

Collecting Member Payment

Cost-Sharing

Harvard Pilgrim members share the responsibility for a portion of the cost of services through deductibles, coinsurance, and copayments. Most applicable deductible and copayment information is listed on the member's ID card.

Deductibles

Some of our product options include a deductible component. The deductible applies to most covered inpatient services and to certain covered outpatient services, including technical and professional charges. The deductible (individual/family) is calculated on a calendar year or plan year basis, depending on the member's plan. The beginning and end of the plan year is determined based on the effective date of the employer's plan. Once the deductible amount has been satisfied, coinsurance or copayment may apply. Some options include a "carry-over" deductible that permits the member to apply deductible amounts incurred during the last quarter of a calendar or plan year to the next calendar or plan year. Services that are exempt from the deductible may be subject to a coinsurance, copayment, or are covered in full.

Coinsurance

Coinsurance applies to POS and PPO out-of-network services and may apply to some in-network services for some products. Out-of-network services are subject to coinsurance until the annual out-of-pocket maximum (individual/family) has been reached.

Copayment

Services for which a copayment applies include, but are not limited to, emergency room visits, office visits, outpatient mental health and substance abuse care, and prescription drugs if a covered benefit. Some product options also apply a copayment to inpatient and outpatient services.

Collecting Payment

Providers should bill Harvard Pilgrim and collect member payment as follows.

Deductible and Coinsurance

Members are not required to make payment for any portion of the deductible or coinsurance at the time services are rendered. For services that are subject to a deductible and/or coinsurance, providers should:

- Bill Harvard Pilgrim within 90 days from the date of service.
- Upon receipt of your Harvard Pilgrim Explanation of Payment (EOP) report, determine the amount the member is responsible for, as indicated by the EOP.
- Bill the member for the allowed amount not paid by Harvard Pilgrim.

Harvard Pilgrim will send an Explanation of Benefits (EOB) to the member showing any amount owed to the provider; the EOB is not a bill.

Copayment

In most cases, copayment is payable, whether or not the deductible has been met, until the annual out-of-pocket maximum has been reached. Hospitals should wait until they receive their EOP to determine whether a deductible or a copayment applies to an emergency room visit. For services that require a copayment, providers should:

- Collect the copayment listed on the member's ID card at the time of service.
- Bill Harvard Pilgrim within 90 days from the date of service.

Harvard Pilgrim will reimburse the allowed amount minus the copayment.

Balance Billing Is Not Allowed

Harvard Pilgrim does not allow balance billing. You may only collect applicable cost-sharing from our members for covered services and may not otherwise charge or bill them.

As a participating provider you have entered into a contractual agreement to accept payment directly from Harvard Pilgrim. Payment from the plan constitutes payment in full, with the exception of applicable copayments, and/or coinsurance as listed on the EOB/EOP.

You may not balance bill members for the difference between actual billed charges and your contracted reimbursement rate. A member cannot be "balance billed" for covered services denied because the claim was submitted with insufficient information. Failure to notify Harvard Pilgrim of a service that requires prior authorization or notification will result in payment denial. In this scenario, members may not be balance billed and are responsible only for their applicable copayments, and/or coinsurance.

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A member cannot be billed for a covered service that is not medically necessary, or otherwise not covered under the member's plan, unless the member's informed written consent to receive the specific service is obtained in advance. This consent must be in writing and include the member's acknowledgement that because the specified service is non-covered, the member will be financially responsible for payment. Requiring a member to sign a general waiver and agreement to be financially responsible for any non-covered service is not sufficient to comply with this policy and may be considered an unfair practice under consumer protection laws.

Securing Member Payment

Although providers should not collect deductible or coinsurance payments at the time of service, they may request from members an assurance such as a written guarantee that the member will be responsible for payments due. Alternatively, providers may request a credit card imprint as an assurance of payment. However, providers should not use such credit card imprints as a replacement for billing the member, nor should the credit card imprint be used to hold or "tie up" funds in advance of billing.

Providers who take credit card imprints should consider giving members a statement of the terms and use of such credit card imprint. Such a statement would indicate when the provider would assess the credit card and for what services. Ideally, the member would sign the statement, and providers would obtain a separate signed statement for subsequent visits. For more information on use of credit card imprints, providers should consult their billing service or legal counsel.

Questions

If you have questions about deductibles, coinsurance or copayment as it applies to a particular service, call the Provider Service Center at 1-800-708-4414, option 5.

Related Information

Product and Product Administration

PUBLICATION HISTORY

10/15/11	added Harvard Pilgrim Core Coverage HMO Plan (NH) to related information
01/01/12	removed First Seniority Freedom information from related policies
05/15/12	update to related information section
12/15/12	replaced individual product names with link to Product and Product Administration under related information
02/15/17	added prohibition of billing members — balance billing not allowed information