

Member Eligibility Verification

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Eligibility Verification Overview

Introduction

Before submitting a referral/authorization request, verify patient eligibility.

This will eliminate submitting requests for services for a non-eligible member. Go to <u>www.harvardpilgrim.org/providers</u>. Click on "HPHConnect Login" and sign in.

Best Practices

Harvard Pilgrim recommends using the "Patient Management" patient search option to check patient eligibility. Search for the member and select from your patient list. In the "Patient Management" section, when the current patient field is populated with a member name:

- The patient information bar displays at the top of the screen showing the selected member's name, birth date, Harvard Pilgrim ID number, and PCP.
- The user can easily switch between checking eligibility, viewing claims history, and referral/auth transactions for the selected member.

Eligibility Search Tips

- It is not necessary to capitalize names or ID# prefixes.
- · You can search with partial or complete information.
 - For a name search, the minimum characters required is two.
 - For an ID# search, the minimum required is the alpha prefix and at least two digits.
- Searches with partial information will return more and varied results. It is best to supply as much information as possible to narrow the search.
- Do not use dashes or leave any spaces.

Examples:

- ID # -- hp123456700 or 99999999900
- Last name/first name, e.g., smith, mary, or, last name/first name initial, e.g., smith, m

How to Verify Patient Eligibility

-

1. In the "Patient Management" section, click on "Search Patients" to access the patient search screen (below).

| V | Harvard Pilgrim HealthCare | |
|------|-------------------------------|-------------------|
| НОМЕ | PATIENT MANAGEMENT | OFFICE MANAGEMENT |
| | Current Patient | |
| | (None) | - |
| Ro | Search Patients | |

Patient Search Screen

| | Search | | |
|----------------|------------------------------------|-------------|--------------|
| | ◎ Last Name ⑧ Member ID | | |
| Patient | 0 | <u>ک</u> | |
| | (ID Example - HP5555555,HP4444444) | | |
| PCP: | None Selected SELECT | | |
| Search Filters | | | |
| | 11/18/2019 | Birth Date: | |
| As of | | | (MM/DD/YYYY) |
| As of | | | |

- 2. a) Select the desired patient search criteria:
 - Name
 - Member ID, or
 - b) Enter the appropriate patient information in the [blank] field

c) Adjust the "As of" date, if you want eligibility information for a date prior to today's date, which is the default

| Patient Search | | | |
|-------------------|--|-------------|--------------|
| Conduct Patient S | earch | | |
| Patient | Last Name Member ID | 0 | |
| PCP: | (ID Example - HP5555555,HP4444444) None Selected | | |
| Search Filters | | | |
| As of | 11/18/2019 | Birth Date: | (MM/DD/YYYY) |
| Gender | • | Age | |
| SEARCH CLE | AR | | |
| | | | |

Optional – Other search criteria available but not required include:

- PCP (if on the access list drop-down)
- Birth date
- Gender
- Age

3. Click "Search" to find the patient. The patient search results list appears, matching the data you entered. Patient information includes:

- Name
- Address
- Birth date
- Sex
- ID
- Primary care provider
- Sponsor

4. Click "Select" to add patient to current patient list.

| Patient Se | earch Results | | | | | | |
|------------|---------------|------|-------------|--------------------------------------|-------------|-----------------------------|---------|
| | Name: | Sex: | Birth Date: | Address: | ID | Primary Care Provider | Sponsor |
| SELECT | SMITH, JOHN | М | 18 Aug 1948 | 223 WINTHROP ST BROCKTON MA 02301 | HP147893100 | Ravindran, R | НРНС |

5. The patient's name is now on the patient list and appears in the current patient field.

| Current Patient SMITH, JOHN | HOME P | ATIENT MANAGEMENT | OFFICE MA |
|---|--------------|--------------------------------|-----------|
| SMITH, JOHN Search Patients Patient Information Good news! Referrals Making this Authorizations & Matifications | | Current Patient | |
| Search Patients New funct Patient Information Good news! Referrals making this Authorizations & Matifications | | SMITH, JOHN 👻 | |
| New funct Patient Information Good news! Referrals making this Authorizations & Matifications | | Search Patients | |
| Good news! Referrals | New funct | Patient Information | |
| making this Authentications & Matifications | Good news! | Referrals | |
| Authorizations & Notifications | making this | Authorizations & Notifications | |
| k oon in mit | honofit vori | Eligibility | |

The gray bar at the top of the screen displays information about the member selected in the current patient field.

