TUFTS Health Plan

2023 Member Handbook

A brief guide to your health care coverage

For members of HMO, EPO, PPO, POS and QHP plans

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Contents

Welcome to Tufts Health Plan

Our focus is on providing you with quality, comprehensive and affordable health care coverage. This handbook contains general information about your Tufts Health Plan membership.

For more information about your health care coverage and specific benefit information, log in (or register for) your secure online account at mytuftshealthplan.com.

For full information about your plan, please review your Evidence of Coverage (EOC) documents.

Contact Us

If you have questions or need assistance, please call the Member Services phone number listed on your member identification (ID) card.

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Manage Your Plan at mytuftshealthplan.com

When you visit **mytuftshealthplan.com**, you can access a wide range of information and tools designed to help you manage your health care coverage—quickly and easily.

After registering at **mytuftshealthplan.com** you'll have instant access to your secure online account where you'll be able to:

+ View your specific benefits to see what's covered
+ View your referrals and authorizations
+ View your copayment out-of-pocket costs, deductibles and any coinsurance amounts
+ Review the status of doctor and hospital claims
+ Learn about your pharmacy coverage and benefits
+ Download prescription medication history including cost share
+ View your Explanation of Benefits (EOB), as well as medical claims and cost share summary
+ View quarterly Summary of Payments (SOP)
+ Find doctors and other providers in your network
+ Access the treatment cost estimator tool
+ Select or change your primary care provider (PCP), if your plan requires you to choose one
+ Access to your member ID card with options to view, print and email
+ View member discounts

Log in to your secure online account, 24/7 at mytuftshealthplan.com.

Accessing Care: You and Your Provider

HMO and EPO members: Your relationship with your primary care provider (PCP) is an important one. Members of our HMO and EPO plans must choose a PCP from the providers in their specific Tufts Health Plan network. In most cases, your care must be provided or authorized by your network PCP—and received from a Tufts Health Plan network provider to be covered. You will pay the applicable cost share (depending on your plan) at the time you receive covered health care services.

To find a provider in your specific Tufts Health Plan network, visit mytuftshealthplan.com.

POS members: POS members can receive covered services in or out of the Tufts Health Plan network, choosing between two levels of coverage when seeking care. However, your costs will be lower if you receive covered health care services that are provided or authorized by your PCP in the Tufts Health Plan network.

+ **Coverage at the authorized level of benefits** for care that's provided or authorized by your network PCP. (A PCP referral may be required for certain services.) You will pay the applicable cost share at the time you receive covered health care services.
+ **Coverage at the unauthorized level of benefits** for care that is not provided or authorized by your network PCP. If this occurs, you pay a deductible and coinsurance. A deductible is the amount you must pay before your plan covers services at the unauthorized level of benefits. Once you have paid the deductible, you pay coinsurance, which is a percentage of the covered medical costs you are responsible for paying at the unauthorized level of benefits. The most you will have to pay in a policy year for the deductible and coinsurance is called your out-of-pocket maximum.

  To find out how you can submit a bill or request a reimbursement for your out of pockets costs, visit **mytuftshealthplan.com**. You can also contact Member Services by calling the toll-free phone number on your member ID card.

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PPO members can choose to obtain covered health care services from either a network provider or a provider who is not in the network. Your choice determines the level of benefits you receive for the health care services offered under your PPO plan:

+ **Coverage at the in-network level of benefits** when you receive care from a network provider. You pay the applicable copayment for certain covered services. Some PPO members may have additional member costs, and some of their health care services may be subject to deductibles or coinsurance. Please review your member benefit document for more information.
+ **Coverage at the out-of-network level of benefits** when you receive care from a provider who is not in the network. When this occurs, you pay a deductible and coinsurance, and you may need to submit for reimbursement if your provider will not bill Tufts Health Plan. Please check your member benefit document for more information about member costs for medical services.

To review your deductibles or coinsurance, register at mytuftshealthplan.com.

Wondering if a provider is in your plan's network? Visit mytuftshealthplan.com or call a member service representative.

Covered Services

HMO and EPO members: We cover preventive and medically necessary health care services and supplies when they are provided or authorized by your network PCP. Some services may require prior authorization or may need a referral, as requested by your PCP. We also cover any urgent and emergency medical care you may need, whether or not you receive the care from a provider in our network. Prior authorization is never required for emergency care.

POS members: We cover preventive and medically necessary health care services and supplies at the authorized level of benefits when they are provided or authorized by a PCP in the Tufts Health Plan network. When covered health care services and supplies are not provided or authorized by a PCP in our network, they are covered at the unauthorized level of benefits. We also cover any emergency medical care you may need, whether or not you receive the care from a network provider. Prior authorization is never required for emergency treatment.

