

## Quick Reference Guide –

<b>Provider Access</b>	PBH Clinical Care Management/ Eligibility & Benefit Information (24-hour)	(888) 777-4742
	Provider Helpline - Claims, Provider Network Management (8:00 am – 5:00 pm EST)	(800) 716-1166
	PBH Website Support Line	(800) 218-1029
	Physician Consultation Services (PCS):	(800) 292-2922
	Harvard Pilgrim Health Care Provider Relations (Medical Health Plan)	(800) 708-4414
<b>Member Access</b>	HPHC Member Behavioral Health Access Line	(888) 777-4742
<b>Send Clinical Documentation To</b>	<u>Fax Preferred:</u> PARs/ LSQ/YLSQ Outcome Forms ONLY	Fax: (800) 992-2809
	<u>If unable to fax, mail</u> PARs/LSQ/YLSQ Outcome Forms and other clinical documentation to:	PBH 5001 LBJ Freeway, Suite 500 Dallas, TX 75244
<b>Send Claims To</b>	PBH Website Claims submission:(logon required)	<a href="http://www.pbhi.com">http://www.pbhi.com</a>
	Electronic Transmission	<u>Clearinghouses:</u> Envoy Med (800) 845-6592 Proxy Med (800) 792-5256 PBH Payer ID# 33053 <i>(Note: phone number subject to change by clearinghouses, check PBHI website for updated phone numbers)</i>
	U.S. Mail	PacifiCare Behavioral Health P.O. Box 31053 Laguna Hills, CA 92654-1053

<b>Send Credentialing Correspondence To</b>	PBH Provider Operations/Network Management 5001 LBJ Freeway, Suite 500 Dallas, TX 75244 Fax: (972) 866-1849
<b>Send General Network Correspondence to the PBH Local Network Management</b>	PBH Network Management Attn: Network Management P.O. Box 850346 Braintree, MA 2185

# HPHC and PBH products specific to your state:

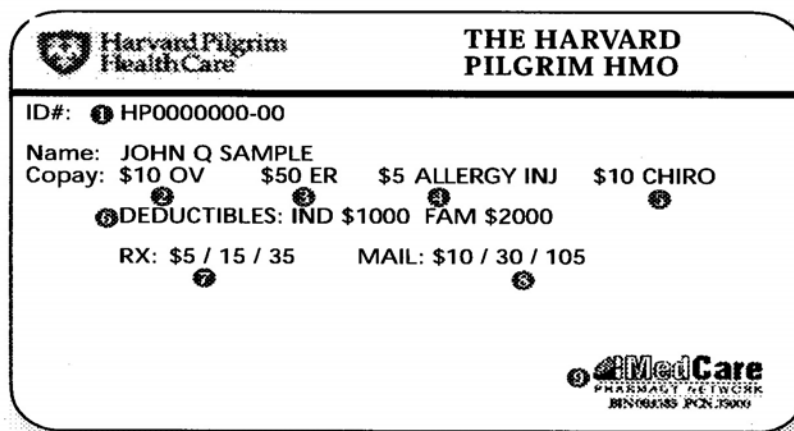
<p>Harvard Pilgrim Health Care</p>	<p><u>Commercial products</u></p> <ul style="list-style-type: none"> <li>▪ The Harvard Pilgrim HMO</li> <li>▪ The Harvard Pilgrim POS</li> <li>▪ HMO</li> <li>▪ POS</li> <li>▪ PPO</li> <li>▪ New Hampshire NetOption</li> <li>▪ HPHC Insurance Co Indemnity PPO</li> </ul> <p><u>Medicare</u></p> <ul style="list-style-type: none"> <li>▪ First Seniority (Integrated)</li> <li>▪ Medicare Enhance Plan</li> </ul>
<p>Harvard Pilgrim Health Care – Excluded Employer Groups</p>	<p>Specific employer group accounts that <b><u>will not</u></b> be managed by PBH:</p> <ul style="list-style-type: none"> <li>▪ EMC</li> <li>▪ Fleet (Bank of America)</li> <li>▪ Perot</li> <li>▪ Pitney Bowes</li> </ul>
<p>Other PBH Membership HMO/PPO</p>	<p>National Self-funded groups/ employers</p>
<p>PBH EAP Products</p>	<p>PBH Employee Assistance Program offers:</p> <ul style="list-style-type: none"> <li>▪ Stand – alone EAP</li> <li>▪ Gatekeeper EAP</li> <li>▪ Integrated EAP</li> </ul>