- If active, the name, birth date, HP# and PCP with provider name and NPI, when available.
- If not active, the name, birth date, HP# and termination date only will appear.

| Member ID HP147893100 | | |
|---------------------------------|---|--|
| Patient Information | | |
| Date of Birth 18 Aug 1948 | Sex Male | Address 223 WINTHROP ST BROCKTON, MA 02301 |
| Clinician/Caregiver Information | | |
| Name D Tharackal Pavindran | Effective Dates: 22 Nov 2015, 17 May 2016 | Phone |

6. Eligibility, claims, and referrals/auth links now appear under the current patient field. To access information for the selected patient, click on the appropriate link.

| Conduct Eligibility Search | | | |
|----------------------------|-------------------------|--------------------|----------|
| Subscriber Informatio | n | | |
| * Subscriber Name | First JOHN | Last SMITH | |
| * Patient ID | Member # HP147893100 | | |
| As of | 11/18/2019 | | Gender • |
| * Requesting Provider | ® Name ⊚ Provide | er ID Provider NPI | |

Reminder: Providers can only access referral/auth transactions for which they are the requesting provider, the servicing provider, or the member's PCP.

7. Enter requesting provider search criteria:

- Requesting provider's name
- NPI

| 4 Downorting Downidow | ● Name ● Provider ID ● Provider NPI |
|-----------------------|---------------------------------------|
| * Requesting Provider | smith, john SEARCH |

8. Click "Search" to find requesting provider.

| + Poquesting Provider | Name Provider ID Provider NPI | | |
|-----------------------|---|--------|--|
| * Requesting Provider | smith, john | SEARCH | |

9. Click "Select" to choose the correct requesting provider. Requesting provider search results appear.

| ırch | | |
|--------------------|------------------------------|---|
| Provider Name | Provider ID | |
| <u>Smith, John</u> | 12058082 | |
| | Provider Name Smith, John | Provider Name Provider ID Smith, John 12058082 |

10. Click "Search" to **submit eligibility request.**

Requesting provider details will populate the new 270 eligibility detail request screen.

| * Subscriber Name | First | Last SMITH | |
|-----------------------|-----------------------------------|--|----------|
| * Patient ID | Member # HP147893100 | | |
| As of | 11/18/2019 |) | Gender 🔹 |
| * Requesting Provider | Smith, John (Pro ⊛ Name ◎ Prov | ovider NPI: 1023085719) ider ID © Provider NPI | |
| | | | |

11. The eligibility detail screen displays in-network, out-of-network, network not defined, non-covered services, deductible information, deductible information remaining, out-of-pocket maximum, out- of-pocket maximum remaining and additional information, using expandable/collapsible tables +/- as seen below.

| Eligibility Deta | il as of Nov 18, 2019 | | | |
|------------------------|--|-------------------------|---------------------------------|--|
| | | | | |
| Patient Informatio | n | | | |
| Name: | Mary Z. Smith | Birth Date: | Jul 5, 1953 | |
| Sex: | Female | Member ID: | HP123456700 | |
| PCP: | | Address: | 5 West Gate Dr Bow, NH 03304 | |
| | | Phone: | None | |
| | | | | |
| Benefit Plan Infor | mation | | | |
| Carrier: | Eligibilit | y/Benefit Start Date | Jun 1, 2018 | |
| Product: | NH PPO-Best Buy Tiered Copay LP Eligibilit | ity/Benefit End Date | Jun 30, 2018 | |
| Network: | | Benefit Plan: | | |
| Additional Information | | | | |
| 🕀 In Network as | of Nov 18, 2019 | | | |
| Out of Network | k As of Nov 18, 2019 | | | |
| | | | | |

