Notification Policy

Unless otherwise specified, information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect℠. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.com.

Services That Require Notification

(*See grid below for timely notification requirements*)

Harvard Pilgrim requires notification from facilities/servicing providers for the following:

- **Inpatient admissions, including:**
  - Elective inpatient admissions (prior to admission)
  - When a member is admitted to the hospital on an emergency basis, including inpatient admission from the emergency room and emergency in-patient behavioral health admissions
  - When a member in observation status changes to inpatient admission
  - When surgical day care results in an inpatient admission
  - When a facility receives a post-emergency room transfer
- **Non-routine newborn care (Level II-IV) and all Neonatal Intensive Care Unit (NICU) admissions**
- **Intensive care coordination (initial 30 days of service)**
- **Home health care services (initial 30 days of service)**
- **Notification change:** When any change (e.g., diagnosis, procedure, date of service, etc.) related to a previous notification is made
- **Behavioral health admission**: Notification of behavioral health admission is required for all acute inpatient, acute residential and partial hospitalization (PHP) levels of care, followed by medical necessity review on the last covered day, if authorization for continued stay is requested.

Failure to Notify

Harvard Pilgrim may apply financial penalties to facilities and other servicing providers for non-compliance with requirements set forth in this notification policy. Failure to comply with Harvard Pilgrim's notification requirements — including providing notification after the member has been discharged from the facility — will result in an administrative denial of the claim payment. Members cannot be held liable for claims denied for failure to notify. Facilities/servicing providers cannot hold members liable for claims denied or penalties applied due to failure to comply with this notification policy.

Massachusetts Plans Only: Providers should notify the plan within 48 hours of an admission for Acute Treatment Services (ATS) or Clinical Stabilization Services (CSS); however coverage will not be denied for the first 14 days of ATS/CSS for failure to notify.

Inpatient Admissions Financial Penalties

For late notification for inpatient urgent/emergent admissions, occurring after the time frames provided below but while the member is still admitted and receiving medically necessary care, the following penalties apply:

- A reduction of up to 25% for admissions reimbursed under diagnosis related grouping DRG payment methodologies.
- The inpatient claim may be prorated and reimbursed for only the days in which notification applied for per diem payment arrangements.

Timely Notification Requirements

Service	Notification Requirement
Urgent/Emergent Admission (Medical and Behavioral Health)	Two business days following admission for medical services Behavioral health: Massachusetts providers should notify the plan within 48 hours of an admission for Acute Treatment Services (ATS) or Clinical Stabilization Services (CSS), Urgent/emergent acute behavioral health admissions must be reported within 72 hours by facilities in Massachusetts. In all other states urgent/emergent acute behavioral health admissions must be reported within two (2) business days by facilities. *Admission from an emergency department to acute inpatient care, does **not** require prior authorization.*
Non-Routine Newborn Care (Level II-IV)/ Neonatal Intensive Care Unit Admission	Two business days following admission
Elective Inpatient Admission	At least one week prior to the date of service
Partial hospital programs (PHP)	After the first day/visit of treatment
Intensive care coordination (ICC) (initial 30 days of service)	Within three (3) business days of intake
Home health care services (initial 30 days of service)	Within two (2) business days of initial evaluation

Notification does not guarantee payment by Harvard Pilgrim Health Care. Only claims for services that are covered under eligible members' benefit plans are reimbursed. Refer to our Medical Necessity Guidelines, Medical Drug Medical Necessity Guidelines, and Pharmacy Medical Necessity Guidelines for specific information about services, drugs, devices, and equipment that require prior authorization, and are subject to clinical review (to determine medical necessity). In addition, our Provider Manual Prior Authorization Policy details provider responsibilities and processes related to authorization.

Action Required

Notification may be submitted through the following channels.

Electronic
Submit a transaction record with required information using the HPHConnect or NEHEN transaction service.

- Detailed HPHConnect instructions are available at www.harvardpilgrim.org/provider . (Refer to the user guides on the Point32Health provider website at www.point32health.org/provider/training/provider-training-guides/)
- For NEHEN instructions, refer to your NEHEN documentation.

Fax
Send required information to Harvard Pilgrim.

- **Fax**: 800-232-0816

Related Information

Referral, Notification & Authorization

- Prior Authorization Policy
- Elective Admission Notification Policy
- Emergent Department/Urgent Admission Notification Policy
- Non-Routine Newborn Care (Level II – IV)/Neonatal Intensive Care Unit (NICU) Admission Notification Policy
- Non-Invasive Airway Assist Devices (CPAP, APAP, and BiPAP) and related Sleep Therapy Supplies Policy

PUBLICATION HISTORY

01/01/12	removed First Seniority Freedom information from header
02/15/17	added NICU admission notification information
06/15/17	added sleep therapy equipment to services that need notification and to timely notification grid; added *Non-Invasive Airway Assist Devices (CPAP, APAP, and BiPAP) and related Sleep Therapy Supplies Policy* to related policies section
03/01/18	reviewed policy; administrative edits
12/03/18	reviewed policy; administrative edits
06/01/22	reviewed policy; added information on penalties for late notification
01/01/23	reviewed; no changes
09/01/23	updated for behavioral health insourcing effective on 11/01/23
04/12/24	updated to include how to submit notification; added home health care services throughout the policy, including in the Timely Notification Requirements table; administrative edits.
05/01/24	removed Surgical Day Care (SDC) and sleep therapy equipment from the Services That Require Notification section; added elective inpatient admissions to the Services That Require Notification section; removed sleep therapy from the Timely Notification Requirements table
06/01/24	updated “Services That Require Notification” section with additional text on behavioral health and revised section to bulleted list format and combined with the “Notification to Harvard Pilgrim Health Care” section; removed “Notification to Harvard Pilgrim Health Care” section; removed mention of outpatient functional therapies throughout the policy; added “initial 30 days of service” to ICC row in the “Timely Notification Requirements” table; renamed table title; administrative edits
06/17/24	administrative edits to the “Services That Require Notification” section
11/01/24	removed telephone number from the “Action Required” section; administrative edits
08/01/26	added ATS/CSS for Massachusetts plans notification and failure to notify guidelines from retired Behavioral Health Notification section. Other guidelines from retired policy are documented in Emergency Department/Urgent Admission policy and Medical Necessity Guidelines.