# Harvard Pilgrim Member ID Cards

Harvard Pilgrim member ID numbers include the following prefixes:

Prefix	Harvard Pilgrim Product
HP	Harvard Pilgrim HMO
HPS	Harvard Pilgrim POS
HPP	Harvard Pilgrim PPO, HPHC Insurance Company PPO
HPB	Boston Medical Center (BMC) Preferred HMO ( BMC employees only)
HPA	BMC Advantage HMO (City of Boston and Boston University employees only)
HPBP	BMC Preferred (Boston University employees only)
HPCG	CareGroup Preferred POS
HPTY	TYCO HealthCare Connection POS
HPE	Medicare Enhance
HPF	First Seniority

## Sample HP Identification Card:



# Harvard Pilgrim Health Care – Utilization Management Procedures

PBH providers will be responsible for compliance with PBH Utilization Management process. The following grid details the expectation for registration, clinical form submission and visits authorized by product for Harvard Pilgrim members.

## HPHC NEW HAMPSHIRE REGISTRATION REQUIREMENTS

HPHC Product	Provider Network Status	Is registration required?	How many visits are authorized upon registration?	If registration does not occur, what is member's financial responsibility?	What happens if a claim is submitted without registration?	Are PAR & LSQ required?
HMO & First Seniority	in-network	yes	5 - Non-prescribing	Copay, Coinsurance / Deductible only.	Visit 1-5 of calendar year are paid	Yes -Non-Prescribing Providers
			12- Prescribing		Visits 6+ are denied	PAR only -Prescribing Providers
PPO and POS	in-network	yes	5 - Non-prescribing	Copay, Coinsurance / Deductible only.	Visit 1-5 of calendar year are paid	Yes -Non-Prescribing Providers
			12- Prescribing		Visits 6+ are denied	PAR only -Prescribing Providers
	out-of-network	no	n/a	n/a	Paid according to benefit plan up to 8 visits and then managed based on medical necessity	PBH may request clinical data via PAR, LSQ, or phone call from any provider

### Special Notes:

Student dependents (out-of-area)	Non-contracted providers do not have to register or contact PBH
Retrospective registration request	PBH will not approve retrospective registration requests unless the services meet emergency criteria

# Procedures for Other Services

## HOME HEALTH CARE SERVICES

<b>Eligibility for home health services</b>	Home health care is defined as care rendered by a contracted appropriate home health provider to a member who is medically or psychologically homebound or when home is determined to be the most appropriate setting as determined by a PBH or the Medical Plan Care Manager
<b>Authorization Procedures</b>	<ol style="list-style-type: none"><li>1. An order is required by a physician for home health care services</li><li>2. PBH will identify and authorize home health services according to individualized member need</li><li>3. Home health agency or provider will notify PBH should the provider identify that multiple home health service providers are delivering care simultaneously. PBH will work collaboratively with Medical Plan Nurse Care Manager to best manage multiple providers.</li><li>4. Provider will bill for services according to their PBH Provider Agreement, including the use of contracted billing forms and codes.</li><li>5. Provider must be compliant with the issuance of the Notice of Medical Non-Coverage as outlined in Section B: Clinical Services “Termination of Home Health Care Services (Grijalva Ruling)”</li></ol>

## OUTPATIENT LABORATORY SERVICES

General Coordination	Laboratory tests for medications may require coordination with the primary care physician or medical group providers should check with member’s medical plan for specifics if not listed below.
Harvard Pilgrim Health Care	PBH prescribing providers do not need to coordinate with primary care physicians for laboratory services. PBH providers should refer members to preferred laboratories whenever possible. An updated list of preferred laboratories can be located in the PBH Network News distributed three times per year.
Other PBH Members	Provider should contact member’s Primary Care Physician after obtaining proper consent or contact the member’s medical plan directly for directions on laboratory coverage.

## MEDICATION MANAGEMENT

Medication management visits	<p>HPHC benefit plans do not count medication management visits against the member’s outpatient visits.</p> <p>(CPT code: 90862 and HCPC code: M0064)</p>
Injectable Medications	Providers utilizing injectable medication should contact CuraScript at (866) 815-4717 for information on obtaining injectable medications directly. Authorization from PBH is not necessary.

# Harvard Pilgrim Health Care Outpatient Advanced Imaging Notification/Consultation

Harvard Pilgrim Health Care’s radiology notification and consultation program is managed through an arrangement with National Imaging Associates (NIA). The following outpatient advanced imaging services are included in the notification and consultation program:

- Computerized Tomography and Computerized Tomography Angiography (CT/CTA)
- Magnetic Resonance Imaging and Magnetic Resonance Angiography (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)

Behavioral health providers who require Advanced Imaging Services must follow the HPHC “Referral, Notification and Authorization” Protocol outlined in the HPHC Provider Manual.

