

The background features two stylized human figures in a light blue color. Each figure consists of a circular head and a rounded, open-bottom torso. The figures are positioned behind the main text.

Inquiries, Treatment Decisions, and Organization Determinations

Learning objectives

- Define:
 - Inquiry
 - Treatment team
 - Treatment decision
 - Organization Determination (OD)
- Differentiate between inquiries, treatment decisions, and OD

Inquiry

- A routine **question** about benefits that does not trigger an OD
 - May be oral or written
- Inquiry examples:
 - “What is my eyeglasses benefit?”
 - “How many SNF days are covered?”
 - “Does this plan cover visits to my chiropractor?”

Treatment Team

- Includes, but not limited to:
 - PCP
 - Group Medical Director
 - Nurse Practitioner
 - RN at the PCP office
 - Care Manager at the PCP office
 - THP SCO Care Manager:
 - Care Coordinator
 - Geriatric Support Services Manager (GSSC)
 - RN Care Manager (RNCM)
 - Nurse Practitioner (working with RNCM)
- Also known as the Primary Care Team (PCT)

Treatment Decision

- A **decision by the Treatment Team** that is delivered to a member or their authorized representative without the Plan's direct involvement in the decision
- For example:
 - PCP and RNCM discuss the member's ADL/IADL needs and decide the member requires 20 hours of Personal Care Attendant (PCA) services per week
 - GSSC assesses that the member needs 5 hours of homemaking services per week
 - PCP determines the member needs a wheelchair

Organization Determination (OD)

According to the Centers for Medicare and Medicaid Services (CMS):

"An Organization Determination is any decision made by a Medicare health plan regarding:

- *Receipt of, or payment for, a managed care item or service;*
- *The amount a health plan requires an enrollee to pay for an item or service; or*
- *A limit on the quantity of items or services.*

An enrollee, an enrollee's representative, or any provider that furnishes, or intends to furnish, services to an enrollee, may request a standard organization determination by filing a request with the health plan."

Organization Determination (OD)

- In summary, an OD is a **decision by the health plan** that is initiated by a request from the member or authorized representative (including provider) to cover goods or services
- The Treatment Team does not make ODs – the Treatment Team makes Treatment Decisions
- OD Examples:
 - “My Care Manager says I only need 5 hours of homemaking per week, but I disagree. I need 10 hours.”
 - “Tufts needs to pay for my dentures.”

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

PCP recommends rehab in a Skilled Nursing Facility (SNF) rather than the Four Seasons.

A

Treatment Decision

This decision is coming from the PCP, a member of the Treatment Team, without intervention from the Plan.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

Member tells her Care Manager that she is going on vacation to relax and that Tufts should cover her airfare because the trip is medically necessary.

A

OD

The member is requesting that THP pay for her trip, so the decision requires the Plan's involvement.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

Care Manager recommends medically necessary transportation to medical appointments, up to 2 trips per week.

A

Treatment Decision

This decision is coming from the Case Manager, a member of the Treatment Team, without intervention from the Plan.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

Member calls Customer Relations (CR) and asks, "Does SCO cover dentures?"

A

Inquiry

The member is only asking a question, and not yet requesting coverage for dentures.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

RNCM recommends 5 days per week of Adult Day Health (ADH).

A

Treatment Decision

This decision is coming from the RNCM, a member of the Treatment Team, without intervention from the Plan.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

ADH calls Tufts to say the member needs to attend 7 days per week, and that Tufts should cover the service.

A

OD

The provider (the ADH facility) is requesting additional coverage from the Plan.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

Daughter calls CR and states, "I can't manage my father at home anymore. Does Tufts cover the cost for someone to help watch him at home?"

A

Inquiry

The daughter is asking a question about in-home care coverage, not requesting the services at this point.

Pop Quiz: Inquiry, Treatment Decision, or OD?

Q

Member calls their Care Manager and states, "I have diabetes and I need to have my toenails trimmed every day. My PCP says he disagrees, but I still think Tufts should pay for it."

A

OD

The member is asking the Plan to cover the cost, even though their PCP is not recommending the treatment.

Activity Log documentation guidelines for Service Plans

- Instead of using words such as “approved” or “denied,” CaseTrakker Activity Log users much use words and phrases such as “**supports**” and “**does not support**” for all services being implemented (whether the service requires a PA or not).
- Examples:
 - “The member was advised that the treatment decision supports the request for xyz service.”
 - “The member’s responsible party was advised that the treatment decision does not support the request for xyz service.”

What to do if your member disagrees with your Treatment Decision

- If the Treatment Decision does not support the request, you must advise the member to call Customer Relations (CR) to request an OD
 - You may offer to assist the member in calling CR
 - This must be documented in CaseTrakker
 - Example:
 - “Provided member the Customer Relations number to request an OD from the Plan.”
 - “Offered to contact Customer Relations with the member to request an OD from the plan.”

**Tufts Health Plan Senior Care Options
Customer Relations:
1-855-670-5934**