

Collecting Member Payment

Cost-Sharing

Harvard Pilgrim (also referred to herein as “Plan”) members share the responsibility for a portion of the cost of services through deductibles, coinsurance, and copayments (collectively, “member cost sharing”). Applicable member cost-sharing amounts are displayed on the member’s ID card in accordance with applicable law.

Deductibles

A deductible (individual/family) is a specific dollar amount that is payable by the member for covered benefits received each plan year or calendar year before any benefits subject to the deductible are payable by the Plan. A plan year is a one-year period that begins on the member’s plan enrollment anniversary date. A calendar year is one-year period that begins on January 1st. Once a deductible is met for a plan year or calendar year, covered services could be subject to an additional copayment or coinsurance. Some plans may include a deductible rollover which applies any deductible amount incurred for covered benefits during the last three months of the plan year or Calendar Year toward the deductible for the next year.

Coinsurance

Coinsurance is a percentage of the Plan’s allowed amount for certain covered benefits that must be paid by the member. For example: If the coinsurance for a service is 20%, the member pays 20% of the allowed amount and Harvard Pilgrim pays the remaining 80%.

Copayment

A copayment is a fixed dollar amount that a member pays for a covered service for which a copayment may apply. For example: If a member’s plan has a \$20 Copayment for outpatient visits, the member will pay \$20 at the time of the visit or when billed by the provider.

Collecting Payment

Providers should bill Harvard Pilgrim and collect member cost sharing payment as follows.

Deductible and Coinsurance

Members are not required to make payment for any portion of the deductible or coinsurance at the time services are rendered. For services that are subject to a deductible and/or coinsurance, providers should:

- Bill Harvard Pilgrim within 90 days from the date of service.
- Upon receipt of your Harvard Pilgrim Explanation of Payment (EOP) report, determine the amount the member is responsible for, as indicated by the EOP.

Harvard Pilgrim will send an Explanation of Benefits (EOB) to the member showing the services provided by the provider and any amount the member owes to the provider; however, the EOB is not a bill.

Copayment

In most cases, copayment is payable, whether or not the deductible has been met, until the annual out-of-pocket maximum has been reached. Hospitals should wait until they receive their EOP to determine whether a deductible or a copayment applies to an emergency room visit. For services that require a copayment, providers should:

- Collect the copayment listed on the member’s ID card at the time of service.
- Bill Harvard Pilgrim within 90 days from the date of service.

Harvard Pilgrim’s reimbursement will be the allowed amount minus the copayment.

Balance Billing Is Not Allowed

Harvard Pilgrim does not allow balance billing in accordance with applicable laws. You may only collect applicable cost-sharing from our members for covered services and may not otherwise charge or bill them.

As a participating provider you have entered into a contractual agreement to accept payment directly from Harvard Pilgrim for the amounts allowed pursuant to the agreement.

You may not balance bill members for the difference between actual billed charges and your contracted reimbursement rate. A member cannot be “balance billed” for covered services denied because the claim was submitted with insufficient information. Failure to notify Harvard Pilgrim of a service that requires prior authorization or notification will result in payment denial. In this scenario, members may not be balance billed and are responsible only for their applicable member cost sharing.

A member cannot be billed for a covered service that is not medically necessary, or otherwise not covered under the member’s plan, unless the member’s informed written consent to receive the specific service is obtained in advance. This consent (also commonly referred to as a waiver) must be in writing and include the member’s acknowledgement that because the specified service is non-covered, the member will be financially responsible for payment and it must include the amount the provider will charge the member for the non-covered service. Requiring a member to sign a general waiver and consent to be financially responsible for any non-covered service is not sufficient to comply with this policy and may be considered an unfair practice under consumer protection laws.

Securing Member Payment

Although providers should not collect deductible or coinsurance payments at the time of service, they may request from members an assurance such as a written guarantee that the member will be responsible for payments due. Alternatively, providers may request a credit card imprint as an assurance of payment. However, providers should not use such credit card imprints as a replacement for billing the member, nor should the credit card imprint be used to hold or “tie up” funds in advance of billing.

Providers who take credit card imprints should consider giving members a statement of the terms and use of such credit card imprint. Such a statement would indicate when the provider would assess the credit card and for what services. Ideally, the member would sign the statement, and providers would obtain a separate signed statement for subsequent visits. For more information on use of credit card imprints, providers should consult their billing service or legal counsel.

Questions

If you have questions about member cost sharing as it applies to a particular service, call the Provider Service Center at 1-800-708-4414.

Related Information

[Product and Product Administration](#)

PUBLICATION HISTORY

10/15/11	added Harvard Pilgrim Core Coverage HMO Plan (NH) to related information
01/01/12	removed First Seniority Freedom information from related policies
05/15/12	update to related information section
12/15/12	replaced individual product names with link to Product and Product Administration under related information
02/15/17	added prohibition of billing members — balance billing not allowed information
01/01/23	reviewed; administrative edits
06/01/24	reviewed, updated “Balance Billing Is Not Allowed” section