PPO members: We cover preventive and medically necessary health care services and supplies provided by a network provider at the in-network level of benefits. Covered health care services and supplies are covered at the out-of-network level of benefits when a provider who is not in our network provides them. Some covered services for members of some PPO plans are subject to a deductible and/or coinsurance. We also cover any emergency medical care you may need, whether you receive the care from a provider in or out of our network. Prior authorization is never required for emergency services.

Please review your member benefit document for a full description of covered and excluded services, including benefit limitations and exclusions. As well as prior authorization requirements.

You can review your specific benefit information when you register at mytuftshealthplan.com.

Obtaining Specialty Care

HMO and EPO members: If you are an HMO or an EPO member seeking specialty care, your network PCP will assess your medical needs and, if necessary, will refer you to a specialist in your specific Tufts Health Plan network (Standard or Select). In most cases, the specialist will practice in the same provider unit as your PCP. A provider unit is made up of doctors and other health care providers who practice together in the same community, often in the same office setting, and often admit patients to the same hospital. This helps provide patients with a full range of care.

POS members: If you are a POS member seeking specialty care at the authorized level of benefits, your network PCP will refer you to a specialist in the Tufts Health Plan network before you seek care.

PPO members: You may seek covered health care services from almost any licensed specialist in or out of the network, without a referral. If you choose a specialist in the network, you will be covered at the in-network level of benefits.

Check the status of a referral before an upcoming specialist visit. Log in to your secure online account at mytuftshealthplan.com.

PLEASE NOTE: HMO and EPO members, as well as **POS members** seeking coverage at the authorized level of benefits, do not need a PCP referral for certain types of care. For example, a PCP referral is not needed for the following care when covered services are provided by an obstetrician, gynecologist, certified nurse midwife, or family practitioner in your specific Tufts Health Plan network:

+ Maternity care
+ Medically necessary evaluations and related health care services for acute/emergency gynecologic conditions
+ Routine annual gynecologic examinations and any medically necessary OB/GYN follow-up care resulting from that exam

In addition, members do not need PCP referrals for:

+ Emergency care anywhere, in or out of network, including in an emergency room or facility, or a provider's office
+ Mammography screening, when obtained from a provider in your specific Tufts Health Plan network
+ Care received at MinuteClinics™ located within participating CVS Pharmacy® locations in MA, NH, RI, CT, NY and VT

For detailed information, review your member benefit document.

Emergency Coverage

If you have an **emergency** medical condition, Tufts Health Plan covers treatment and ambulance services.

An emergency is a physical or behavioral health condition or need that produces symptoms of sufficient severity (including severe pain) that a prudent layperson with an average knowledge of health and medicine could reasonably expect those symptoms to result in the following without prompt medical attention:

+ Serious jeopardy to the physical and/or behavioral health of a member or another person (or with respect to a pregnant member, the member's or her unborn child's physical and/or behavioral health)
+ Serious impairment to bodily functions

- Serious dysfunction of any bodily organ or part
- With respect to a pregnant member who is having contractions, inadequate time for a safe transfer to another hospital before delivery or a threat to the safety of the member or her unborn child in the event of transfer to another hospital before delivery

Always seek care in an emergency. The following will help you decide what to do in an emergency:

- Seek care immediately at the nearest medical facility. PCP approval is not required before receiving emergency care.
- Call 911 for emergency medical assistance, if needed. If 911 services are unavailable in the area, call local emergency medical services or the police.

For **HMO and EPO members**, as well as for **POS members,** if you receive care in an emergency room but are not admitted as an inpatient, you or someone acting on your behalf should notify your PCP within 48 hours after you receive care so that he or she can provide or authorize any follow-up care you may need.

If you receive emergency care and are admitted as an inpatient, the contracted facility must call Tufts Health Plan within 48 hours after you receive care in order to be covered at the authorized level of benefits.

For PPO members:

- If you receive emergency services at any hospital in or out of the Tufts Health Plan network but are not admitted as an inpatient, you are covered at the in-network level of benefits, and you pay a copayment.
- If you are admitted as an inpatient, the contracted facility must call Tufts Health Plan within 48 hours of seeking care to be covered at the in-network level of benefits. You or someone on your behalf must also notify your PCP's office within 48 hours of seeking emergency care.

Behavioral Health and Substance Use Disorder

Specific coverage information related to your behavioral health and substance use disorder benefit is described in your member benefit document. Benefits vary, so to confirm your coverage, call a behavioral health service coordinator at 800-208-9565 or check your benefit document.

Emergency Treatment

In a behavioral health or substance use disorder emergency, call 911 or go to the nearest emergency room or medical facility.

Check your behavioral health and substance use disorder coverage online. Log in to your secure online account at mytuftshealthplan.com.

Outpatient Care

Medically necessary outpatient care—which may include behavioral health and substance use disorder treatment, psychotherapy, medication, evaluation, and monitoring—is covered as described in your member benefit document.

