Post Service Authorization Policies

Effective 7/1/2023 - Alterwood Advantage will no longer review post-service authorizations for medical necessity through the standard organizational determination process. Any requests for post-service authorizations must be submitted through the appeal process for consideration. **Please see additional details on Page 2.**

Demographic Change Notification

It is important that you notify Alterwood Advantage of any organizational demographic changes, to include changes in location, phone/fax numbers, providers, practice name, etc. Please send written notice to **providers@alterwoodhealth.com** as soon as possible, including any applicable documentation to notify us of any changes.

Effective 7/1/2023: Post-Service Authorization Changes

Alterwood Advantage will no longer review post-service authorizations for medical necessity through the standard organizational determination process, effective 7/1/2023. Any requests for post-service authorizations must be submitted through the appeal process for consideration.

The Alterwood Advantage Appeals process is outlined in the Provider Manual found at www.AlterwoodAdvantage.com/for-providers/.

For questions, please reach out to Provider Relations at: providers@alterwoodadvantage.com

Authorization Grid

Please find the Alterwood Advantage authorization grid post on our website at www.AlterwoodAdvantage.com/for-providers/.

This grid is updated quarterly to reflect changes to Medicare guidelines.

Notice of Medicare Non-Coverage (NOMNC)

For Skilled Nursing Facilities

Members must receive a NOMNC two calendar days before Medicare covered services will end. Alterwood Advantage will provide a copy of the NOMNC to all Skilled Nursing Facilities (SNF) at least two days prior to the end of coverage of the member. It is the responsibility of the SNF to deliver the notice to the member to obtain a signature or documentation of the member's refusal to sign. Failure to deliver a NOMNC timely may result in denial of services past the end of coverage date listed on the NOMNC. Please contact Alterwood Advantage for any questions related to the NOMNC. The copy of the NOMNC and instructions on its use from CMS can be found here: (<https://www.cms.gov/medicare/medicare-general-information/bni>). Completed NOMNC forms should be faxed to the Alterwood Advantage Utilization Management Department at 410-801-5701.

Prior Authorization Requests

Prior authorization requests for outpatient services, outpatient medication, and planned inpatient/SNF services should be directed to the UM department. Be sure to fax a completed UM request form and relevant medical records/justification. UM request forms can be downloaded from www.AlterwoodAdvantage.com (Provider tab).

Referrals & Prior Authorizations:

- For in-network providers, no referrals are required
- For authorization requests, providers may submit a completed authorization request form and medical records via fax at: 410-801-5701
- Please refer to Alterwood Health's Prior Authorization Summary for a list of services requiring prior authorization

Utilization Management:

866-274-3265

Questions:

Part D Benefit Members and Providers may contact us at: 667-261-8050 or 866-267-3144 (TTY: 711).

We are available 24 hours a day, 7 days a week.

Part B Preferred Drug List

Alterwood Advantage implemented its Part B Preferred Drug List (PDL) effective November 1, 2022 (<https://www.AlterwoodAdvantage.com/for-providers/>). Preferred medications will not require a prior authorization whereas non-preferred medications will require a prior authorization for medical necessity **and** a rationale for use over the preferred medication(s). You may download a **Part B Medication Prior Authorization Form** from the Alterwood Advantage website above.

A completed form and medical records can be faxed to Alterwood Advantage at 410-801-5701. If you have any questions, please contact us at (866) 274-3265 and select 6 for Utilization Management.

Diabetic Preferred Products

Alterwood Advantage covers up to the CMS defined amounts (100 every 90 days for non-insulin dependent diabetics and 300 every 90 days for insulin dependent diabetics) of test strips and lancets at a network pharmacy without a prior authorization. Please include your patient's diabetes diagnosis (E10.xx for Type 1 diabetes mellitus or E11.xx for Type 2 diabetes mellitus) on your prescriptions for these products. ***The pharmacy system is only able to access up to two decimals past the period, so prescribers need to keep this in mind when providing your patient's diagnosis to the pharmacy.***

We encourage providers to prescribe our preferred products to reduce your patients' out-of-pocket (OOP) expense to \$0 at a network pharmacy. Our preferred products are those manufactured by **Abbott (Freestyle, Precision) and LifeScan (One Touch)**. These products are available at our network pharmacies. Non-preferred products are available at our network pharmacies at a higher OOP of 20%. Our members' OOP on diabetic supplies is 20% when obtained through a DME provider.