Notification requirements ( done by ordering provider)	National Imaging Associates (NIA) Toll Free: (800) 642-7543 Hours: Mon – Fri 8:00 am – 8:00 pm EST
Notification transaction number	Notification <u>is not complete</u> until consultation, when required, has been concluded and an approved notification transaction number has been issued. Failure to complete the notification/consultation process will result in an administrative denial of the claim payment.
Servicing provider responsibility	The facility should confirm that the ordering clinician has completed the prior notification and consultation process before providing services by requiring evidence of an approved NIA transaction number.
Billable CPT Codes	Provider should consult HPHC’s Provider Manual at <a href="http://www.harvardpilgrim.org/providers">www.harvardpilgrim.org/providers</a> for specific approved codes and for HPHC’s claim billing addresses.
Claims Submission	Claims should be filed with HPHC. PBHI is not responsible for advanced imaging services.

# Prescription Policies and Formularies

<p>PBH Behavioral Health Benefit coverage for medications</p>	<p>PBH does not cover medications (except those administered during an inpatient admission). Please work with member to review the procedure for coverage of medications under their medical plan</p>	
<p>Prescription Contact Information</p>	<p><u>Harvard Pilgrim Members:</u> Harvard Pilgrim Member Services</p>	<p>(800) 338-4247 <a href="http://www.harvardpilgrim.org">http://www.harvardpilgrim.org</a></p>
	<p><u>PacifiCare Health Plan Members:</u> Prescription Solutions</p>	<p>(800) 711-4555 <a href="http://www.pacificare.com">http://www.pacificare.com</a></p>
<p>To Request the Outpatient Drug Formulary</p>	<p><u>Harvard Pilgrim Members:</u> Harvard Pilgrim Pharmacy Services</p>	<p><u>Phone request to :</u> (617) 509-9060  <u>Website:</u> <a href="http://www.harvardpilgrim.org">http://www.harvardpilgrim.org</a>, then select the Providers tab and click on Pharmacy to access the online prescribing reference  <u>Email request to:</u> Pharmacy_Services@hphc.org</p>
	<p><u>PacifiCare Health Plan members:</u> Prescription Solutions</p>	<p>Phone: (800) 711-4555 <a href="http://www.pacificare.com">http://www.pacificare.com</a></p>
	<p>Other Medical Health Plans</p>	<p>Contact member’s medical plan to obtain formulary by calling the medical plan number on the ID card</p>

## Prior Authorization for Medications

<p><b>Prior Authorization for Select Medications for Harvard Pilgrim Members.</b></p> <p><b>MedImpact</b></p>	<p>Harvard Pilgrim offers a three-tier drug benefit. The benefit is comprised of three levels of copayment for covered drugs: generic, select brand and non-select brand. Selected medications require prior authorization through MedImpact.</p> <p>To obtain authorization, prescribing clinicians should:</p> <ul style="list-style-type: none"><li>▪ Obtain updated list of medications that require prior authorization by going to <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> or calling Harvard Pilgrim Pharmacy services at (617) 509-9060</li><li>▪ MedImpact processes requests for medication requiring prior authorization using Harvard Pilgrim’s guidelines.</li><li>▪ Go to <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>, then select the Providers tab, then click on Pharmacy and choose Medication Prior Authorization Program or call MedImpact at 888-788-2949</li><li>▪ Fax the completed form back to MedImpact at 858-578-9732. Delays in processing may occur if incomplete forms are submitted.</li><li>▪ MedImpact will respond within one working day of the receipt of the completed form</li><li>▪ If approved, MedImpact will send an approval letter to the member with a copy to the treating physician, the member can then fill the prescription at a network pharmacy. The applicable co-payment will be charged.</li><li>▪ If denied, MedImpact will send a denial letter to the member, with a copy to the treating physician; the medication will not be covered</li></ul>
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<p><b>Prescription Solutions</b></p> <p><b>PacifiCare Medical Health Plans)</b></p>	<p>Please provide the following information when requesting prior authorization for non-formulary medications:</p> <ul style="list-style-type: none"> <li>▪ Patient name, PacifiCare ID number, and date of birth</li> <li>▪ Patient’s medical diagnosis</li> <li>▪ Prescriber’s name, specialty, address, telephone number and fax number</li> <li>▪ Medication name, strength, and directions for use</li> <li>▪ Name of specific medications tried and failed</li> <li>▪ Date patient started on medication if already receiving</li> <li>▪ Please provide a specific reason for request. <ul style="list-style-type: none"> <li>○ List names of medications tried</li> <li>○ Dates of treatment failures or the adverse reactions that occurred. <i>(Patient chart notes, lab results, or procedure reports may be requested if further documentation is needed.)</i></li> </ul> </li> <li>▪ Authorizations for approved requests will be communicated to the prescribing clinician.</li> </ul>
<p><b>Other Medical Plans</b></p>	<p>Providers are directed to contact the member’s Medical Health Plan for instruction</p>

