

Facility Services

Definition

Facility refers to any health care institution including, but not limited to, an acute care hospital, freestanding ambulatory surgery center, transitional care unit, behavioral health facility, extended care facility, rehabilitation (rehab) facility, or skilled nursing facility.

Provision of Covered Services

The facility is responsible for providing covered services to Harvard Pilgrim members in keeping with generally accepted professional standards of patient care, according to the severity of medical need and availability of accommodations, and consistent with Harvard Pilgrim policies and procedures, and managed care objectives. All facility services are provided under the general direction of a Harvard Pilgrim–contracted clinician except for emergency services, and services provided to any PPO member or a POS member receiving out-of-network services.

Harvard Pilgrim does not provide compensation or offer any other financial incentives to its providers or staff conducting utilization review that is based on the quantity or type of denial decision rendered.

Continuity and Coordination of Care

When a member is admitted to the attendance of a physician who is not a Harvard Pilgrim contracted physician, the hospital agrees to cooperate in transferring responsibility for the member's care to the attendance of a Harvard Pilgrim contracted physician as soon as it is medically and administratively possible.

Facility Disenrollment

Members must be notified in advance by Harvard Pilgrim, and services continued, when providers voluntarily, or involuntarily, disenroll as a contracted facility as outlined below.

Continuity of Care upon Contract Termination of a Provider

Unless a contract termination is based on quality-related issues or fraud, a terminated facility must continue to provide in-network care to Harvard Pilgrim members when approved by Harvard Pilgrim as follows:

- **General Right:**
 - For New Hampshire members, at least 60 days after the facility's termination date.
- **Active Course of Treatment:**
 - All members may be eligible to continue to receive coverage for up to 90 days from the date the member receives notice of disenrollment if the member is undergoing an active course of treatment for an illness, injury or condition. An active course of treatment includes when **(1)** a member has a "serious and complex condition", **(2)** is currently undergoing a course of institutional or inpatient care, or **(3)** has scheduled nonelective surgery including any related postoperative care. The term "serious and complex condition" is an acute illness that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm; or is a chronic illness that is (a) life-threatening, degenerative, potentially disabling, or congenital; and (b) requires specialized medical care over a prolonged period of time.
 - For Rhode Island members: the member is held harmless for covered benefits except for amounts due for co-payments, coinsurance, and deductibles, for the duration of an active course of treatment or up to one year, whichever is earlier, subject to all the terms and conditions of the provider contract, unless the provider is able to safely transition the member to a network provider. For this period of active treatment, the member shall only be responsible for in-network cost shares provided for under the members' coverage documents and not otherwise prohibited by state or federal laws or regulations.
- **Pregnancy:**
 - All female members who are pregnant may continue to receive coverage for services delivered by the termed facility, for the period up to, and including, 6 weeks of postpartum visits immediately following childbirth.

- **Terminal Illness:**

- All members with a terminal illness may continue to receive coverage for services delivered by the termed facility until the member's death.

If Harvard Pilgrim allows the member to continue treating with the facility as outlined above, the health care facility must **(1)** accept payment from Harvard Pilgrim (as applicable) (and cost-sharing from the member, if applicable) in accordance with the same terms and conditions under the plan had such contract termination not occurred as payment in full for such items and services; and **(2)** continue to adhere to all Harvard Pilgrim's policies, procedures, and quality standards with respect to such member and such items and services in the same manner as if such contract termination had not occurred.

Notification Requirements

Except for emergency services, facilities must provide notification to Harvard Pilgrim, and in the case of specified procedures and services, receive authorization to provide covered services. (Refer to the [Notification Policy](#) and the [Prior Authorization Policy](#) for specific information.)

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."

Emergency Services

Hospitals should render emergency services necessary to screen, stabilize, and treat Harvard Pilgrim members consistent with triage standards. Notification to Harvard Pilgrim and the member's PCP must be provided after the member is stabilized. (Refer to the [Notification Policy](#) and [Emergent/Urgent Admission Notification](#) for specific requirements.)

If a patient is discharged from an emergency department for transfer and admission to another facility, the emergency department staff should contact the patient's PCP to notify him/her of the transfer. The PCP must respond within 30 minutes of contact, or the transfer will be considered approved.

Post-stabilization

Hospitals may provide post-stabilization care in connection with the treatment of a member in the emergency department prior to the member's discharge. Refer members to their PCPs for any necessary follow-up care after discharge from the emergency department.

Follow-up care provided by the hospital after a member's discharge from the emergency department must be consistent with all Harvard Pilgrim notification, authorization, and referral requirements.

Facility Requirement

Harvard Pilgrim requires that facilities 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).

PUBLICATION HISTORY

06/15/12	reviewed; no changes
06/15/13	added NCQA practitioner performance data requirement information
09/15/16	reviewed; administrative edit for clarity
05/03/17	removed electronic submission information
03/01/18	reviewed; no changes
11/01/21	Language added to comply with the Consolidated Appropriations Act (No Surprises Act, Section 113) effective 1/1/22; clarifying language added to comply with existing state-required continued access laws.
01/01/23	reviewed; no changes
09/01/23	updated for behavioral health insourcing effective on 11/01/23
11/09/23	updated hyperlinks
01/01/24	removed references to Connecticut
05/06/24	added language for Rhode Island members to the Continuity of Care upon Contract Termination of a Provider, Active Course of Treatment section