Prior authorization is required for psychological and neuropsychological testing services, Applied Behavioral Analysis (ABA) services for Autism Spectrum Disorders, and Repetitive Transcranial Magnetic Stimulation Services.

To check your office visit copayments and your coverage, log in to your secure online account at mytuftshealthplan.com.

Inpatient Care

HMO members may be assigned to a Tufts Health Plan-contracted inpatient hospital, called a designated facility. Children may be assigned different facilities than adults. If you are an HMO member not assigned to a designated facility, your PCP may have a Tufts Health Plan contracted facility that they prefer that their patients use, or you may use any behavioral health facility in the Tufts Health Plan network.

POS and EPO members can go to any age-appropriate facility for medically necessary inpatient behavioral health and substance use disorder services. You are not assigned to a specific facility. POS members can go to any contracted facility within the Tufts Health Plan network for medically necessary inpatient services to be covered at the authorized level of benefits. POS members also have the option of receiving medically necessary services outside of the Tufts Health Plan network of contracted facilities. POS members who receive services at a non-contracted facility are covered at the unauthorized level of benefits, which means you pay a deductible and coinsurance. Call 800-208-9565 for assistance, or check the provider directory portal on **tuftshealthplan.com**.

Some POS and EPO members may not have their behavioral health and substance use disorder care administered by Tufts Health Plan. Please refer to your ID card or call the Tufts Health Plan Behavioral Health Department for more information.

PPO members seeking medically necessary inpatient behavioral health or substance use disorder services at the in-network level of benefits may receive services from any age-appropriate contracted behavioral health facility in the Tufts Health Plan network.

PPO members who wish to receive medically necessary inpatient behavioral health or substance use disorder services at a facility that is not in the Tufts Health Plan network are covered at the out-of-network level of benefits. This means you pay a deductible and coinsurance. For full information about your coverage, please review your member benefit document.

Prescription Medication Coverage

This section applies to you if you are covered by the Tufts Health Plan prescription drug benefit. Please note that we cover medically necessary prescription medications on our list of covered drugs.

List of Covered Drugs

The lists of medications covered by the Tufts Health Plan prescription drug benefit are called formularies. Some drugs on the lists require prior authorization or step therapy, or have quantity limitations. In addition, there are some medications that are not covered by Tufts Health Plan. Throughout the year, the drugs on the lists may change. In addition, the tier placement and cost share for drugs may change as new drug information becomes available. Depending on the state law where the prescription is filled, your prescription may be filled with the generic or therapeutic equivalent of the medication; unless your prescriber specifically states otherwise.

To check our lists of covered drugs and the coverage for a specific prescription drug, log in to your secure online account at mytuftshealthplan.com

If you have additional questions about your prescription medication coverage, you may also contact Member Services by calling the toll-free phone number listed on your member ID card.

Drug Coverage Decisions

If a prescription drug is not covered but we determine it meets our medically necessary coverage treatment criteria for your condition, we may cover the drug at the highest cost share level under your drug benefit plan.

Prior Authorization (PA)

In order to ensure safety and affordability for everyone, some medications need prior authorization. This helps us work with your doctor to ensure medications are prescribed appropriately.

- If it is medically necessary for you to take a drug requiring prior authorization, your doctor will submit a request.
- If the request is approved, we will cover the medication.
- If the request is not approved, you can opt to pay the full cost of the medication, and you and your doctor can appeal that decision.

Where to Obtain Prescription Medications

You can obtain most of your prescription medications from any network pharmacy.

Tufts Health Plan also has designated specialty pharmacies to supply a number of medications for conditions such as fertility, hepatitis C and multiple sclerosis.

Medications from specialty pharmacies can be shipped directly to you (for self-administration, if applicable) or to your provider.

Maintenance Medications

Members can often save time and out-of-pocket costs when they obtain their maintenance medications through the OptumRx mail-order pharmacy service. You may order your refills through your secure online account at **mytuftshealthplan.com**. If you take maintenance medications — medications you must take consistently each month—it is likely that you can obtain your prescriptions through the mail.

To get started with the mail-order pharmacy program, be sure you have any necessary approvals in place, then call OptumRx Customer Service toll free at 855-258-1561. If your medication does not need an approval, a representative will help you get started with the mail-order service. You will need the following when you make the call:

+ Your Tufts Health Plan member ID card
+ Your medication name
+ Your physician's name and phone number
+ Your shipping address
+ Your credit card, debit card, etc.

Need refills of your maintenance medications? Log in to your secure online account at mytuftshealthplan.com.

Online Tools

At Tufts Health Plan, we want you to take full advantage of your pharmacy coverage benefits. That's why we've made it easier than ever for you to get information, check benefits, and order maintenance medications online. When you register for your secure online account at **mytuftshealthplan.com**, you can:

+ Check your personal medication history including cost
+ Review our pharmacy programs
+ Look up drug coverage and pricing
+ Obtain needed forms
+ View, download and print pharmacy claims history

Member Service

Tufts Health Plan is committed to providing quality, comprehensive, and affordable health care coverage.

