

# Harvard Pilgrim Access America Plans

## Description



Access America is Harvard Pilgrim Health Care’s national product offering for employer groups with 150 or more eligible employees. The Access America plans have a deductible that applies to certain in-network and all out-of-network covered services. Covered services may be subject to a copayment, a deductible or are covered in full. Once the deductible is satisfied, out-of-network services are subject to a coinsurance. Benefits and copayment vary among employer groups.

Copayment and deductible information can be found on the member’s ID card. For information regarding specific benefits and/or copayment, use *HPHConnect* or call the Provider Service Center at 800-708-4414. Members access their care through Harvard Pilgrim’s network in Massachusetts, Maine, and New Hampshire, and UnitedHealthcare’s network in all other states. Member ID cards are co-branded with both Harvard Pilgrim Health Care and UnitedHealthcare logos.

## Member Cost-Sharing

Members are not required to make payment for any portion of the deductible at the time services are rendered. However, providers may ask for credit card information or a written guarantee from the member to ensure deductible charges will be paid. Providers should follow Harvard Pilgrim’s standard billing policies when collecting copayment and deductibles.

### Deductible

- In-Network* . . . . . Varies (See member’s ID card.)
- Out-of-Network* . . . . . Varies (See member’s ID card.)

### Coinsurance

- In-Network* . . . . . None
- Out-of-Network* . . . . . Varies

### Summary of Services

The following summary of services is not all-inclusive. To determine if a copayment, deductible or coinsurance applies to a specific service, you may access the information via EDI Direct, *HPHConnect*, NEHEN, NEHENNet or by calling Harvard Pilgrim’s Provider Service Center at 800-708-4414.

Services	Description	Member Cost-Sharing Information
Hospital Inpatient Services and Surgical Day Care	Acute hospital admission, day surgery	<b>In-Network</b> —In-network deductible. After deductible is met, covered in full. Elective admission requires notification. Selected procedures require authorization. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. Elective admission requires notification. Selected procedures require authorization.
Hospital Outpatient Department Services	Anesthesia services, chemotherapy, endoscopic procedures, lab tests and x-rays, radiology services (except CT, MRI, PET, nuclear cardiology)	<b>In-Network</b> —In-network deductible. After deductible is met, covered in full. Fetal ultrasound covered in full. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. Fetal ultrasound covered in full.
Outpatient Advanced Diagnostic Imaging	CT/CTA, MRI/MRA, PET, nuclear cardiology	<b>In-Network</b> —In-network deductible. After deductible is met, may be covered in full or subject to copay or coinsurance. Requires consultative notification to National Imaging Associates (NIA). <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. Does not require consultative notification to National Imaging Associates (NIA).

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PRODUCT AND PRODUCT ADMINISTRATION—NATIONAL PLANS

Access America (cont.)

Services	Description	Member Cost-Sharing Information
Emergency Services	Hospital emergency room (ER)	<b>In-Network</b> —In-network deductible. After deductible is met, subject to ER copayment. Copayment waived if patient is admitted. Notification not required if admitted directly from ER. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to ER copayment. Notification not required if admitted directly from ER.
Routine Office Visits	Routine adult physical, gynecological and well-child exams	<b>In-Network</b> —Covered in full; no office visit copayment applies. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance.
Office Visits	Illness, injury, treatment	<b>In-Network</b> —Office visit copayment. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance.
Inpatient Skilled Nursing Care and Rehabilitation Services	Skilled nursing facility, inpatient rehab	<b>In-Network</b> —In-network deductible. After deductible is met, covered in full. Requires authorization. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. Requires authorization.
Hospital Inpatient Maternity Care	Mother, newborn	<b>In-Network</b> —In-network deductible. After deductible is met, covered in full. Routine nursery charges covered in full. Notification not required. <b>Out-of-Network</b> —Out-of-network deductible, including routine nursery charges. After deductible is met, subject to coinsurance. Notification not required.
Routine Maternity Care	Prenatal, postpartum	<b>In-Network</b> —Covered in full; no office visit copayment required. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance.
Inpatient Behavioral Health Care	Mental health, drug and alcohol rehab	<b>In-Network</b> —In-network deductible. After deductible is met, covered in full. For behavioral health services, contact United Behavioral Health at 888-777-4742. Services require referral and/or authorization. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. For behavioral health services, contact United Behavioral Health at 888-777-4742. Services require referral and/or authorization.
Outpatient Behavioral Health Care	Mental health, drug and alcohol rehab	<b>In-Network</b> —Office visit copayment. For behavioral health services, contact United Behavioral Health at 888-777-4742. Services may require referral and/or authorization. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. For behavioral health services, contact United Behavioral Health at 888-777-4742. Services may require referral and/or authorization.
Home Health Care Services	Home care, intermittent skilled nursing care	<b>In-Network</b> —Deductible. After deductible is met, covered in full. Authorization required. <b>Out-of-Network</b> —Deductible. After deductible is met, subject to coinsurance. Authorization required.
Outpatient Functional Therapy	Physical therapy, occupational therapy, speech therapy	<b>In-Network</b> —In-network deductible. After deductible is met, covered in full. Requires notification. <b>Out-of-Network</b> —Out-of-network deductible. After deductible is met, subject to coinsurance. Requires notification.
Prescription Drugs	Retail, mail order	If prescription drugs are a covered benefit, copayments are listed on the member's ID card.

