

Harvard Pilgrim Med Enhance Plan (CT)

Available in Connecticut

Description



The Med Enhance Plan is offered to fully insured and self-insured (ASO) employer groups. It is a “wrap” plan that complements members’ Medicare coverage by paying the Medicare deductibles and coinsurances. It supplements Medicare coverage in Connecticut and is also known as an indemnity plan. Members must be enrolled in Medicare Parts A and B. They do not choose a primary care physician and are required to receive treatment from a Medicare participating provider.

Basic Requirements for Coverage

To be covered by the Plan, all services and supplies must meet *each* of the following basic requirements:

- It must be medically necessary, and
- It must be received while the member is enrolled as a Subscriber in the Plan,
- It must be either covered by Medicare or listed as a Covered Service in this Handbook, the Schedule of Benefits or the Prescription Drug Brochure, and
- It must not be listed as a product or service that is excluded from coverage by the Plan.

For information regarding specific benefits, use *HPHConnect* or call the Provider Service Center at 866-691-8882.

Member Cost-Sharing

Summary of Services

The following summary of services is not all-inclusive. Contact the Provider Service Center at 866-691-8882 for benefit limits and member cost sharing related to specific procedures or services.

Medicare—Covered Services	Med Enhance Pays	Member Cost-Sharing
Hospital Inpatient Services including psychiatric services days 1-91 of a benefit period and up to 60 Lifetime Reserve Days (190 Lifetime reserve days for Mental Health)	Medicare Part A deductible and coinsurance	\$0
Hospital Outpatient Department Services	Medicare Part B deductible and coinsurance	\$0
Emergency Department Services	Medicare Part B deductible and coinsurance	\$0
Preventive Services	Medicare Part B deductible and coinsurance	\$0
Office Visits	Medicare Part B deductible and coinsurance	\$0
Inpatient Skilled Nursing Care and Rehabilitation Services	Part A daily coinsurance days 21-100	Days 1-100 \$0
Outpatient Behavioral Health Care	Medicare Part B deductible and coinsurance	\$0
Home Health Care Services	Medicare Part B deductible and coinsurance	\$0
Outpatient Functional Therapy	Medicare Part B deductible and coinsurance	\$0
Inpatient hospital care beyond Medicare Lifetime Reserve Days up to 365 additional days	100% Medicare eligible expenses	\$0
Medically Necessary Emergency Care in Foreign Country -first \$250 each calendar year -remainder of charges	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over \$50,000 lifetime maximum
Prescription Drugs	If prescription drugs are a covered benefit, copayments are listed on member’s ID card.	

(continued)

Referral, Authorization and Notification

Medicare Enhance members are not required to obtain referrals or authorizations for specialty care, or submit notification for emergency or planned elective services.

Provider Reimbursement

Use the following reimbursement information to submit claims for all Harvard Pilgrim Medicare products.

Claims Submission

Medicare is primary and providers should submit all Medicare Supplement Plan claims—electronic or paper—directly to Medicare. Medicare will coordinate to automatically cross-walk those claims and submit them electronically to Harvard Pilgrim.

*Providers should **not** submit Medicare Supplement claims directly to Harvard Pilgrim, even for services that Medicare may deny (i.e. Massachusetts state-mandated benefits).*

Claims Filing Limit

Claims must be received within 365 days of the date of service, or date of discharge for inpatient services.

Claims Status Inquiry

Providers may access the status of secondary claims by using EDI-Direct, *HPHConnect*, call the Provider Service Center at 866-691-8882 or *Provider_CallCenter@hphc.org* to obtain claim status information.

Claims Appeal

- For Medicare covered services, follow the Medicare appeals process and submit appeal to Medicare.
- To file a claim appeal for Harvard Pilgrim covered services (see the Appeals section of this *Provider Manual* for specific appeal filing timeframes), mail provider claim appeal along with the *Harvard Pilgrim Appeal Form* to:

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

PUBLICATION HISTORY

06/15/14 original documentation