Choosing a Provider

When you join Tufts Health Plan, we can help you choose a provider in your specific network.

Always begin your search by going to **mytuftshealthplan.com**, where you can identify and select network providers according to the characteristics that are important to you, including:

+ Your specific Tufts Health Plan network
+ Office location and hours
+ Languages spoken
+ Education and training
+ Specialty
+ Age
+ Gender
+ Hospital affiliations
+ Any restrictions on accepting new patients
+ Board certifications
+ Types of practice

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Search for a provider who's right for you at mytuftshealthplan.com.

For help finding a Tufts Health Plan provider, call our member services department at the number listed on your ID Card.

Our Member Services team can help you find a provider who is appropriate for your age, condition and type of treatment.

For additional information about a provider, the Massachusetts Board of Registration in Medicine may be able to help you. The board provides information about physicians licensed in Massachusetts, including their education and training, awards and publications, and malpractice and disciplinary history.

Additional information, including dismissed complaints, may also be available by calling the Massachusetts Board of Registration in Medicine at 781-876-8200 or by visiting **mass.gov/massmedboard**.

Viewing Claims Online

You can track the status of a claim and see how Tufts Health Plan processed it by logging in to your secure online account at **mytuftshealthplan.com** or by calling Member Services.

Information includes:

+ Your financial responsibility
+ The date the service was received and paid
+ The procedures performed
+ The charges for that claim
+ How Tufts Health Plan handled the claim and the amount paid

Translators Available

With the help of LanguageLine Solutions, Tufts Health Plan speaks over 250+ languages. Just ask your member services representative for a translator.

TDD Services

Tufts Health Plan also has a telecommunications device for the deaf (TDD).

Massachusetts
TDD: 711

Tufts Health Plan's TDD will answer your call and give you instructions for leaving a message. A member service representative will return your call as soon as possible. A Tufts Health Plan member service representative also may be able to help you choose a PCP who understands American Sign Language.

Contact Us Anytime

Members can reach us online 24 hours a day, 7 days a week. Just go to the Contact Us link at **tuftshealthplan.com**. We'll respond to your inquiry within one business day.

Do you have a coverage question?
Email our Member Services Department at tuftshealthplan.com. Just click on Contact Us.

Member Rights and Responsibilities

We are committed to providing you with quality health care coverage and outstanding service. As part of that commitment, we have developed and communicated the following statement of rights and responsibilities for Tufts Health Plan members. If you have questions about your rights and responsibilities as a Tufts Health Plan member, please call a member service representative.

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Member Rights

As a Tufts Health Plan member, you have the right to:

- Receive information about your health plan, including its services, practitioners and providers, health plan staff and their qualifications, contractual relationships, member rights and responsibilities, policies, and procedures
- Be informed by your doctor or other health care provider regarding your diagnosis, treatment, and prognosis in terms you can understand
- Receive sufficient information from your health care providers to enable you to give informed consent before beginning any medical procedure or treatment
- Have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage
- Participate with providers in decisions about your health
- Be treated courteously, respectfully and with recognition of your dignity and need for privacy
- Refuse treatment, drugs, or other procedures recommended by your providers to the extent permitted by law and be informed of the potential medical consequences of refusing treatment
- Be covered for emergency services in cases where a prudent layperson, acting reasonably, would believe that an emergency medical condition exists
- Have reasonable access to essential medical services
- Decline participation or disenroll from services offered by the health plan
- Expect that all communication and records pertaining to your health care be treated by the health plan as confidential, in accordance with its Notice of Privacy Practices
- Select a provider in your specific Tufts Health Plan network from the health plan's directory of health care providers who is accepting new patients and expect the doctor to provide covered health care services
- Obtain a copy of your medical records from your providers, in accordance with the law

- Use the Tufts Health Plan member satisfaction process described in your member benefit document (which include standards for timeliness for responding to and resolving complaints and quality issues) to express a concern or complaint about the organization or the coverage it provides and to appeal coverage decisions
- Make recommendations regarding Tufts Health Plan's rights and responsibilities policies

Member Responsibilities

As a Tufts Health Plan member, you have the responsibility to:

