

OFFICE MATTERS

Information for Physician Offices in the Tufts Health Plan Network

July 1 Benefit Changes for Group Insurance Commission Members

Beginning July 1, 2006, the following benefit changes will affect patients who are members of Navigator by Tufts Health Plan™ through the Group Insurance Commission (GIC).

Office visit copayment changes

Physician office visit copayments for GIC Navigator plan members will now vary depending on the type of physician visit—primary care physician (PCP), select surgical specialist, or any other specialist:

- **PCPs, PCPs who are also specialists, pediatricians, obstetricians, and gynecologists:** \$15 copayment per office visit
- **Select surgical specialists** whose primary hospital affiliation is with a medical/surgical facility grouped in Navigator plan Hospital Copayment Level 1: \$15 copay-

ment per office visit

Surgical specialties include general, hand, orthopedic, thoracic, general vascular, plastic and reconstructive, colon and rectal, neurosurgery, and urology.

- **All other specialists:** \$25 copayment per office visit

We have communicated with specialists who will receive the lower office visit copayment, as well as with their IPA leaders. The new GIC Navigator plan design was also presented to the Tufts Health Plan Central Physicians' Committee earlier in the year.

Inpatient hospital copayment changes

Covered inpatient hospital services for adult medical/surgical and obstetric care are grouped in three copayment levels:

- **Copayment Level 1:** Covered 100% after a \$150 copayment
 - **Copayment Level 2:** Covered 100% after a \$300 copayment
 - **Copayment Level 3:** Covered 100% after a \$500 copayment
- Inpatient hospital services for pediatric care are grouped in two copayment levels:
- **Copayment Level 1:** Covered 100% after a \$200 copayment
 - **Copayment Level 2:** Covered 100% after a \$400 copayment

For more information

For more detailed information about 2006 benefit changes for GIC Navigator plan members beginning July 1, 2006, please contact the Tufts Health Plan Provider Services Department at 1-888-884-2404, Monday through Thursday, 8 a.m. to 5 p.m., and Friday, 10 a.m. to 5 p.m.

Plan Now to Purchase Flu Vaccine

Providers are advised to make arrangements to purchase vaccine now to help ensure patients who need the vaccine are able to receive it during fall 2006.

The Massachusetts Department of Public Health (DPH) recommends that private practitioners submit

orders early for privately purchased flu vaccine.

The earlier you submit your order, the better the price you are likely to get. Manufacturers and pharmaceutical distributors of the flu vaccine are listed below.

Sanofi Pasteur

1-800-822-2463

Inactivated flu vaccine

Please note: Ordering for Fluzone began on January 31, 2006, at 12 p.m. EST.

ASD Healthcare (Chiron)

1-800-244-7668

Inactivated flu vaccine

GlaxoSmithKline

1-866-GSK-VACC

Inactivated flu vaccine

For information about the Massachusetts immunization program

For the most up-to-date information on the availability of vaccine and recommendations for prioritization,

please contact the Massachusetts Department of Public Health Division of Epidemiology and Immunization at 1-617-983-6800 or 1-888-658-2580.

NEW PLAN INFORMATION

New Advantage HMO Plan Launched

Tufts Health Plan has launched a new coverage option called Tufts Health Plan Advantage HMO. Advantage HMO provides comprehensive coverage and works like a traditional HMO, but with several key differences.

How Advantage HMO works

Members of the Advantage HMO plan must choose a primary care physician (PCP) from the Tufts Health Plan network.

Advantage HMO has an up-front deductible that applies to inpatient hospital care, day surgery, outpatient diagnostic services, and certain other covered services. Once the deductible is satisfied, the plan covers

100% of covered services subject to the deductible.

Routine office visits, specialist consultations, and emergency room care are covered with just a copayment. Routine/preventive testing and lab work are covered 100% with no deductible or copayment. Please see examples and a partial list of services below.

For more information

For more information, please visit the Tufts Health Plan Web site, www.tuftshealthplan.com. Click on Providers, then Plans. Or call the Provider Services Department at 1-888-884-2404.

100% coverage, no copayment or deductible required

- Immunizations
- Mammograms
- Pap smears
- Prostate screening
- Cholesterol tests
- STD and HIV testing
- Routine urinalysis
- Other routine, preventive tests

Copayment required, then 100% coverage

- Routine physical exams
- Routine eye exams
- Annual gynecology exam
- Routine hearing exam
- Exams for illness or injuries
- Specialist consultations
- Outpatient mental health and substance abuse treatment

Deductible applies, then 100% coverage

- Diagnostic testing: EKG, MRI, x-ray, and lab tests
- Treatments and procedures, such as surgery, colonoscopy, dialysis, allergy treatment, chemotherapy, cardiac rehabilitation
- Hospital services, such as inpatient hospital services; mental health, drug and alcohol rehabilitation and detoxification; hospital outpatient services, including day surgery
- Other services, including skilled nursing care, ambulance transportation, and home health care

Allergy Copayment Change

Effective January 15, 2006, Tufts Health Plan no longer requires a member copayment for mixing allergy serum.

This change affects patients who are members of Tufts Health Plan's commercial coverage options. Members of Tufts Health Plan Medicare Preferred are not subject to an allergy copayment.

Members continue to pay the applicable copayment when providers bill for an allergy injection. A deductible and/or coinsurance may apply based on the member's allergy injection coverage.

For more detailed information, please review the allergy payment policy in the Billing Guidelines section of the Tufts Health Plan Web site at www.tuftshealthplan.com/providers.