

Tufts Medicare Preferred Private Fee For Service (PFFS) Provider Quick Reference Guide

Effective January 1, 2008

Tufts Medicare Preferred Private Fee-for-Service (PFFS) Plan is offered by Tufts Health Plan Medicare Preferred, under contract with the Centers for Medicare and Medicaid (CMS).



I. Important Contact Information

www.tuftshealthplan.com/providers	Access Terms & Conditions, Reimbursement Grid, Schedule of Benefits
Provider Relations: 1-800-279-9022 M-F, 8:30 am – 5 pm	Questions regarding eligibility, benefits, claims payment, Terms & Conditions

II. Member Administration Process

- ❖ Always ask for member’s identification card
- ❖ Collect member’s co-payment at time of visit. Remember, “balance billing” members for covered services beyond the applicable Tufts Medicare Preferred PFFS cost-sharing amount is not permitted.

Sample Front:

TUFTS  Health Plan		
		PFFS
Medical & Prescription Drug Plan	\$00 Provider	
	\$00 ER	
Rx BIN	610415	
Rx PCN	PCS	
Rx GRP	MD190201	
Issuer	80840	Medicare Rx
ID	S12345678901	Prescription Drug Coverage
Name	Mary Smith	CMS – H3057- <PBP>

Sample Back:

MEMBERS: Please present this PRIVATE FEE FOR SERVICE (PFFS) ID card at each office visit.	
PROVIDERS: PFFS Provider Terms and Conditions of Payment are available at www.tuftshealthplan.com/providers or call Provider Relations at 1-800-279-9022 . Payment is based on Medicare Fee Schedule and acceptance of the provider Terms and Conditions of Payment, except for emergency services.	
OTHER IMPORTANT NUMBERS:	
Mental Health: 1-800-208-9565; TDD: 1-866-244-4740	
Customer Relations: 1-800-701-9000 (M-F 8:30am – 5pm)/TDD: 1-800-208-9562	
For Rx questions, call 7 days, 8:00a.m. to 8:00p.m.	
Submit Medical Claims to:	Submit Pharmacy Claims:
DO NOT Bill Original Medicare	Caremark
Tufts Health Plan Medicare Preferred	Medicare Part D Paper Claims
P.O. Box 9183	P.O. Box 52092
Watertown, MA 02471-9183	Phoenix, AZ 85072-2092

III. Claims Submission

Submit completed claims as indicated in the box below.

ELECTRONIC CLAIMS	Tufts Medicare Preferred 837 files via direct submission and clearinghouses. Please call Tufts Health Plan as follows for initial set up: <u>Direct submissions:</u> 1-888-880-8699, ext. 3344 <u>Clearinghouse:</u> 1-888-880-8699, ext. 4042
PAPER CLAIMS	CMS-1500 or UB-04 claim forms to this address: Tufts Health Plan Medicare Preferred P.O. Box 9183 Watertown, MA 02471-9183

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IV. Provider Participation

Medicare refers to providers who deliver services in a PFFS plan as “deemed.” Current Medicare eligible providers are deemed to participate if:

- ❖ They know the patient is enrolled in Tufts Medicare Preferred PFFS prior to rendering services; and
- ❖ They have a reasonable opportunity to obtain the Tufts Health Plan Medicare Preferred PFFS Terms and Conditions of Payment; and
- ❖ They provide services to the Tufts Medicare Preferred PFFS member.

Please visit our website at www.tuftshealthplan.com/providers to access the Tufts Health Plan Medicare Preferred PFFS Terms and Conditions.

V. Providers Qualified to Render Services

- ❖ Providers who accept payment under Original Medicare, and are willing to render services to a PFFS member.
- ❖ Physicians and facilities that are state licensed and have a Medicare billing number or are eligible to obtain one.
- ❖ Institutional providers that are Medicare certified, such as hospitals and skilled nursing facilities.

VI. Checklist

Claims Submission Process

- Use electronic filing equivalent of CMS-1500 or UB-04 claim forms or use paper claims.
- Include all ICD-9 codes at highest specificity level and all CMS/Medicare-required coding conventions.
- Send claims electronically or directly to Tufts Medicare Preferred as indicated previously.
- Providers are encouraged to submit claims within thirty (30) days from the date of service or discharge. In any event, Tufts Medicare Preferred follows Medicare timely filing guidelines, which allow at least 365 days from the date of service.
- Claims for services covered under Tufts Medicare Preferred and submitted to Medicare or a Medicare Supplemental carrier will be denied.

Reimbursement

- Tufts Health Plan Medicare Preferred pays providers the equivalent of the current Medicare allowable rate less any member co-payments or coinsurance for rendered services covered by Medicare. Claims are subject to Medicare’s payment edits, such as CMS and the National Correct Coding Initiative (NCCI), which are updated at regular intervals. Tufts Medicare Preferred intends to adopt reimbursement methodologies as implemented by CMS as a result of future acts of Congress and regulation changes.
- Total payment will be that portion received from Tufts Medicare Preferred plus the member cost sharing amount. Remember, “balance billing” members for covered services beyond the applicable Tufts Medicare Preferred PFFS cost-sharing amount is not permitted.