



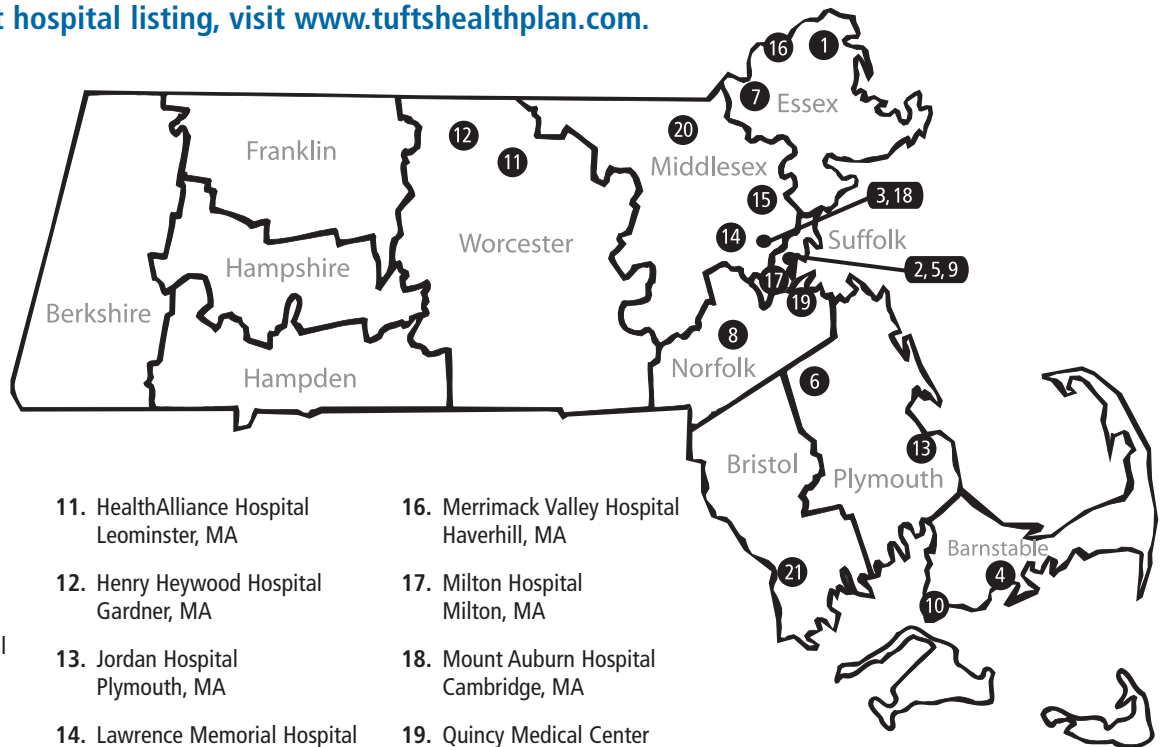
SELECT NETWORK HOSPITALS

The Tufts Health Plan HMO Select Network Option offers a limited network of providers. It is available for members living in Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties.

For all HMO Select plans, members must select a primary care physician from the Select Network of providers and will be referred to a Select Network hospital for medical care. In the event of an emergency, members should seek help at the nearest hospital and notify Tufts Health Plan Member Services at 1-800-462-0224 as soon as possible.

To see the most recent hospital listing, visit www.tuftshealthplan.com.

- 1. Anna Jaques Hospital
Newburyport, MA
- 2. Boston Medical Center
Boston, MA
- 3. Cambridge Hospital
Cambridge, MA
- 4. Cape Cod Hospital
Hyannis, MA
- 5. Caritas Carney Hospital
Dorchester, MA
- 6. Caritas Good Samaritan
Medical Center
Brockton, MA
- 7. Caritas Holy Family Hospital
Methuen, MA
- 8. Caritas Norwood Hospital
Norwood, MA
- 9. Caritas St. Elizabeth's
Medical Center
Brighton, MA
- 10. Falmouth Hospital
Falmouth, MA



- 11. HealthAlliance Hospital
Leominster, MA
- 12. Henry Heywood Hospital
Gardner, MA
- 13. Jordan Hospital
Plymouth, MA
- 14. Lawrence Memorial Hospital
(Hallmark Health Systems)
Medford, MA
- 15. Melrose Wakefield Hospital
(Hallmark Health Systems)
Melrose, MA
- 16. Merrimack Valley Hospital
Haverhill, MA
- 17. Milton Hospital
Milton, MA
- 18. Mount Auburn Hospital
Cambridge, MA
- 19. Quincy Medical Center
Quincy, MA
- 20. Saints Memorial
Medical Center
Lowell, MA
- 21. St. Anne's Hospital
Fall River, MA

UTILIZATION MANAGEMENT FOR QUALITY CARE

Utilization Management

Utilization management (UM) supports our goal that members receive quality care and that the care is delivered in an appropriate treatment setting. Utilization management is sometimes referred to as utilization review.

Tufts Health Plan sometimes uses prospective, concurrent, and retrospective reviews of health care services. Prospective review is used to determine whether proposed treatment is a medical necessity before treatment begins. Concurrent review monitors the course of treatment as it occurs and determines when the treatment is no longer medically necessary. Retrospective review evaluates the medical necessity of care provided to members after care has been provided.

Your Tufts Health Plan primary care physician or other network provider typically is responsible for obtaining authorization and coordinating utilization management decisions. Network physicians, providers, and hospitals understand UM requirements that apply to services being received.

Please refer to your benefit document for details about our UM process. You can call a member services coordinator to determine the status or outcome of pending utilization review decisions. Tufts Health Plan uses criteria for determining coverage for medically necessary services and to conduct utilization review activities. The criteria are developed with input from practicing physicians in our service area and in accordance with standards adopted by national accreditation organizations. They are updated annually or more often, as new treatments, applications, and technologies are adopted as generally accepted professional practices.

Specialty Case Management

Some members with a severe illness or injury may be eligible for case management intervention under Tufts Health Plan's specialty case management program. The goal of specialty case management is to improve access to quality health care options and encourage the use of the most appropriate and cost-effective treatment.

If a member is identified as a possible candidate for specialty case management services, a Tufts Health Plan case manager will contact the member to gather information on the member's health care needs and, when appropriate, invite the member to participate in Tufts Health Plan's specialty case management program. The case manager will work with the member and provider, when appropriate, to develop an individualized plan of care that seeks to identify and address potential barriers to care.

FOR MORE INFORMATION

Member Services 1-800-462-0224

www.tuftshealthplan.com

18558-4/07