



Network Manual Addendum for Harvard Pilgrim Health Care



INTRODUCTION

United Behavioral Health (UBH) operating under the brand Optum administers mental health and substance use disorder benefits for Harvard Pilgrim Health Care (Harvard Pilgrim). Generally, the Optum Network Manual applies to all types of business managed by Optum. There are some sections that may differ based on specific benefit plans. This addendum highlights areas in which the Harvard Pilgrim procedures, in order to meet regulatory requirements, supersede expectations set forth in the national Optum Network Manual.

Emergency Admissions

Emergency

An emergency is defined as a serious situation that arises suddenly and could lead a prudent layperson to expect his/her health, body, or some bodily function could be seriously jeopardized or impaired without prompt medical attention. For appointment access standards see “Emergency - Life-threatening”, “Emergency — Non-life-threatening” and “Urgent Access” in the [glossary](#) of [Optum Network Manual](#).

Notification Requirements

In the event of an emergency admission for a Member requiring immediate treatment and stabilization due to a Mental Health or Substance Use Disorder (MH/SUD) or condition, facilities should stabilize and treat the Member as soon as possible. Circumstances that warrant an emergency admission are those in which there is a clear and immediate risk which must be addressed in order to stabilize or avoid jeopardy to the life or health of the Member or another person as a direct result of an MH/SUD. Providers should also notify Optum within 2 business days of the admission to initiate the notification. Failure to notify Optum within the 2-business day timeframe may result in denial of coverage for any days beyond those first 2 days. In that event, the Member may not be billed for those services not covered.

If appropriate, Optum will retrospectively certify coverage of admissions for emergency services provided beyond the initial 2 days without notification; however, depending on the specific circumstances of each individual case, Optum reserves the right to deny coverage for all or part of an admission beyond the first 2 days. All requests for retrospective reviews must be received by Optum within 180 calendar days of the date the services were provided to the Member, unless state law mandates otherwise.

Note: Inpatient and sub-acute level of care admissions require notification for emergency department admissions and prior authorization for all other admissions. You may refer for assessment of these levels of care without consultation but a call can assist you in identifying in-network resources.