- Treat network providers and our staff with the same respect and courtesy you expect for yourself
- Ask questions and seek clarification to understand your illness or treatment
- Follow plans and instructions for care that you have agreed to with your practitioners
- Cooperate with your health plan so that we may administer your benefits in accordance with your benefit document
- Obtain services from providers in your network (Standard or Select) except in a medical emergency, which is a serious injury or the onset of a serious condition that prevents you from taking time to call your PCP in advance (HMO plans only)
- Obtain authorization from your network PCP before seeking medical care (HMO and POS plans only), except in an emergency
- Keep scheduled appointments with health care providers or give them adequate notice of cancellation
- Express concerns or complaints through the Tufts Health Plan member satisfaction process described in your benefit document
- Familiarize yourself with your plan benefits, policies, and procedures by reading materials distributed to you by going to **tuftshealthplan.com**, and by contacting the Member Services Department with any questions you may have
- Provide your health care providers with information needed to help them provide care to you
- Participate in understanding your health needs and developing mutually agreed-on treatment goals, to the degree possible

Please consult your member benefit document for more detailed information about:

- Covered services
- Benefit limitations and exclusions
- Policies and procedures
- Member records
- How to express concerns and complaints
- How to appeal coverage decisions
- State-mandated benefits related to health care and services
- Accessing coverage at the authorized level of benefits (for POS plans) and in-network level of benefits (for PPO plans)

Member Satisfaction

Tufts Health Plan has a member satisfaction process in place so that we can promptly address any concerns you may have.

- If you have a concern that involves the quality of medical care or service you are receiving, we encourage you to first discuss it directly with your health care provider.
- If you have a concern involving the coverage of services or supplies by Tufts Health Plan, please contact a member service representative.

We encourage you to contact a Tufts Health Plan member service representative to discuss any concerns you may have related to Tufts Health Plan.

Do you have questions about your health care coverage? Email the Member Services Department at tuftshealthplan.com. Just click on Contact Us.

Internal Inquiry Process

When you contact a member service representative with your concern, we will make every effort to resolve it through our internal inquiry process. If your concern cannot be explained or resolved to your satisfaction through this process, we will notify you of any options you may have, including the right to have your inquiry processed as a grievance or an appeal.

Appeal & Internal Grievance Process

Grievances: Matters involving concerns about the quality of medical care or service received from providers—as well as administrative concerns related to Tufts Health Plan's policies, procedures, or employee behavior—are reviewed as grievances through our internal grievance process.

Appeals: An appeal is a request for Tufts Health Plan to reconsider a decision that was made regarding coverage for a requested service or the amount we paid or did not pay for a service.

If you would like to pursue a concern through the internal grievance process, you may submit a written or verbal appeal or grievance.
To do so, you may:

+ Email the Member Services Department at **tuftshealthplan.com**. Just click on Contact Us.
+ Call a member service representative.
+ Send a letter to:

Tufts Health Plan
Commercial Appeals and Grievances Department
P.O. Box 474
Canton, MA 02021

We encourage you to submit your appeal or grievance in writing to accurately reflect your concerns. In your communication, please include the following information:

+ Your complete name and address
+ Your member ID number
+ A detailed description of your concern
+ Copies of any supporting documentation

Whether you have submitted a verbal or a written appeal or grievance, we will send you a written acknowledgment. This will include the name, address, and telephone number of the person coordinating your appeal or grievance.

Review Process

Appeals: We will notify you in writing when we have made a decision on your appeal. We will also inform you of any additional appeal rights you may have.

Grievances: When we receive your grievance, we will review it and conduct any necessary follow-up. You will receive a written response from the Tufts Health Plan Appeals and Grievances Department or the Clinical Quality Improvement Department.

Expedited Review

Tufts Health Plan will conduct an expedited review of your appeal if your provider indicates that applying the standard time frame for an appeal could seriously jeopardize your life, health, or ability to regain maximum function. You can request an expedited review by calling a member service representative.

Independent Review of a Decision We Have Made

If you're covered through a Massachusetts-based employer, your appeal may be eligible for further review by the Massachusetts Department of Public Health's Office of Patient Protection (OPP).

If you are covered by a Rhode Island-based employer, you may be eligible to have an appeal reviewed by the external review agency designated by the Rhode Island Office of the Health Insurance Commissioner (RI OHIC). Talk with the benefits administrator where you work for more information.

Both the Massachusetts OPP and the external review agency designated by the RI OHIC, are independent organizations that review decisions about covering health care services based on whether they are medically necessary. Neither is connected to Tufts Health Plan in any way.

To obtain the necessary form to file an appeal, contact the Office of Patient Protection at 800-436-7757, or go to the Massachusetts Department of Public Health website at **mass.gov/orgs/office-of-patient-protection**

Additional Information from the Office of Patient Protection

The Office of Patient Protection is also a resource for some Massachusetts health plan members. It administers and enforces standards and procedures it has established for health plan member grievances, including independent external appeals, medical necessity guidelines, and continuity of care. The OPP also helps consumers with questions and concerns related to managed care, and provides information, including health plan report cards, through its website.

