



Harvard Pilgrim  
Health Care



United  
Healthcare



# Receiving care outside of Massachusetts, Maine and New Hampshire

Please bring this document when you visit a participating  
UnitedHealthcare provider or facility for the first time

**Harvard Pilgrim's Access America<sup>SM</sup> plan** features  
Harvard Pilgrim's broad network of providers in  
Massachusetts, Maine and New Hampshire, and  
UnitedHealthcare's extensive network of providers  
in other states across the nation.

We recognize that providers throughout the country  
see members of many insurance plans and that some offices  
may not be familiar with your ID card.

**Please show the back of this document to  
participating UnitedHealthcare providers outside  
of Massachusetts, Maine and New Hampshire.**



**Questions?  
We're here to help.**

Your ID card also includes the phone  
number for Harvard Pilgrim Member  
Services. When you have any questions  
about your claims or coverage, please call  
**888-333-4742**. For TTY service, call **711**.

**Representatives are available:**

- Monday, Tuesday, Thursday and Friday  
from 8 a.m. to 8 p.m. (ET)
- Wednesday from 10 a.m. to 6 p.m. (ET)

# Please show this to your provider

## Dear UnitedHealthcare Participating Provider,

UnitedHealthcare providers outside of Massachusetts, Maine and New Hampshire participate in this Harvard Pilgrim plan. If you're a provider outside of Massachusetts, Maine and New Hampshire, please call the numbers listed below.

| For questions about:                                                                                                                                                                                                                                     | Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>Eligibility or claims</b>                                                                                                                                                                                                                             | UnitedHealthcare Shared Services at <b>800-693-5254</b><br>Press 1 for Provider, then options include: <ul style="list-style-type: none"> <li>• For notifications, press 1</li> <li>• For calls and claims regarding behavioral health services, press 2</li> <li>• For eligibility, benefits, and claim mailing address information, press 3               <ul style="list-style-type: none"> <li>— Verbally state the first nine characters of the member ID, including letters and numbers</li> <li>— Verbally state the member's date of birth</li> </ul> </li> <li>• To receive claims status information for this member, press 4</li> </ul>                                                                                                                                                                                  |
| <b>Prior authorization for services, except genetic testing</b><br><b>OR</b><br><b>Prior authorization for prescription drugs</b> <ul style="list-style-type: none"> <li>• Pharmacy drugs</li> <li>• Medical drugs</li> <li>• Specialty drugs</li> </ul> | Harvard Pilgrim's Provider Service Center at <b>800-708-4414</b> and select 1 or 2 based on the member's identification number.<br><b>If you selected 1:</b> <ul style="list-style-type: none"> <li>• For advanced imaging services through National Imaging Associates (NIA), press 2</li> <li>• For behavioral health services, press 5</li> <li>• For all authorizations including medical services and prescription drugs, benefits, claims status, eligibility, and referrals, press 7</li> </ul> <b>If you selected 2:</b> <ul style="list-style-type: none"> <li>• For all notifications and authorizations including medical services and prescription drugs, press 1</li> <li>• For benefits, eligibility, or claims information, press 2</li> <li>• For provider credentialing or demographic changes, press 3</li> </ul> |
| <b>Prior approval for genetic testing services</b>                                                                                                                                                                                                       | Carelon Medical Benefits Management at <b>855-574-6476</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## Send claims to:

United Health Shared Services, P.O. Box 30783, Salt Lake City, UT 84130-0783

**Pharmacies:** Call Harvard Pilgrim Provider Services at **800-708-4414** with questions about a member's coverage or associated claims

## SAMPLE Member ID Card (front and back):

|                                                                                                                |                                                                                     |                                                                                     |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <br>a Point32Health company |  |  |
| ID#: <b>HP0</b><br>Name: _____                                                                                 |                                                                                     |                                                                                     |
| IN OV: \$25/\$40<br>ER: \$150<br>Rx: PREMIUM \$15/\$35/\$45                                                    | IN Ded: \$1,000<br>OON Ded: \$1,000<br>IN OOPM: \$1,500<br>OON OOPM: \$4,000        |                                                                                     |
| Underwritten by HPHC Insurance Company and UnitedHealthcare Insurance Company or its affiliates                |                                                                                     |                                                                                     |
|                             |                                                                                     |                                                                                     |
| BIN 610011 PCN HPHC                                                                                            |                                                                                     |                                                                                     |

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| Visit us at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a><br><b>DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Notice to Members</b> <ul style="list-style-type: none"> <li>• For Member Services call: <b>888-333-HPHC (4742)</b>.</li> <li>• In a medical emergency, go to the nearest emergency facility or call <b>911</b> or other emergency number.</li> <li>• If hospitalized, notify the Plan within 48 hours.</li> <li>• Contact the Plan at <b>800-708-4414</b> to request approval for:             <ul style="list-style-type: none"> <li>• admission by a non-participating physician and/or hospital.</li> <li>• all services listed in the Schedule of Benefits requiring approval.</li> </ul> </li> </ul> | Please refer to your evidence of coverage for a full description of your benefits.<br><b>Notice to Providers</b> <ul style="list-style-type: none"> <li>• In MA, ME, NH: <b>800-708-4414</b> or <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a><br/>           Claims: Payer ID: 04271<br/>           HPHC, PO Box 699183,<br/>           Quincy, MA 02269-9183</li> <li>• Outside MA, ME, NH: <b>800-693-5254</b><br/> <b>UnitedHealth Shared Services</b><br/>           Claims: Payer ID: 39026<br/>           Group Number: 11-123456<br/>           PO Box 30783, Salt Lake City<br/>           UT 84130-0783 • <a href="https://uhss.umn.com">https://uhss.umn.com</a></li> </ul> |
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