12. In-network section displays applicable copays by service type.

Benefits with copays or coinsurance will be reported in the "in-network services" and "out- of- network services" tables. If a benefit for which Harvard Pilgrim is reporting member eligibility does not have a patient responsibility, it will not be reported in these tables. For a list of all benefits for which Harvard Pilgrim is reporting the member eligibility details, please see the "network not defined" table.

| Parafit Description | Conorr | Coincurar | Pof/Auth Poguined | Donofit limit | Additional Information |
|------------------------------------|--------|------------|-------------------|---------------|------------------------|
| Benefit Description | Сорау | Consurance | kei/Auth kequirea | Benefit limit | Additional information |
| Medical Care | | | Ν | Not Available | |
| Used Durable Medical Equipment | | 20% | Ν | Not Available | |
| Used Durable Medical Equipment | \$0 | | Ν | Not Available | |
| Durable Medical Equipment Purchase | | 20% | Ν | Not Available | |
| Durable Medical Equipment Purchase | \$0 | | Ν | Not Available | |
| Ambulatory Service Center Facility | | 0% | Ν | Not Available | |
| Ambulatory Service Center Facility | \$100 | | Ν | Not Available | |
| Durable Medical Equipment Rental | | 20% | Ν | Not Available | |
| Durable Medical Equipment Rental | \$0 | | Ν | Not Available | |
| Surgical | | | Y | Not Available | |
| Second Surgical Opinion | | | Y | Not Available | |
| Second Surgical Opinion | | 0% | Y | Not Available | PCP/Select Specialist |
| Second Surgical Opinion | \$25 | | Y | Not Available | PCP/Select Specialist |

13. "Out-of-Network" section displays copays and coinsurance, if applicable.

| $^{\oplus}$ Out of Network As of Nov 18, 2019 | | | | |
|---|-------|-------------|----------------------|---------------------------|
| Benefit Description | Сорау | Coinsurance | Ref/Auth Required | Additional Information |
| Pharmacy | | | Ν | |
| Brand Name Prescription Drug - Formulary | | | Ν | |
| Mail Order Prescription Drug: Brand Name | | | Ν | |
| Mail Order Prescription Drug: Generic | | | Ν | |
| Generic Prescription Drug - Formulary | | | Ν | |
| Hospital - Emergency Accident | | 0% | Ν | |
| Hospital - Emergency Medical | | 0% | Ν | |

14. "Network Not Defined" displays a list of all benefits for which Harvard Pilgrim is reporting member eligibility details.

| $^{\oplus}$ Network Not Defined as of Nov 18, 2019 | | |
|--|---------------|---------------------------|
| Benefit Description | Benefit limit | Additional Information |
| Health Benefit Plan Coverage | Not Available | |
| Mental Health | Not Available | See Additional Info Below |
| Psychotherapy | Not Available | See Additional Info Below |
| Psychiatric - Inpatient | Not Available | See Additional Info Below |
| Psychiatric - Outpatient | Not Available | See Additional Info Below |
| Substance Abuse | Not Available | See Additional Info Below |
| | | |

| + Non-Covered Services | | | |
|--------------------------------|-----------------------|---------------------------|--------------------------------|
| Benefit Description | Covered In Network | Covered Out of Network | Covered Network Not Defined |
| Medical Care | Yes | No | N/A |
| Surgical | Yes | No | N/A |
| Consultation | Yes | No | N/A |
| Diagnostic X-Ray | Yes | No | N/A |
| Diagnostic Lab | Yes | No | N/A |
| Radiation Therapy | Yes | No | N/A |
| Anesthesia | Yes | No | N/A |
| Surgical Assistance | Yes | No | N/A |
| Used Durable Medical Equipment | Yes | No | N/A |

15. "Additional Information" section displays information regarding behavioral health services coverage.

