TUFTS Health Plan
Update
NEWS FOR THE MARKETPLACE
WINTER ■ 2017

EMPLOYER UPDATE MOVING TO ALL-DIGITAL FORMAT

We know you've enjoyed the print edition of Employer Update for as long as you've been our valued customer. We hope this change makes it easier for you to share information with your colleagues and employees about your Tufts Health Plan coverage and the health benefits industry.

Don't miss out on future editions of Employer Update! Be sure to sign up to receive our digital newsletter at **tuftshealthplan.com/marketplaceupdate**.

As you'll read in this edition, we're making significant strides toward engaging digitally with our members to better communicate with them. We believe the new email format of our newsletter will allow us to better communicate with you as well.

WE'RE READY TO ENGAGE MEMBERS IN THE DIGITAL WORLD

We've connected our digital assets to engage members and create a unified experience—providing information where, when and how they prefer to receive it.

We believe the timing is right to roll out our integrated digital strategy. Studies indicate a growing shift toward consumers using smartphones and other digital tools for various day-to-day interactions:

+ Smartphone users check their phone an average of 150 times a day.*
+ Sixty-two percent of smartphone users use their phone to get information about a health condition.*
+ By 2020, 85 percent of consumer interactions with companies will not involve a human.**

The digital tools highlighted on the next page—telehealth, myWire, transparency and provider search, and our mobile app—are designed to:

+ Educate members so they can make better decisions about their health,
+ Provide efficient and convenient ways for members to have their questions answered, and
+ Encourage effective engagement in healthy lifestyle changes.

We look forward to hearing how your employees like these new digital tools!

**Source: Pew Research Center—"U.S. Smartphone Use in 2015," April 11, 2015*
***Source: Gartner Customer 360 Summit 2011*

CONTINUED ON PAGE 2

CONTINUED FROM PAGE 1

TELEHEALTH PROVIDES 24/7 ACCESS TO A DOCTOR

The field of telehealth, which enables providers to treat patients through the convenience of telecommunications, has improved significantly in recent years. We believe the technology has now advanced to the point where we can make the service valuable, desirable and adoptable for our members and you, our clients.

Starting in early 2018, we'll be introducing a telehealth solution through our preferred vendor, Teladoc®, to all of our fully insured and self-insured groups in MA, RI and NH.

Teladoc will give members 24-hour access, seven days a week, to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care:

- Members can talk to a doctor anytime, anywhere they happen to be, for the cost of a visit to their Primary Care Provider
- Members receive prompt attention; the average wait for a callback is 10 minutes
- A network of doctors—including behavioral health providers—can treat everyone in the family
- Prescriptions are sent to the pharmacy of choice if medically necessary
- The member cost-share is typically less for a telehealth visit than it is for an ER or urgent care visit, in non-emergency situations
- The service can provide access to care in areas that have a shortage of providers

MYWIRE OFFERS PERSONALIZED MESSAGING

Our telehealth launch coincides with our broader digital engagement strategy for members. We understand members are checking their mobile phones more than ever—so we're providing health care information where and when they want it.

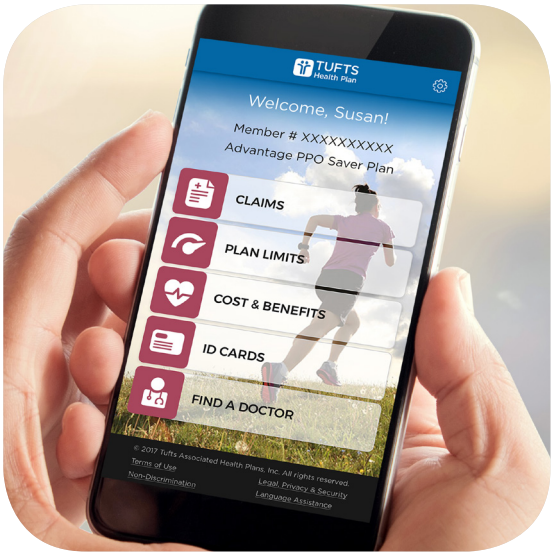
myWire from Tufts Health Plan is an SMS text messaging service that delivers secure, automated messages to members who opt in. This service will be integrated with telehealth, our member portal, and other online tools and information. Personalized myWire messages can cover a wide array of topics, including how and when to use telehealth services, where to find important plan information, and reminders for flu shots, annual well visits and other preventive care.

