

PCP Required	√	Referral Required	√
In-Network Coverage	√	Out-of-Network Coverage	
Copayments	√	Deductible/Coinsurance	

Description

The Health Maintenance Organization (HMO) plan offers comprehensive health care coverage for eligible employer groups and non-group subscribers. There are several HMO plan types offered by Tufts Health Plan, for example, Premium, Value, and Basic. Each Plan requires new Members to choose a primary care physician (PCP) who is responsible for managing or providing the Member’s care.

Coverage

The plan covers appropriately authorized, in-plan medically necessary covered services at 100% minus the applicable copayment. Copayments vary by plan design and can be verified by referencing one of our various [electronic services](#) options. There is no coverage for unauthorized, non-emergency care.

The PCP must authorize specialty care with either an electronic or written referral, with some exceptions. For example, emergency department services, annual eye exam, and annual gynecological exam. In the rare instance that it is necessary for an HMO Member to be treated by a provider outside of the Tufts Health Plan network, a paper referral form must be completed and signed by the PCP and the Physician Reviewer associated with the PCP’s Provider Organization.

Prior to submitting a referral request to a Physician Reviewer, the PCP should confirm that a specialist in the Tufts Health Plan network could not provide a comparable level of care. Referrals that require Physician Reviewer approval should be sent directly to the attention of the Provider Organization Physician Reviewer before being sent to Tufts Health Plan.

The Physician Reviewer is responsible for reviewing referrals issued to specialty care providers who are not affiliated with Tufts Health Plan or for out-of-area specialty care services. The Physician Reviewer will either approve and sign the referral form or offer an appropriate in-plan provider option.

Authorization

[Preregistration](#) is required for all inpatient admissions prior to rendering services.

[Prior authorization](#) by Tufts Health Plan’s Precertification Department is required for certain procedures and services. For a complete description of Tufts Health Plan’s authorization and notification requirements, reference the [Authorization and Notification Payment Policy](#).

Mental Health and Substance Abuse

Outpatient

For information about mental health and substance abuse services (MH/SA), reference the [Outpatient Mental Health and Substance Abuse Payment Policy](#).

Inpatient

Tufts Health Plan assigns HMO Members to a designated facility (DF) for inpatient mental health/substance abuse services based on their age and their PCP’s Provider Organization affiliation.

To allow children to be directed to the appropriate pediatric care, this assignment may be different for adults and children. The DF must authorize all inpatient or partial hospitalization MH/SA services. In some demographic areas, no DF is assigned. In these cases, the PCP in conjunction with the Mental Health Department should direct the Member’s care to contracting facilities.

Reference the Mental Health section of our Web site for the complete list of the [designated facilities \(DFs\)](#).

For information about Mental Health and Substance Abuse, reference the [Inpatient and Intermediate Mental Health and Substance Abuse Payment Policy](#).