

# Harvard Pilgrim Medicare Enhance Plan

## Description



The Medicare 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 after applicable plan copayments and deductibles are met. It supplements Medicare coverage in Massachusetts, Maine and New Hampshire and is also known as an indemnity plan. Medicare Enhance plan options include: Medicare Enhance, Medicare Enhance Preventive Plus, and Medicare Enhance Preventive Plus with Deductible. 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. Ser-

vices are covered when medically necessary and rendered by providers eligible for payment by Medicare. Medicare also covers some preventive care services.

Benefits, co-payments and deductibles vary among plan options. Cost-sharing information can be found on the member’s ID card. For information regarding specific benefits and/or member cost-sharing, use *HPHConnect*, *NEHENet*, *NEHEN*, or call the Provider Service Center at 800-708-4414.

## Member Cost-Sharing

### Copayment

Varies (Refer to member ID card.)

### Deductible

Varies (Refer to member ID card.) When a plan has a deductible, it will be indicated on a member’s ID card. The deductible only applies to the following services: inpatient stays, day surgery, high-end radiology (e.g., CT, MRI, PET, etc.) and ambulance.

### Coinsurance

Varies (Refer to member ID card.)

### Summary of Services

The following summary of services is not all-inclusive. Contact the Provider Service Center at 800-708-4414 for benefit limits and member cost sharing related to specific procedures or services.

Services	Description	Member Cost-Sharing
Hospital Inpatient Services and Surgical Day Care	Acute hospital admission, day surgery	Applicable Part A and B Medicare deductibles and coinsurances are covered in full after meeting applicable plan deductible.
Hospital Outpatient Department Services	Anesthesia services, chemotherapy, endoscopic procedures, lab tests and x-rays, radiology services, including CT, MRI, PET and nuclear cardiology	Applicable Part B Medicare deductible and coinsurance covered in full after meeting applicable plan deductible. Applicable deductible applies to high-end radiology (e.g., CT, MRI, PET, etc.)
Emergency Department Services	Hospital emergency room (ER)	ER copayment. Copayment waived if patient is admitted.
Routine Office Visits	Routine physical exam	Office visit copayment. Contact the Provider Service Center at 800-708-4414 to verify if routine physical exams are covered under the plan.
Office Visits	Illness, injury, treatment	Office visit copayment.
Inpatient Skilled Nursing Care and Rehabilitation Services	Skilled nursing facility, inpatient rehab	Applicable Part A Medicare coinsurance covered in full per benefit limit.
Inpatient Behavioral Health Care	Mental health, drug and alcohol rehab	Covered in full including Part A Medicare deductible and coinsurance, if applicable. Mandated services covered as defined by applicable state law.
Outpatient Behavioral Health Care	Mental health, drug and alcohol rehab	Office visit copayment. Mandated services covered as defined by applicable state law.
Home Health Care Services	Home care, intermittent skilled nursing care	Covers Medicare, Part B, deductible and coinsurance. Home infusion therapy covered beyond original Medicare coverage.

(continued)

PRODUCT AND PRODUCT ADMINISTRATION—SENIOR PLANS

Harvard Pilgrim Medicare Enhance Plan (cont.)

Services	Description	Member Cost-Sharing
Outpatient Functional Therapy	Physical therapy, occupational therapy, speech therapy	Office visit copayment. Applicable Part B Medicare deductible and coinsurance covered in full per benefit limit. Mandated services covered as defined by applicable state law.
Prescription Drugs	Retail, mail order	If prescription drugs are a covered benefit, copayments are listed on member's ID card.

**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**

*Effective 01/01/12, 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 the same electronic channels used for other Harvard Pilgrim products, EDI-Direct, *HPHConnect*, NEHEN, or NEHENet. Providers may also call the Provider Service Center at 800-708-4414 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**

06/15/09	added Medicare Enhance Preventive Plus and Medicare Enhance Preventive Plus with Deductible Plan information to original Medicare Enhance Plan document
10/15/11	updated provider reimbursement information
01/01/12	removed prior provider reimbursement information