The following information about Tufts Health Plan is available from the Office of Patient Protection:

- A list of sources of independently published information assessing member satisfaction and quality of health care services
- The percentage of physicians who voluntarily and involuntarily terminated participation contracts with Tufts Health Plan during the previous calendar year
- The percentage of premium revenue spent by Tufts Health Plan for health care services provided to members for the most recent year for which the information is available
- A report on the number of grievances filed by members
- The number of external appeals pursued by members and their resolution

You can reach the Office of Patient Protection at
Massachusetts Department of Public Health
Office of Patient Protection
250 Washington Street, Floor 2, Boston, MA 02108.
Or call 800-436-7757; fax 617-624-5046;
or visit **mass.gov/orgs/office-of-patient-protection**

If You Have Questions

Our member satisfaction process may vary depending on your plan. If you have questions or need help submitting an appeal or grievance, review your member benefit document, which contains more information about the member satisfaction process, or call a member service representative.

New Medical Technology and Your Coverage

We evaluate new medical procedures and technologies, as well as new uses of existing technologies, before making decisions about our coverage for them.

Our Medical Policy Department's medical technology assessment process involves the evaluation of published scientific studies, as well as nationally recognized standards of care and information from the U.S. Food and Drug Administration and other federal agencies.

A team of our physician medical directors reviews all the information and makes the final decision regarding whether and how Tufts Health Plan will cover the medical technology.

By carefully assessing new approaches in medicine in this way, we reinforce our commitment to your health and safety and providing you with quality coverage.

Utilization Management for Quality Care

To help members receive quality health care in an appropriate treatment setting, we provide utilization management (UM), or as it is sometimes called, utilization review.

UM includes evaluating requests for coverage by applying medical guidelines (clinical criteria) for the review of medical necessity, appropriateness, and efficiency of the health care services under a member's benefit plan.

Tufts Health Plan may perform UM prospectively, concurrently, or retrospectively for selected inpatient and outpatient health care services to determine whether services are medically necessary as defined in the member's benefit document:

+ Prospective UM helps determine whether a proposed treatment is medically necessary before the treatment begins.
+ Concurrent UM monitors treatment as it occurs and determines when the treatment is no longer medically necessary.
+ Retrospective UM evaluates care received by members after the care has been provided to determine whether services were medically necessary.

The criteria used for determining coverage for medically necessary services and conducting utilization reviews are:

- Developed with input from practicing physicians in Tufts Health Plan's networks
- Produced in accordance with regulatory requirements and standards adopted by national accreditation organizations
- Reviewed yearly and updated as new treatments, applications, and technologies are adopted as generally accepted medical practice
- Evidence-based, whenever possible

Tufts Health Plan-contracting PCPs or other network providers are usually responsible for obtaining needed coverage authorizations and coordinating UM decisions. Network physicians, providers, and hospitals understand UM requirements that apply to services being provided.

All out-of-network elective services require Prior Authorization by Tufts Health Plan or its designee. POS and PPO members who choose to receive elective services must provide Tufts Health Plan with prior notification of their admission or their coverage may be affected. If members do not provide notification of these non-network services, a penalty may apply, if you are covered through a Massachusetts-based employer. Out-of-network emergency services never require prior authorization.

Care Management Programs
(Including Behavioral Health)

Tufts Health Plan's care management, condition management and behavioral health departments work together to ensure members receive the right care at the right time.

We offer a suite of care management services aimed at improving quality of life for members with chronic, complex or catastrophic medical or behavioral health needs. Our programs focus not only on areas where we can impact quality and cost, but also where we can make the most difference in members' lives. Care management includes the following programs:

Tufts Health Asthma Program

This program helps manage and improve the quality of life for adult and pediatric members with asthma. They receive individualized care plans to help them identify and manage asthma triggers; understand, use, and manage medication; as well as control their asthma through tracking and self-monitoring.

Tufts Health Chronic Kidney Condition Program

This program is designed to improve care for members diagnosed with stages 4 and 5 of chronic kidney disease (CKD) and end-stage renal disease (ESRD). Members receive assistance with benefits, nurse and physician contact on their individualized care plans, as well as referrals to other health programs and community services as needed.

Tufts Health Priority Care Programs

Complex Conditions

The Complex Conditions program supports optimal wellness for adults and children who have the most complex medical needs. These conditions include, but are not limited to: stroke, transplant, brain injury, spinal cord injuries, oncology, complex inflammatory bowel disease, multiple sclerosis, pediatric complex complications, and rare diseases.

Healthy Birthday (Pregnancy)

Provided by obstetrical nurses, this program supports pregnant women with comorbid medical conditions (such as gestational diabetes, hypertension, and cardiac disease). It also supports pregnant women who are at risk for pre-term delivery. The program helps them manage their prenatal care and increase their chances of full-term delivery.

Tufts Health Supportive Care Program

The supportive care program is designed to help members and/or caregivers lead healthy lifestyles within the confines of their condition. It also provides education, support and guidance with advance care planning. This program is customized to meet members' unique social, emotional, and psychological needs in understanding their condition and prognosis.