# Division of Financial Responsibility – Harvard Pilgrim Health Care

PBH and HPHC have identified the division of financial responsibility as it applies to services delivered that cross between medical and behavioral health. Provider Agreements are all subject to the terms and conditions of this table unless specifically noted in the Agreement. The table below will guide providers in the authorization procedures and submission of claims expectations.

Description of Service	Authorization Procedures	Claim Submission To:
Ambulance and other transportation services for patients transferred for behavioral health services	PBH - authorization for non-emergency transport)	PBH
Ambulance and other transportation services for patients transferred for medical services	No authorization required by HPHC, but providers should utilize HPHC contracted ambulance providers.	HPHC
Injectable Medications	PBH - authorization for administration of medication by a behavioral health practitioner <sup>1</sup>	PBH – Psychiatric Professional Fees for administration of medications
		HPHC - Medication charges <sup>2</sup>

<sup>1</sup> Injectable medication claims submission to PBH for the office visits in relation to the administration of medication only

<sup>2</sup> Injectable medication authorization procedures and claims submission handled by CuraScript, a Harvard Pilgrim contractor – call (866) 815-4717

Description of Service	Authorization Procedures	Claim Submission To:
Laboratory testing related to treatment of behavioral health	<u>Inpatient:</u> PBH - authorization for IP admission	PBH - laboratory charges ordered by attending Behavioral health physician associated with an authorized behavioral health admission
	<u>Outpatient:</u> No authorization is required, but providers should refer patients to HPHC preferred laboratories. Regarding advanced imaging services, providers should follow HPHC's outpatient advanced imaging notification and consultation policies.	HPHC - all outpatient laboratory services, imaging studies and diagnostic procedures
Psychological and Neuropsychological Testing	PBH - prior authorization required	PBH
Treatment of brain injury or neurological disease	PBH - prior authorize all neuropsychological testing	PBH - Neuropsychological testing
		HPHC - Medical, neurological and cognitive rehabilitation services (including ST/OT/PT)
Electroconvulsive Therapy	PBH - Prior authorization of all ECT	PBH - Pre-ECT workup, Facility fees, professional psychiatrist fees
		HPHC - Anesthesiology fees and all medical diagnostic exams resulting form finding in pre-ECT work up
Detoxification	PBH - authorization when behavioral health physician is the attending physician in a psychiatric or medical-psychiatric setting.	PBH
	HPHC – Notification within 2 business days when non-behavioral health physician is the attending physician in a medical setting	HPHC

Description of Service	Authorization Procedures	Claim Submission To:
Delirium	PBH - authorization for psychiatric evaluation	PBH – professional psychiatric fees
		HPHC - all medical services to diagnose and treat any underlying medical disorder
Autism and Pervasive Developmental Disorders	PBH - authorization for all professional or psychiatric facility services	PBH - Psychiatric services, professional fees and professional inpatient fees for any authorized inpatient behavioral health admissions
	HPHC – authorization for speech therapy (ST), occupational therapy (OT) and physical therapy (PT)	HPHC - medical services related to medical and neurological work up, genetic testing, imaging and laboratory, ST/OT/PT and professional and inpatient fees for medical unit admissions
Eating Disorder (admission to medical unit)	PBH - only required authorization if <u>primary focus</u> of care is psychiatric	PBH - facility and professional fees except for medical consultations
	HPHC - authorization if <u>primary focus</u> is medical	HPHC - Facility and professional fees except for psychiatric consultations
Eating Disorder (admission to psychiatric unit)	PBH - authorization required	PBH - facility and professional fees except for medical consultations
		HPHC - medical consultations
Eating Disorder (Outpatient Behavioral Health)	PBH - authorization required	PBH - outpatient services
		HPHC - nutritional counseling
Behavioral health inpatient admission requiring medical services	PBH - authorization required	PBH - all facility, psychiatric professional fees, History and physical and chest x-rays
		HPHC - all other covered medical services or consultations not covered in behavioral health per diem