**Note: This additional information will only display for inquiries on or before Oct. 31, 2023. As we've insourced our behavioral health program for Harvard Pilgrim commercial members on Nov. 1, 2023, this field will be blank for inquiries with a date of Nov. 1, 2023 or after.

| Additional Information | | |
|---------------------------|--|--|
| Mental Health - | | |
| United Behavioral Health | | |
| P.o. Box 30602 | | |
| Salt Lake City, UT 84130 | | |
| Telephone: (888) 777-4742 | | |
| Psychotherapy - | | |
| United Behavioral Health | | |
| P.o. Box 30602 | | |
| Salt Lake City, UT 84130 | | |
| Telephone: (888) 777-4742 | | |

Variable Eligibility Search Criteria

Last Name Only Search

Note: Do not use this search method when searching for patients with common last names, such as, Smith, Jones, etc.

| Patient Search | I | |
|-----------------|--|---|
| Conduct Patient | Search Last Name Member ID smith | 0 |
| | (Last Name Example - Smith, John) | |

Last Name and First Initial Search

Do not leave any spaces before or after the comma.

| Patient Search | I | |
|-----------------|-----------------------------------|---|
| Conduct Patient | Search | |
| | Last Name | |
| Patient | smith,j | 0 |
| | (Last Name Example - Smith, John) | |
| | | |

The eligibility search results list displays only members, from the past 13 months, with this last name and a first name that begins with the initial submitted.

| Patient Se | arch Results | | | | | | |
|------------|--------------|------|-------------|--------------------------------------|-------------------|------------------------------|---------|
| | Name: | Sex: | Birth Date: | Address: | ID | Primary Care Provider | Sponsor |
| SELECT | DOE, JAMES M | М | 22 Jan 1958 | 5 WASHINGTON ST BEDFORD MA 01730 | HP067973100 | McPhillips, Emily | HPHC |
| SELECT | DOE, JANE | F | 1 Jan 1969 | 123 MAIN STREET NEW YORK NY 10017 | 84930258971057300 | Practitioner, Unspecified | HPHC |
| | | | | | | | |

Full Patient ID # Search

Select "Member ID" and enter the full 11-digit number without any dashes.

The eligibility search results screen displays only the member that you have requested.

| Patient Search | | | |
|-----------------|------------------------------------|-------------|--------------|
| Conduct Patient | Search | | |
| | Last Name Member ID | | |
| Patient | HP000000100 | D | |
| latent | (ID Example - HP5555555,HP4444444) | | |
| PCP: | All Providers 🔻 | | |
| Search Filters | | | |
| As of | 11/18/2019 | Birth Date: | |
| | | | (MM/DD/YYYY) |
| Gender | • | Age | |
| SEARCH CL | EAR | | |

Partial Patient ID # Search

To view a list of all members covered on the policy, select "Member ID" and enter only the first 9 digits of the ID#. This can be helpful to identify the subscriber for a dependent child, etc.

| Patient Se | earch Results | | | | | | |
|------------|---------------|------|-------------|-------------------------------------|-------------|-----------------------------|---------|
| | Name: | Sex: | Birth Date: | Address: | ID | Primary Care Provider | Sponsor |
| SELECT | DOE, JAMES M | М | 22 Jan 1958 | 5 WASHINGTON ST BEDFORD MA 01730 | HP067973100 | McPhillips, Emily | НРНС |

No Current Information Available

If you search for the patient's eligibility as of today's date and receive an 'invalid request' error, the patient may have been terminated. Search for the member under the "Office Management" section to view the patient's policy effective dates.



| Patient | Last Name Member ID: smith, jo | 0 | |
|----------------|--|-------------|--------------|
| | (Last Name Example - Smith, John) | | |
| PCP: | All Providers 💌 | | |
| Search Filters | | | |
| | | | |
| As of | 11/18/2019 | Birth Date: | (MM/DD/YYYY) |
| As of | 11/18/2019 | Birth Date: | |

| | Name; | Sex: | Effective Dates | Birth Date: | Member ID: | Primary Care Provider |
|--------|-------------|------|----------------------------|-------------|-------------|---------------------------|
| SELECT | SMITH, JOHN | F | 3 Jan 2016- 30 Jun 2018 | 30 Mar 1967 | HPP01234500 | Practitioner, Unspecified |