

# Limited Services Provider-Retail Medicine

## Definition

*Limited Service Provider* refers to a licensed retail (in-store) medical setting that offers evaluation and treatment of minor health care issues. Limited service providers typically treat common minor illnesses and skin conditions, and administer routine vaccines and immunizations.

## Network Participation Requirements

To participate in Harvard Pilgrim's provider network, a provider of limited service care must meet and demonstrate the following requirements.

- The provider entity must meet all state and federal licensing requirements and must successfully meet Harvard Pilgrim facility credentialing standards prior to seeing any Harvard Pilgrim members. The Facility Credentialing and Recredentialing policy, located in the *Provider Manual*, outlines the credentialing and recredentialing requirements.
- License issued by the appropriate regulatory agency
- Joint Commission (JC) accreditation
- Medicare certification at organizational level required
- Harvard Pilgrim Health Care Limited Service Provider (Retail Medicine) Review Board approval subsequent to review and verification of:
  - Strict evidence-based clinical guidelines/algorithms
  - Audit process to ensure compliance with guidelines
  - Outcome data demonstrating high quality of care
  - Electronic medical record integration process for continuity of care

Limited service provider entities must maintain the following policies and procedures; provider entity shall provide Harvard Pilgrim copies of such policies and procedures upon request:

- Policies to evaluate, stabilize, and transfer medical emergencies.
- Credentialing policies that monitor and review health care providers' knowledge, training, malpractice, hospital affiliation and licensure and requires review and approval by the practice/facility's medical director on a periodic basis in accordance with state law.
- Procedures to ensure continuity and coordination of care with the member's primary care physician, including processes to provide the diagnostic record of the urgent care visit to the member's primary care physician.

The limited service provider entity must:

- Be contracted for retail services under a standard Harvard Pilgrim Health Care ancillary agreement at Harvard Pilgrim's standard retail service reimbursement
- Be contracted at the specific CPT code level (any codes not listed in the agreement are denied)
- Submit claims under a unique Tax Identification Number (TIN) or National Provider Identifier (NPI) dedicated solely for use by the limited service provider
- Submit claims using CMS-1500 format, using the standard CPT codes in their provider agreement
- Submit claims using the "Place of Service" code 17: Walk-in retail health clinic.
- Allow Harvard Pilgrim to use practitioner performance data (such as quality, cost, resource use, or utilization information) as is required by the National Committee for Quality Assurance (NCQA).

## Provision of Covered Services

Limited service providers are responsible for delivering covered services to Harvard Pilgrim members in keeping with generally accepted professional standards of patient care, and consistent with applicable state regulations and Harvard Pilgrim limited service provider criteria.

### Continuity and Coordination of Care

With the member's consent, a diagnostic record is sent to the member's primary care provider.

Patients with illnesses outside the limited service provider's scope of services, or who exhibit signs of a chronic condition, are referred to their primary care provider or, if critical, the nearest emergency department. Provider must also provide the member with a copy of the visit summary.

Any services that are not provided and billed directly by the contracted limited service provider entity must be referred to and provided by a contracted Harvard Pilgrim provider (i.e., lab services that may be sent out or DME not dispensed and billed by the limited service provider entity must be coordinated through a Harvard Pilgrim contracted network provider).

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#### PUBLICATION HISTORY

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| 04/15/12 | reviewed; no changes                                                                                                                                          |
| 05/15/13 | removed specific state regulatory references                                                                                                                  |
| 06/15/13 | added NCQA practitioner performance data requirement information                                                                                              |
| 10/15/14 | reviewed; added information to credentialing requirements, policies and procedures, operational requirements and continuity and coordination of care sections |
| 11/15/16 | reviewed; administrative edits                                                                                                                                |
| 08/01/19 | reviewed; no changes                                                                                                                                          |
| 09/01/21 | reviewed; no changes                                                                                                                                          |
| 01/01/23 | reviewed; administrative edits                                                                                                                                |
| 10/01/25 | reviewed by Ancillary Contracting, no changes                                                                                                                 |