



Harvard Pilgrim
Health Care



Harvard Pilgrim Health Care - Connecticut

Agenda

- Plan Information
- Policies & Procedures
- Claim Submission
- Provider Resources

HPHC Plan Information

- Plans sold within the state of Connecticut are Open Access.
 - Open Access will be stated on the member id card
 - No PCP referral is required for Open Access Plans. (Auth. rules may apply)
 - Currently Group insurance only in Connecticut
- HMO/POS Plans sold outside of Connecticut may require a referral.
- Eligibility should be verified to identify the member's Plan

Connecticut Member ID Cards – Medical



**Harvard Pilgrim
Health Care of Connecticut**

**OPEN ACCESS
HMO**

ID#: **HP##### - ##**
 Name: **JOHN Q SAMPLE**
 Copay: **OV: \$XX
ER: \$XX**
 RX: **\$XX/XX/XX%* MAIL \$XX/XX/XX%***
[RX COINSURANCE APPLIES]

[Deductible may apply.]
 Visit www.harvardpilgrim.org for plan details.


 BIN 003585 PCN 35000

Notice to Members

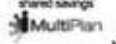
- For Member Services, call: 888-333-HPHC (4742)
- For Mental Health and Substance Abuse services, call United Behavioral Health at: 888-777-HPHC (4742)
- In a medical emergency, go to the nearest emergency facility or call 911 or other local emergency number
- If hospitalized, notify the Plan within 48 hours


Please refer to your evidence of coverage for a full description of your benefits.

www.harvardpilgrim.org

Notice to Providers

- Out-of-area emergency services will be paid by the Plan
- In MA, ME, NH, CT, RI, VT: 800-708-4414 or www.harvardpilgrim.org
- Medical Claims: Payer ID: 04271 HPHC, PO Box 699183, Quincy, MA 02269-9183
- Other States: 800-693-5254
- United Health Shared Services Medical Claims: Payer ID 39026 Group Number: 11-123456 PO Box 30783, Salt Lake City, UT 84130-0783 • www.uhis.com

UnitedHealthcare®
Options PPO Network  MH



**HPHC Insurance
Company**

PPO

ID#: **HPP##### - ##**
 Name: **JANE E SAMPLE**
 Copay: **\$0 SELECT PREVENTIVE SERVICES ONLY
IN NETWORK DEDUCTIBLE: \$XXXX
OUT OF NETWORK DEDUCTIBLE: \$XXXX**
 RX: **[RX SUBJECT TO IN NETWORK DEDUCTIBLE]**
[XX% RX COINSURANCE APPLIES AFTER DED]

[Deductible may apply.]
 Visit www.hphc.org for plan details.


 BIN 003585 PCN 35000

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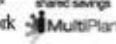
- For Member Services, call: 888-333-HPHC (4742)
- For Mental Health and Substance Abuse services, call United Behavioral Health at: 888-777-HPHC (4742)
- In a medical emergency, go to the nearest emergency facility or call 911 or other emergency number
- If hospitalized, notify the Plan within 48 hours
- Contact the Plan at 800-708-4414 to request approval for:
 - admission by a non-participating physician and/or hospital
 - all services listed in the Schedule of Benefits requiring approval

Please refer to your evidence of coverage for a full description of your benefits.

www.hphc.org

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UnitedHealthcare®
Options PPO Network  PI

Policies and Procedures

- Provider Services phone number 1-866-691-8882
- Reach out to provider services for benefits, claim payments and assistance with questions.
- HPHConnect is our provider portal where benefits and claim information can be retrieved online.
https://www.harvardpilgrim.org/portal/page?_pageid=253,40049&_dad=portal&_schema=PORTAL
- Network Matters – Monthly Newsletter. Provider related announcements and policy changes published
https://www.harvardpilgrim.org/portal/page?_pageid=253,260100&_dad=portal&_schema=PORTAL

Claims Submission

- Claims for Harvard Pilgrim members may be submitted electronically or by paper. When submitting claims:
 - Individual NPI of servicing provider in Box 24j of CMS 1500 or 2310B NM109 (XX) in ANSI 837.
 - Link to the billing and reimbursement page on Harvardpilgrim.org:
https://www.harvardpilgrim.org/portal/page?_pageid=253,53698&_dad=portal&_schema=PORTAL
 - Mail claims to:
Harvard Pilgrim Health Care, Inc.
Claims Processing
P.O. Box 699183
Quincy, MA 02269-9183

- Electronic
 - HPHConnect
Call 1-866-691-8882 or E-mail: provider_ebusiness_services@hphc.org
 - Clearinghouses
 - EDI-Direct
 - Harvard Pilgrim's Payer ID # is 04271

Claims Submission

- Other information
 - 90-day filing limit from date of service.
 - Rejected claims are not proof of timely filing.
- Corrected/Replacement Claims
 - Now accepting CMS-1500 Corrected Claims electronically via Replacement Claim standards. (in addition to UB)
 - Initial filing limits apply
 - Electronic submission encouraged however paper claims accepted
- Appeals
 - All appeals including Timely Filing appeals should be sent to the claims address with the Request for Claim Review Form.
 - Please send a clean copy of the claim form submitted with any additional notes or forms.
 - 90 day filing limit for first and second level appeals.

Resources for Providers

- Harvard Pilgrim “For Providers”
 - www.harvardpilgrim.org/providers
 - Forms found here (office support) as well as in *Provider Manual*
- *Provider Manual*
 - Available online
 - Most up-to-date information on Harvard Pilgrim’s policies, procedures, and products
 - Includes forms, payment policies, product information, billing and reimbursement information, etc.
- *Network Matters*
 - Posted online each month
 - Provides 60-day advance notice of substantial changes
 - Sign up online for your copy
- *HPHConnect*
- Provider Call Center
 - Telephone #1-866-691-8882
- Provider Directory