Description of Service	Authorization Procedures	Claim Submission To:
Medical inpatient admission requiring behavioral services	PBH - notification of psychiatric consults performed within 24 hours of consultation	PBH - psychiatric consultation fees
		HPHC - all covered medical services
Emergency room services that <u>do not lead</u> to an authorized inpatient behavioral health admission at the same facility (discharged home or transferred to another behavioral health facility)	No authorization required for emergency room services	HPHC – All ER charges if no observation charges incurred
Emergency room services that <u>lead directly</u> to an authorized inpatient admission or use of observation services at the same facility	PBH - authorization for admission to behavioral health unit	PBH - ER and behavioral health unit charges and observation charges
Dementia (care focused on psychiatric treatment)	PBH - authorization required	PBH - all facility and psychiatric professional fees in either psychiatric or med-psych setting when the primary focus of care is psychiatric
		HPHC -Medical consultations
Dementia (care focused on medical treatment)	PBH - notification of consultation required within 24 hours of consultation performed	PBH - psychiatric evaluation and consultation
	HPHC - medical admission	HPHC - all facility and medical professional fee while in medical or med-psych setting when primary focus of care is medical

# Appeal & Provider Dispute Contacts

<b>Initiate Appeal for Utilization Management (Authorization Denial) Decisions</b>		
Harvard Pilgrim Health Care	Commercial and First Seniority Members:	Fax: 800-383-2194
		Written: HPHC Appeal P.O. Box 850346 Braintree, MA 02185
Other Medical Plan Members	Commercial and Medicare Advantage Members:	(800) 999-9585
<b>Initiate Provider Dispute for Claims Payment/ Administrative Denials</b>		
Harvard Pilgrim Health Care	Commercial and First Seniority Members :	Provider Helpline (800) 716-1166
		Fax: 800-383-2194
		Written: HPHC Appeal P.O. Box 850346 Braintree, MA 02185
All Other Member Plans	Commercial and Medicare Advantage	Provider Helpline (800) 716-1166
		Written: PacifiCare Behavioral Health P.O. Box 55307 Sherman Oaks, CA 91413-0307 Attn: Appeals Department

# New Hampshire Regulatory Information

New Hampshire Specific	PBH policy and/or procedure
<p>Claims Payment and Timeliness (Based on SB77; Chapter 162)</p>	<ul style="list-style-type: none"> <li>• Clean electronic claims will be finalized within 15 calendar days</li> <li>• Clean non-electronic claims will be finalized within 30 calendar days</li> <li>• Interest shall be paid at a rate of 1.5% per month beginning from the date the payment was due</li> </ul>
<p>Overpayment Collection (Based on RSA-420-J:80b, this section shall replace Section 4.11 “Rights to Recoupment” in New Hampshire Provider Agreement)</p>	<p>PBH shall impose on any health care provider any retroactive denial of a previously paid claim or any part thereof unless:</p> <ul style="list-style-type: none"> <li>a. PBH has provided the reason for the retroactive denial in writing to the health care provider; and</li> <li>b. The time which has elapsed since the date of payment of the challenged claim does not exceed 18 months. The retroactive denial of a previously paid claim may be permitted beyond 18 months from the data of payment only for the following reasons: <ul style="list-style-type: none"> <li>1. The claim was submitted fraudulently;</li> </ul> </li> </ul>

	<ol style="list-style-type: none"><li>2. The claim payment was incorrect because the provider or the insured was already paid for the health care services identified in the claims;</li><li>3. The health care services identified in the claim were not delivered by the provider</li><li>4. The claim payment was for services covered by Title XVII, Title XIX or Title XXI of the Social Security Act;</li><li>5. The claim payment is the subject of adjustment with another insurer, administrator or payor; or</li><li>6. The claim payment is the subject of legal action.</li></ol> <p>PBH shall notify a provider at least 15 days in advance of the imposition of any retroactive denials of previously paid claims. The health care provider shall have six (6) months from the date of notification under this section to determine whether the insured has other appropriate insurance, which was in effect on the date of service. Notwithstanding the contractual terms between PBH and provider, PBH shall allow for the submission of a claim that was previously denied by another insurer due to the insured's transfer or termination of coverage.</p>
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Credentialing Rules	PBH may not terminate or refuse to renew, provider contract for provider's participation in internal grievance procedure or external review
Mandated Benefits	PBH will provide two (2) visit to a psychiatrist or mental health provider for diagnosis and three (3) follow-up visits for treatment. Such visits are not subject to utilization review.