

Authorization and Notification

Authorization Requirements

Our plan members will be required to select a Primary Care Provider (PCP). The primary care provider (PCP) will serve as the coordinator of care to ensure access to medically necessary specialty care. The PCP may oversee all of the medical care and services provided to the member. Out-of-network referrals require plan notification and authorization. Refer to the *StrideSM (HMO) Medicare Advantage Referral Policy and Procedures* for more information.

CMS considers plan-directed care to be the financial responsibility of the health plan and/or its contracted network but in either case, not the responsibility of the Medicare member. Plan-directed care is care the member believes they were instructed to obtain, or authorized to receive and such instruction and/or authorization was provided by a health plan representative. A representative of the health plan includes plan-contracted providers. Therefore, network providers need to obtain authorization from the Plan prior to referring a member to a provider out of the network.

It is extremely important that Harvard Pilgrim authorization procedures are followed for services that require prior authorization. If a member proceeds to receive care at the direction of his/her primary care provider or network specialist, believing that such care was verbally or otherwise authorized by the provider, the member cannot be held financially responsible.

In such cases when the referring network provider fails to follow Harvard Pilgrim's CMS approved authorization protocols, Harvard Pilgrim may decline to pay the claim in which case participating providers will be held financially responsible for services received by the member. Again, CMS prohibits holding the member financially responsible in these cases.

To request an authorization call the Medicare Advantage Provider Service Center at 888-609-0692. Providers can review the status of authorization requests via the Medicare Advantage Provider Portal at www.harvardpilgrim.org/providers.

Refer to the *StrideSM (HMO) Medicare Advantage Prior Authorization and Referral Chart* for links to our authorization policies and authorization request forms. CMS preventive services do not require an authorization or referral. For more information, please refer to our *Stride (HMO) Summary of Benefits or Evidence of Coverage*.

Acute Care Facility Discharge Notification Requirements

To expedite claims processing and initiate care management services to members following an inpatient stay, Harvard Pilgrim requires all acute care facilities to submit a daily list of discharged members. Harvard Pilgrim will accept the current format of your discharge census. Daily discharge reports require the following information:

- Date of report
- Member's first name
- Member's last name
- Member's Harvard Pilgrim ID number
- Name of facility
- Discharge date
- Discharge diagnosis
- Discharge disposition (home, another facility, deceased)

Fax discharge data to 617-509-1147, "Attn: Care Management Dept."

PUBLICATION HISTORY

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| 10/15/13 | original documentation |
| 12/15/14 | reviewed; no changes |
| 01/01/16 | updated referral/authorization table |
| 01/25/16 | added the <i>universal home health services prior authorization form</i> link and fax info to referral/authorization table |
| 02/26/16 | updated the authorization submission information to inpatient rehabilitation facilities and skilled nursing facilities |
| 10/15/16 | updated prior authorization and referral chart |
| 06/25/19 | added link to Stride Medicare Advantage Referral Policy |

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