Workers’ Compensation (WC) Claims

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare’s related policies/procedures, please go to www.UnitedHealthcareOnline.com or call 866-314-8166.

General Guidelines

If a claim is due to a workers’ compensation (WC) accident, the provider must bill the WC carrier first. If the WC carrier denies the claim, the provider should submit the bill to Harvard Pilgrim with a copy of the denial letter attached to the claim.

Required Information When Filing a WC Claim

To expedite payment, include the following information when filing a WC claim:

- Member name.
- Member identification number.
- Date of WC accident.
- Name and address of WC carrier.

WC Claim-Filing Limit

If a claim is submitted beyond the 90-day filing limit, it must be received within 90 days of the date posted on the WC denial letter.

- Claims will be denied if they are submitted beyond the 90-day filing limit and received:
  - Beyond 90 days from the date on the WC denial letter.
  - With no date on the WC denial letter.
  - Without notification from the WC carrier that the claim has been denied.
- Providers may call Harvard Pilgrim to verify that a WC denial letter has been received.

Connecticut Retroactive Denial

In Connecticut, when coordinating benefits with a primary insurance carrier, the filing limit for claims submission to Harvard Pilgrim is 365 days from the date of the cancellation, denial, or partial payment of the primary insurer to resubmit a claim to Harvard Pilgrim as a secondary carrier. (This only applies when Harvard Pilgrim is the secondary carrier.)

Maine Suspension of Filing Deadlines

In Maine, when coordinating benefits with a primary insurance carrier, the filing limit for claim submission is 120 days from the date that the primary insurer processed the claim or retroactively denied a previously paid claim. The date is indicated on the insurer’s Explanation of Benefits (EOB).

New Hampshire Retroactive Denial

In New Hampshire, when coordinating benefits with a retroactively terminated policy, the filing limit for claims submission to Harvard Pilgrim is 180 days from the date that the primary insurer retroactively denied a previously paid claim. The date is indicated on the insurer’s Explanation of Benefits (EOB). (This only applies when Harvard Pilgrim is the secondary carrier and the primary carrier has retroactively terminated the policy. This does not apply if the primary carrier terminated under normal circumstances.)
WC Addresses

Claims
Send claims with appropriate documentation to the WC claims address:
Harvard Pilgrim Health Care
P. O. Box 699183
Quincy, MA 02269-9183

Correspondence
Send other non-claims mail that cannot be submitted with the claim due to electronic submissions (such as attorney letters, WC denial letter, certified mail receipt cards, etc.) to the WC correspondence address below. Include the member ID number and date of service that applies to the claim/number.
Harvard Pilgrim Health Care
P.O. Box 699218
Quincy, MA 02269-9218

Payment Policy
Harvard Pilgrim’s policies and procedures related to referral, prior authorization and prior approval must be followed for Harvard Pilgrim to reimburse services as a secondary carrier.

- Claims are paid according to Harvard Pilgrim’s payment policies and procedures.
- Payment from the WC carrier is payment in full.
- No balance bill can be submitted to Harvard Pilgrim or its members.

If Harvard Pilgrim pays or denies a claim and is later informed that it is related to a WC accident, an insurance liability recovery investigator will determine the primary payer and adjust the claim accordingly.

PUBLICATION HISTORY
09/15/00  original documentation
01/01/02  filing limit changed to 90 days
07/01/03  added NH retroactive denial information
07/01/05  added ME retroactive denial information
07/31/07  clarified NH retroactive denial information
07/15/09  removed “filing limit denial” reference under General Guidelines
03/15/14  added CT retroactive denial information
10/01/21  annual review; no changes
01/01/23  reviewed; no changes