Tufts Health Transition Programs

Transition to Home

The Transition to Home program offers robust support to help members recover after medical or surgical hospital admissions for reasons including, but not limited to: heart failure, respiratory illness, post-bariatric surgery, and joint replacements. Members are contacted within 48 hours after facility discharge and usually remain in the program for 2-4 weeks. Members who would benefit from further care management intervention are referred to other care management programs and followed by the same care manager.

Neonatal Newborn Care

This program focuses on care management for infants who require neonatal intensive care and uses a family-centered approach to home transition. The program begins during the hospital stay and provides support up to 30 days after hospital discharge.

Emergency Department (ED) Transitions

This program focuses on outreach to members who are identified as having recently been treated in the emergency department (ED). There are two levels of intervention for ED outreach:

+ Non-clinical staff reach out to members who may have been able to receive services in other settings besides the ED. They ensure that members are aware of contracted urgent care centers in their geographic area and that they have appropriate follow-up care with their primary care physician.
+ Medical and behavioral health nurse care managers reach out to frequent ED users and work with providers to establish a treatment plan to support the members' needs.

We're here to help. To learn more about our Care Management Programs and how to work with a Nurse Care Manager call us at 888-766-9818 ext. 53532 or 800-462-0224. Or, visit tuftshealthplan.com for more information.

Behavioral Health

Tufts Health Plan has always locally managed our care management programs for behavioral health and substance use disorder (BH/SUD) to support quality and integration with our other health programs. Our care management programs for MH/SUD include the following:

Transition to Home

This program is designed to provide additional support to help members make the transition back home after an inpatient admission. It ensures outpatient support is in place and available to members to help further stabilize them in their community.

Emergency Room (ER) Diversion

We reach out to members who use the ER for behavioral health needs and help connect them to ongoing supports and provide education around behavioral health.

The Tufts Health Plan Substance Use Transitions Program provides support to our members who are in early recovery from the use of opiates, alcohol or other substances.

Care managers typically work with members, who have recently entered or completed acute treatment in a hospital or residential treatment center for a diagnosis of substance use disorder, to understand and follow through with their aftercare plans, and begin to take charge of their recovery.

Care managers also work with members who have recently needed medical care for a substance use-related illness. This includes members who have gone through detoxification on a medical unit, have been hospitalized due to a medical condition during which substance use problems were identified, or for medical problems that were caused or worsened by substance use.

Care managers help to coordinate the different programs, providers and facilities involved with the member's care and help to establish goals and a plan to move forward.

Our Substance Use Family Navigator assists members, their families and their providers to find resources that will help them to keep moving forward on the road to recovery. The Navigator will provide information on treatment programs and community supports that are available to help support the member and their family.

Your Right to Information and to Make Medical Decisions

Tufts Health Plan respects your right to make informed decisions about your medical care and to appoint a health care agent. Your legal rights as a patient to make decisions about your medical care include the right to:

+ Obtain from your doctor information you need to make an informed and voluntary decision about whether to agree to a procedure or treatment your doctor recommends
+ Agree to any recommended treatment you want and refuse any treatment you don't want, even if it might help keep you alive longer
+ Receive information in a manner that is clear and understandable

When You Can't Speak for Yourself

Massachusetts and Rhode Island (and many other states) make it possible for you to choose a health care agent if you are at least 18 years of age and competent.

+ Massachusetts recognizes a completed health care proxy form.
+ Rhode Island recognizes a durable power of attorney for health care.

Your health care agent may act for you only if your doctor determines that you are unable to make or communicate your own health care decisions. Your health care agent would then have legal authority to make health care decisions for you, including decisions about life-sustaining treatment.

Both health care proxy forms and durable powers of attorney allow you to set specific limits on your agent's authority.

If You Have Completed a Form

Give copies of your health care proxy or a durable power of attorney to:

+ Your health care provider to put in your medical record
+ Family members
+ Your health care agent

Please do not send a copy to Tufts Health Plan.

If You Have Not Completed a Form

If you need a form, contact:

Massachusetts Executive Office of Elder Affairs
John W. McCormack Building
1 Ashburton Place, Room 517
Boston, MA 02108
617-727-7750

Rhode Island residents should contact the appropriate office

Office of the Health Insurance
Commissioner's Consumer Assistance
Program, RIREACH
1210 Pontiac Avenue
Cranston, RI 02920
855-747-3224

Frequently Asked Questions

What if I Need to be Hospitalized?

HMO and EPO members: When you choose your Tufts Health Plan-participating PCP, in most cases you are also choosing the hospital where your PCP admits his or her patients. If you need to be hospitalized, it's likely you'll be admitted to your PCP's hospital, unless the treatment you need is unavailable there. If you are hospitalized, be sure to identify yourself as a Tufts Health Plan member. Your doctor will provide Tufts Health Plan with notification of an inpatient admission or transfer. You do not need to call Tufts Health Plan.