If you believe your patient requires diabetic testing exceeding the amounts defined by CMS, we ask that you complete an Outpatient Services Prior Authorization Form and provide us medical records covering the last 6 months that demonstrate the necessity for additional testing. We also highly encourage providers to verify your patients' adherence to the higher testing regimen prescribed at each visit.

You may download an **Outpatient Services Prior Authorization Form** from www.AlterwoodAdvantage.com/for-providers/. A completed form and medical records can be faxed to Alterwood Advantage at 410-801-5701. If you have any questions, please contact us at (866) 274-3265 and select 6 for Utilization Management.

National Drug Code (NDC) Requirement on Part B Medication Claims

Professional and outpatient claims with a medication must include the National Drug Code (NDC), quantity, and unit of measure (UOM). This helps Alterwood differentiate medications that share the same Healthcare Common Procedure Coding System (HCPCS code). It also helps target our drug preferences on the Alterwood Part B Preferred Drug List (PDL). The Alterwood Part B PDL can be found at www.AlterwoodAdvantage.com/for-providers/.

While CMS does not require the NDC on traditional Medicare claims, with the exception of Part B medications for Dual beneficiaries, Alterwood is now requiring NDCs on all professional and outpatient Part B medications administered to Alterwood members. Currently, CMS requires under the Deficit Reduction Act (DRA) of 2005 that the NDC is included with all Part B medication claims for members who are dual eligible.

E-Prescribing

Alterwood encourages all prescribers to adopt e-prescribing technology to avoid medication errors. This will also facilitate getting the right prescription processed by a network pharmacy. More information on e-prescribing can be found at www.cms.gov/Medicare/E-Health/Eprescribing

Prescription Home Delivery

Alterwood Advantage has partnered with Elixir Pharmacies for the home delivery of prescriptions. We encourage providers to speak with your patients about this convenient option, especially in situations where your patient has mobility challenges and/or do not have access to transportation. You may e-prescribe or fax your prescriptions to Elixir Pharmacies using the information provided below.

Method	Elixir Mail Order	Elixir Specialty Pharmacy
Electronic	NCPDP 36-77361	NCPDP 36-79252
Fax	866-909-5171	877-309-0687

Providers who have any questions may contact the Elixir Pro- Pharmacies at 866-909-5170 (Mail Order) or 877-437-9012 (Specialty Pharmacy).

2023 Model of Care Training

As required by CMS, all providers must review the Alterwood Advantage Model of Care Training annually. If you have not yet attested to completing this for 2023, please do so by visiting the “For Providers” section at www.AlterwoodAdvantage.com, scroll to the bottom, review the training and complete the attestation . If you prefer to complete the attestation by mail or fax, please reach out to Jess Berstler, Manager of Provider Relations at 443-945-1645 or jberstler@alterwoodhealth.com

Questions or Have Feedback?

Your provider relations manager, Jess Berstler, is available by email or phone to assist!

Email:
JBerstler@AlterwoodHealth.com

Phone: 443-945-1645

General Provider Relations questions can be directed to:

Providers@AlterwoodHealth.com

Claims Submission and Processing

How do I submit claims?

Electronic submission is preferred. Our Electronic Payor ID is RP016. Our clearinghouse is Change HealthCare. Paper claims can be submitted to:

Alterwood Advantage
PO Box 981832
El Paso, TX 79998-1832

Where do I send dental claims?

DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

How do I submit reconsideration requests?

Please refer to the Provider Manual for Reconsideration Request guidelines.

Reconsideration requests should be sent to:

Alterwood Advantage
Attn: Reconsideration Requests
PO Box 4175
Timonium, MD 21094

Where can I mail overpayment recovery checks?

Overpayment Recovery Checks should NOT be mailed to the claims processing address. If a provider identifies an overpayment, checks should be mailed only to our Timonium address at:

Alterwood Advantage
PO Box 4175
Timonium, MD 21094

Do you offer EFT/ERA payments and/or Provider Portal?

No, but we hope to launch both in the coming months.

Important Contact Information

Service Department	Contact Info
Provider Services	667-262-9429
HEDIS (Gaps in Care Reports)	HEDIS@AlterwoodHealth.com
Case Management Fax Line	410-801-5862 (fax)
Utilization Management Fax Line	4100-801-5701 (fax)
Member Services	667-262-9412
Optum (Behavioral Health)	866-340-0639
Pharmacy Services/Part D	667-261-8050
EyeMed (Routine Vision)	886-340-0753
RoundTrip (Transportation)	866-340-0665
Over-the-County Products	866-340-0627
Nations Hearing (Hearing Aids)	866-340-0492