

Quick Reference Guide –

Provider Access	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
Member Access	HPHC Member Behavioral Health Access Line	(888) 777-4742
Send Clinical Documentation To	<u>Fax Preferred:</u> PARs/ LSQ/YLSQ Outcome Forms ONLY	Fax: (800) 992-2809
	<u>If unable to fax,</u> mail PARs/LSQ/YLSQ Outcome Forms and other clinical documentation to:	PBH 5001 LBJ Freeway, Suite 500 Dallas, TX 75244
Send Claims To	PBH Website Claims submission:(logon required)	http://www.pbhi.com
	Electronic Transmission	<u>Clearinghouses:</u> Envoy Med (800) 366-5716 Proxy Med (800) 997-7699 PBH Payer ID# 33053
	U.S. Mail	PacifiCare Behavioral Health P.O. Box 31053 Laguna Hills, CA 92654-1053

Send Credentialing Correspondence To	PBH Provider Operations/Network Management 5001 LBJ Freeway, Suite 500 Dallas, TX 75244 Fax: (972) 866-1849
Send General Network Correspondence To PBH Local Network Management	PBH Network Management Attn: Network Management P.O. Box 850346 Braintree, MA 02185

HPHC and PBH products specific to your state:

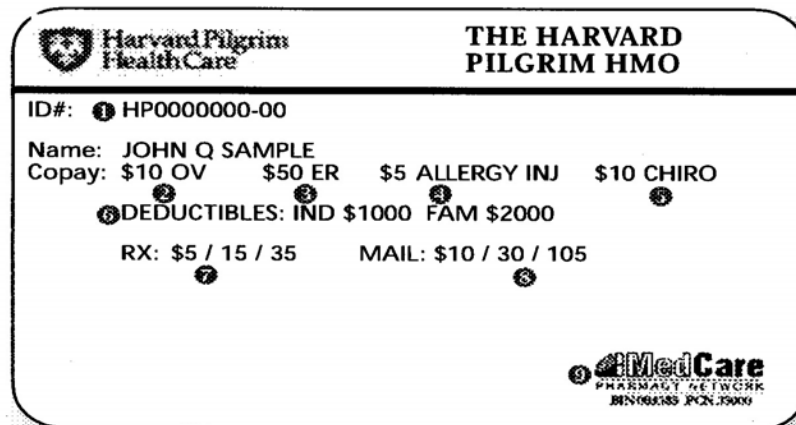
<p>Harvard Pilgrim Health Care</p>	<p><u>Commercial products</u></p> <ul style="list-style-type: none"> ▪ The Harvard Pilgrim HMO ▪ The Harvard Pilgrim POS ▪ The Harvard Pilgrim PPO ▪ HPHC Insurance Co Indemnity PPO <p><u>Medicare</u></p> <ul style="list-style-type: none"> ▪ First Seniority (Integrated) ▪ Medicare Enhance Plan
<p>Harvard Pilgrim Health Care – Excluded Employer Groups</p>	<p>Specific employer group accounts that <u>will not</u> be managed by PBH:</p> <ul style="list-style-type: none"> ▪ EMC ▪ Fleet (Bank of America) ▪ Perot ▪ Pitney Bowes
<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"> ▪ Stand – alone EAP ▪ Gatekeeper EAP ▪ Integrated EAP

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 RHODE ISLAND 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	4 - Non-prescribing	Copay, Coinsurance/ Deductible only.	Denial	Yes -Non-Prescribing Providers
			12- Prescribing			PAR only -Prescribing Providers
PPO and POS	in-network	yes	4 - Non-prescribing	Copay, Coinsurance/ Deductible only.	Denial	Yes -Non-Prescribing Providers
			12- Prescribing			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

Eligibility for home health services	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
Authorization Procedures	<ol style="list-style-type: none">1. An order is required by a physician for home health care services2. PBH will identify and authorize home health services according to individualized member need3. 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.4. Provider will bill for services according to their PBH Provider Agreement, including the use of contracted billing forms and codes.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)”

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	HPHC benefit plans do not count medication management visits against the member's outpatient visits. (CPT code: 90862 and HCPC code: M0064)
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 www.harvardpilgrim.org/providers 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 http://www.harvardpilgrim.org</p>
	<p><u>PacifiCare Health Plan Members:</u> Prescription Solutions</p>	<p>(800) 711-4555 http://www.pacificare.com</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> http://www.harvardpilgrim.org, 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 http://www.pacificare.com</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>Prior Authorization for Medications for Harvard Pilgrim Members in Rhode Island.</p>	<p>Prior authorization for medications for Members in Rhode Island is not required. Providers with questions should contact Harvard Pilgrim Pharmacy Services at (617) 509-9060</p>
<p>Prescription Solutions PacifiCare Medical Health Plans)</p>	<p>Please provide the following information when requesting prior authorization for non-formulary medications:</p> <ul style="list-style-type: none"> ▪ Patient name, PacifiCare ID number, and date of birth ▪ Patient’s medical diagnosis ▪ Prescriber’s name, specialty, address, telephone number and fax number ▪ Medication name, strength, and directions for use ▪ Name of specific medications tried and failed ▪ Date patient started on medication if already receiving ▪ Please provide a specific reason for request. <ul style="list-style-type: none"> ○ List names of medications tried ○ 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> ▪ Authorizations for approved requests will be communicated to the prescribing clinician.
<p>Other Medical Plans</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 ¹	PBH – Psychiatric Professional Fees for administration of medications
		HPHC - Medication charges ²

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

² 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	<p><u>Inpatient:</u> PBH - authorization for IP admission</p> <p><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.</p>	<p>PBH - laboratory charges ordered by attending Behavioral health physician associated with an authorized behavioral health admission</p>
		<p>HPHC - all outpatient laboratory services, imaging studies and diagnostic procedures</p>
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 from 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 fee 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 of care is psychiatric</u>	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 of 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
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

Initiate Appeal for Utilization Management (Authorization Denial) Decisions		
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:	Telephone: (800) 999-9585
Initiate Provider Dispute for Claims Payment/ Administrative Denials		
Harvard Pilgrim Health Care	Commercial and First Seniority Members:	Telephone: PBH 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	Telephone: PBH Provider Helpline (800) 716-1166
		Written: PacifiCare Behavioral Health P.O. Box 55307 Sherman Oaks, CA 91413-0307 Attn: Appeals Department

Rhode Island Regulatory Information

Topic Area	PBH Policy/Procedure
Utilization Management Criteria	Criteria are established and updated with consultation from RI licensed physicians and hospital Medical Directors as required by R23-17. 12-1-UR 5.13.2.
Claims Payment and Timeliness	<p>PBH state shall pay, deny, or pend all complete claims for covered health care services submitted by a provider within forty (40) calendar days following the date of receipt of a complete written claim or within thirty (30) calendar days following the date of receipt of a complete electronic claim. PBH defines a clean claim as all required elements identified in Section F: Administrative Guide of the Provider Manual is complete. For electronic claims, all HIPAA required elements must be submitted for the claim to be considered clean.</p> <p>Interest on clean claims not paid within timeframes shall accrue at the rate of twelve percent (12%) per annum commencing on the thirty-first (31st) day after receipt of a complete electronic claim or on the forty-first (41st) day after receipt of a complete written claim, and ending on the date the payment is issued to the provider.</p>