POS members: If you are seeking care at the authorized level of benefits, your Tufts Health Plan-participating PCP will provide or authorize your care. He or she will provide Tufts Health Plan with notification of your inpatient admission or transfer. You don't have to call Tufts Health Plan.

If your Tufts Health Plan-participating PCP is not providing or authorizing your care, you must provide Tufts Health Plan with notification of an inpatient admission or transfer. If you do not provide Tufts Health Plan with notification, you may pay a penalty and your coverage may be reduced. Please refer to the following notification requirements and guidelines:

+ **Emergency admissions:** Emergency services never require prior authorization. If you are admitted inpatient to an out-of-network hospital directly from the emergency room you must notify Tufts Health Plan within 48 hours of your admission.
+ **Urgent admissions:** Admissions that require prompt medical attention, but provide reasonable opportunity to provide Tufts Health Plan with notification before or at the time of admission. You must provide notification just before or at the time of hospitalization.
+ **Elective hospitalizations or transfers:** Tufts Health Plan must be notified at least five days before the hospitalization or transfer.

PPO members: If a doctor in the network is providing your care, you do not have to provide Tufts Health Plan with notification of elective inpatient admissions or transfers. Your network doctor will take care of notifying Tufts Health Plan for you. PPO members whose care is directed by a provider who is not in our network are responsible for notifying Tufts Health Plan about their inpatient admissions or transfers. If you do not notify us, you may pay a penalty in addition to your deductible and applicable coinsurance. Please review the following notification guidelines:

+ **Emergency admissions:** Emergency services never require prior authorization. If you are admitted inpatient to an out-of-network hospital directly from the emergency room you should notify Tufts Health Plan within 48 hours of your admission.
+ **Urgent admissions:** Admissions that require prompt medical attention, but provide reasonable opportunity to notify Tufts Health Plan before or at the time of admission, require notification just before or at the time of hospitalization.
+ **Elective hospitalizations or transfers:** Notifications must be received at least five days before the hospitalization or transfer.

Always check your member benefit document for more detailed information.

What If I Need Urgent Medical Attention While Traveling?

Tufts Health Plan covers urgent care. An urgent condition is one that requires immediate care, but isn't life-threatening. If you seek urgent care while traveling, you or someone acting on your behalf should notify your doctor within 48 hours of the onset of the urgent condition.

How Can I Get Care When My Provider's Office Is Closed?

After office hours, your provider's telephone should be answered either by an answering machine or an answering service.

For urgent problems, your provider's answering service should offer to contact your provider or a covering physician. If an answering machine is used by your provider's office, it should provide a telephone number you can call to contact a covering physician.

Discrimination is Against the Law

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

Tufts Health Plan:

- Provides full and equal access to covered services under the federal Americans with Disabilities Act of 1990 and Section 504 of the federal Rehabilitation Act of 1973. This includes free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need any of the above services, have questions regarding any provider directory information, or would like to report an inaccuracy or network access issue, please contact Tufts Health Plan Member Services at 800-462-0224. To report provider directory inaccuracies electronically, please visit **https://tuftshealthplan.com/find-a-doctor** and select your plan. Search or select the Provider whose information you believe needs updating and click "Tell us if something needs to change."

Please note that if you have complaints regarding provider directory inaccuracies or provider network access issues, you also have the right at any time to contact the Commonwealth of Massachusetts Division of Insurance at 877-563-4467, Option 2 or **mass.gov/doi**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance with:

Tufts Health Plan, Attention:
Civil Rights Coordinator Legal Dept.
1 Wellness Way Canton, MA 02021-1166
Phone: 888-880-8699 ext. 48000, [TTY number — 800-439-2370 or 711]
Fax: 617-972-9048
Email: **OCRCoordinator@point32health.org**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services:
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742（TTY：711）。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quí vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quí vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللُّغة **العربية**، خَدَمات المُساعَدة اللُّغوية مُتوفرة لك مَجانا. **إتصل على 1 888-333-4742**
(TTY: 711)

ខ្មែរ (Cambodian) ប្រសុំជូនដំណឹង៖ បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

For additional information,
please call Member Services:

Massachusetts
800-462-0224 (TDD/711)

Rhode Island
800-682-8059 (TDD/711)

tuftshealthplan.com

Tufts Health Plan
1 Wellness Way
Canton, MA 02021

Offered or administered in Massachusetts and Rhode Island
through Tufts Associated Health Maintenance Organization, Inc.,
or by Tufts Insurance Company

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Please refer to your benefit document for a more detailed description of your benefits, including limitations and exclusions. Tufts Health Plan may add to, change, or withdraw the services described in this handbook at any time.