How Dependents Can Receive Coverage When Living Outside of Massachusetts

In addition to emergency and urgent care, child dependents in HMO, POS, and POS+ plans living outside of Massachusetts can receive in-network coverage for non-emergency medical when requested by the dependent’s primary care provider. To request coverage, your dependent must follow these steps:

Your dependent should contact their HUHS or Atrius PCP and ask for a referral to a provider that has a local contract agreement in their state.

The PCP will complete a Managed Care Out-of-Network Authorization Request Form.* PCPs have access to this form and will submit it using the information you provide them; a blank form can also be found on the back of this flyer.

Once we reach a decision, we’ll send a letter to your dependent.

Approval process turnaround time:
- 48-72 hours for inpatient review
- 15 days for all outpatient services, such as physical therapy, and non-elective surgeries
- 30 days for post surgical care referrals

* This form is required for all planned care and for each separate provider. PCP must be designated at Harvard University Health Services, Atrius, or Harvard-Vanguard

If you have any questions regarding the approval status, please contact:

HUGHP Member Services
Smith Campus Center
75 Mt. Auburn Street
Cambridge, MA 02138
617-495-2008
mservices@huhs.harvard.edu
Monday-Friday, 8:30 am - 5:00 pm

Urgent and Emergency Care Are Always Covered

Your dependents are covered if they get sick or injured, and need immediate medical care at an emergency room or urgent care center. For urgent care, please contact Member Service within 48 hours for urgent care authorization.

Need to Find a Doctor?**
Visit Find a Doctor & Estimate Costs here

**Please select PPO or Indemnity networks instead of HMO.

Examples of Services not eligible for coverage outside of Massachusetts:
- Annual preventive services, including exams, labs, and other tests
- Infertility treatment
- Bariatric surgery
- Planned arthroscopic surgery
- Cosmetic/reconstructive surgery
Managed Care Out-of-Network Request Form
Fax this form to: 1-888-282-0780 for all other managed care plans

This form should be used when the member is not able to receive the same services from an in-network provider. The providers NPI number and the reason why the member must see an out-of-network provider must be completed below.

BCBSMA Blue Choice Plans offer an out-of-network benefit. Members with an out-of-network benefit do not require authorizations since they share financial responsibility for the services rendered out of network.

Date: ___________________________________
Does this member have an out-of-network benefit? ☐ Yes; however, child dependent lives outside of MA ☐ No

Patient Information: Referring Provider Information:
Name: _____________________________________ Name: ____________________________________________
BCBSMA ID #: _______________________________ Signature: _________________________________________
Date of Birth: _______________________________ Referral Contact Name: ______________________________
Telephone Number: (____)_______________________ Telephone Number: (____)__________________________
Diagnosis: ___________________________________ Has the PCP authorized this referral? ☑ Yes ☐ No
Date of Injury (if applicable): _____________________ National Provider Identifier (NPI): _____________________

Out-of-Network Provider or Facility:
Requested Service: _______________________ Date of Service: ______________ Number of Visits Requested: _____
Name of Out-of-Network Provider or Facility: _____________________________________________________________
Address: _________________________________________________________________________________________
Specialty: _____________________________________________ NPI: _________________________________
Telephone Number: (____)_____________________ Fax Number: (____)____________________
Has fax number ‘secure’ for PHI receipt/transmission per HIPAA requirements? ☑ Yes ☐ No

1. Please describe history of present illness, including duration/frequency/severity and treatment provided:
Dependent lives outside of Massachusetts and is requesting treatment for:
___________________________________________________________________________________________
___________________________________________________________________________________________

2. Have you accessed the BCBSMA Managed Care Provider Directory or logged on to www.bluecrossma.com/provider to use our Find a Doctor directory to locate a participating provider who can provide equivalent services?
☐ Yes ☑ No; dependent lives outside of MA; participating provider is not available.
Why are you sending the member to an out of network provider?
☑ No participating provider in area; dependent lives outside of MA
☐ Participating providers cannot give specialized care
☐ Member request

3. Please explain treatment options the non-participating provider offers that could not be provided in-network:
Dependent lives outside of Massachusetts; participating providers are not accessible. If member is unable to seek treatment, we feel that this would constitute an unnecessary delay of their care.

4. Is the requested care urgent or emergent? ☑ Yes ☐ No

Provider Signature: _____________________________ Telephone: (617) 495-5711

Please use additional pages if necessary. Thank you.

Notes: We may contact you for additional information. It is the responsibility of the sender to ensure receipt of fax information to BCBSMA. Please check your systems activity report/receipt to make sure your fax was sent correctly.