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**Other Information**

**Other Services Covered in Full**

In addition to the services indicated above, the following in-network preventive services are covered in full. From time to time, Harvard Pilgrim may modify the category of preventive services that are covered in full. If there are any discrepancies between this Provider Manual and the applicable Benefit Handbook, the Benefit Handbook shall control.

- Administration of all immunizations, including flu shots
- Alpha-Fetoprotein (AFP) and Group B streptococcus (GBS) test
- Blood glucose monitors, insulin pumps and infusion devices
- Fecal occult blood test
- Hemoglobin A1c
- Hemoglobin test
- Hepatitis C testing
- HIV testing
- Lead level testing
- Mammogram
- Microalbuminuria test for diabetes (dip stick, urine)
- Screening for chlamydia and all other sexually transmitted diseases including gonorrhea, syphilis, herpes, and human papilloma virus (HPV)
- Pap smear
- Prostate-specific antigen (PSA) screening
- Routine urinalysis
- Total cholesterol, LDL, HDL and triglycerides
- Tuberculosis skin testing

**Notification**

**In-Network (MA, ME, NH)**

Providers are responsible for notification to Harvard Pilgrim through *HPHConnect*, NEHEN, NEHENNet or by calling Harvard Pilgrim’s Provider Service Center at 800-708-4414 for the services listed below. Notification initiates a benefit coverage review, which, for certain services, will include a medical policy review. Approval or denial is based on the outcome of the review. Notification is required for the following services:

Type of Notification	Timeframe
All inpatient services:	
• Emergent/urgent admissions	Within two business days of admission
• Maternity and/or newborn stays that exceed 48 hours (vaginal delivery) or 96 hours (caesarean delivery)	Within two business days of an admission that exceeds either 48 or 96 hours based on the type of delivery
• Elective admissions, including SNF and Rehab	At least five business days prior to admission
Cosmetic and reconstructive procedures, regardless of setting. For example: • Blepharoplasty      • Breast reconstruction, except post-mastectomy • Breast reduction      • Ligation/vein stripping	Prior to rendering services
Post-trauma dental services, regardless of setting	Prior to rendering services
DME purchase or cumulative rental price exceeding \$1,000 (Note: Prosthetics is a separate benefit with no notification requirements.)	Prior to rendering services
Home health care (including home hospice, infusion therapy, and respiratory care)	Prior to rendering services
Hospice care	Prior to rendering services
NICU Admission — Notification is required for non-routine newborn care (Level ii-iv), including ALL NICU admissions. (Please refer to the Non-Routine Newborn Care [Level II_IV]/Neonatal Intensive Care Admission Notification policy.)	Within two business days following admission
Non-urgent ambulance transport	Prior to rendering services

**Out-of-Network**

It is the member’s responsibility to notify Harvard Pilgrim Health Care for out-of-network services. However, Harvard Pilgrim will always accept notification from a provider.

**Failure to Notify**

Failure to comply with notification requirements will result in a claim denial or reduction in benefits. For Access America inpatient claims, denial penalties apply to both facility and professional services. Because they are not responsible for notification, Access America members cannot be held liable for failure to comply.

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**Services that Do Not Require Notification**

- Outpatient cardiac rehabilitation
- Outpatient occupational therapy
- Outpatient physical therapy
- Outpatient pulmonary rehabilitation
- Outpatient speech therapy
- Prosthesis

**Care Coordination/Disease Management**

Harvard Pilgrim Health Care manages care coordination and disease management programs and services in Harvard Pilgrim’s service area (MA, ME, NH). Notification is requested, but not required, when initiating treatment (other than surgery) for cancer, congenital heart disease, dialysis, or end stage renal disease. Notification of these services will provide Harvard Pilgrim the opportunity to support Access America members through a variety of care management and disease management programs and services.

**Claims**

**Harvard Pilgrim Providers**

**Billing for Services**

Follow Harvard Pilgrim payment policies and billing guidelines as outlined at <http://www.hphc.org/providers>.

**Claims Submission**

Claims submission for Harvard Pilgrim Access America is similar to that of all other Harvard Pilgrim plans. Harvard Pilgrim providers should submit claims to Harvard Pilgrim within 90 days from the date of service using a preferred channel—EDI-Direct, *HPHConnect*, NEHEN, NEHENet—or through a clearinghouse or by mail.

For information on receiving the 835 electronic Health Care Claim Payment/Advice, contact Harvard Pilgrim’s Provider Service Center at 800-708-4414.

**Claims Status and Claims Payment**

Following receipt of a clean claim, services are paid in accordance with Harvard Pilgrim payment policies and contract terms. Harvard Pilgrim providers may access claims status and claims payment inquiries via *HPHConnect*, NEHEN, NEHENet or by calling Harvard Pilgrim’s Provider Service Center at 800-708-4414.

**Claims Appeal**

Send written appeal requests to:

Harvard Pilgrim Health Care  
 P. O. Box 699183  
 Quincy, MA 02269-9183

**UnitedHealthcare Providers**

UnitedHealthcare providers who render services to Harvard Pilgrim Access America members outside of Massachusetts, Maine, and New Hampshire, follow UnitedHealthcare payment policies, claims submission and appeal guidelines as outlined at [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com).

**PUBLICATION HISTORY**

12/15/12	original document
04/08/13	added claims information
08/01/13	minor edit for clarity
04/20/17	added NICU admission notification requirements