COST TRANSPARENCY AND PROVIDER SEARCH—ALL IN ONE

We believe our members can make smarter health care decisions when they have access to the right information. That's why we're now offering an all-in-one cost transparency and provider search tool to help your employees shop for and compare nearly 300 different treatments. They'll be able to:

- Get out-of-pocket cost estimates for procedures based on their own health benefits and real-time claims
- View a treatment timeline that shows how long it will take from diagnosis through follow-up, and
- Have more knowledgeable conversations with their doctor about treatment options

Located on our member portal, the all-in-one tool will feature a single, dynamic search bar. So whether your employees are looking for a doctor, treatment, facility, service or health condition, the results will return all the relevant information they need at once.



NEW MOBILE APP PUTS INFORMATION AT MEMBERS' FINGERTIPS

We understand what our members want to do most online. So we've taken the top four things and put them into our new, free mobile app, which is now available. Members can use it to do the following more quickly and easier than ever:

- Look up claims
- Check their benefits
- Find a provider
- View their ID card

The mobile app is available for iPhone and Android devices; members can download it from the App Store or Google Play.

Encourage your employees to start using the mobile app and the rest of our digital tools so they can make better health care decisions, get faster answers to their questions and engage in healthy lifestyle changes.

EOBS EASIER TO UNDERSTAND IN 2018

Our Explanation of Benefits (EOBs) will take on a new look for our commercial Massachusetts and Rhode Island fully insured members effective February 2018.

The redesigned EOBs will make it easier for these members to understand how we've processed their claims. The new EOBs will show more clearly the provider's billed amount, the member's cost-share responsibility and how much they've spent toward their plan's deductible and out-of-pocket maximum.

Members are encouraged to register or log in to **mytuftshealthplan.com** for access to their EOBs. Those that do will receive an email notification when an EOB is ready—and they can view it online right away.

The EOB redesign complies with recently effective Massachusetts law.

NEW SUMMARY OF PAYMENTS TO BE ISSUED QUARTERLY

Pursuant to Massachusetts law, all members on fully insured Massachusetts commercial plans will also receive a Summary of Payments (SOP) document, which will be available to them on **mytuftshealthplan.com.**

Issued quarterly, the SOP will provide members with an easy-to-understand summary of all claims paid during the preceding quarter. We'll notify members by email when their SOP is ready for viewing; the first one is scheduled to be available online at the end of quarter one, in April 2018.

MEMBER COST-SHARE ELIMINATED FOR METHADONE MAINTENANCE

We recognize the impact of the opioid crisis on the diverse communities we serve. To help reduce barriers to the essential care our members need, we are eliminating the post-deductible co-payment and cost-shares for methadone maintenance for all commercial plans. This change is effective upon renewal dates on and after January 1, 2018.

MEDICAL COST MANAGEMENT PROGRAMS

IMPROVING OUTCOMES FOR JOINT SURGERY AND CARDIAC SERVICES

To help improve clinical outcomes and manage the increasing cost of joint surgery, we're working with an industry leader in medical specialty solution management to provide utilization management for these services. This enhancement to our existing joint surgery program is designed to help better manage utilization of elective surgeries and quality of care for our members.

In addition, we have a new program designed to improve clinical outcomes and manage the increasing cost of therapeutic cardiac services and cardiac imaging. These are services performed in an outpatient, nonemergency situation.

Goals of the cardiac program include effectively managing quality of care, patient safety and appropriate utilization for our members while improving medical trend.

CODE REVIEW PROGRAM IDENTIFIES PROVIDER OUTLIERS

We continually strive to provide effective cost-management programs for our employer group clients. As part of this effort, we perform Evaluation & Management (E&M) coding reviews of high-level professional claims to identify providers who are billing high-level codes significantly more often than other providers within the same specialty.

We collaboratively engage these physicians and their billing personnel to illustrate how they have been identified as outliers compared to their peers. The physicians and their billing personnel are educated about using the appropriate level of coding to bring their billing practices in line with peer specialty averages.

INPATIENT AUDIT PROGRAM MONITORS HIGH-COST CLAIMS

Our prepayment inpatient audit program manages costs while promoting consistent claims review and reimbursement practices with our hospital providers. We are working with a leading provider of data-driven solutions to review facility claims that exceed outlier thresholds.

We conduct a comprehensive review of itemized bills for certain high-cost inpatient claims, identifying line items and amounts for adjustment prior to payment. This program employs sophisticated technology and data analytics—in addition to expert clinical review by nurses, physicians, accountants and certified coders—to identify errors and compliance issues before the claim is paid.

PLAN BENEFIT CHANGES FOR LARGE GROUP

We've looked carefully at several different areas of our plan designs to create new opportunities for savings and added value for Large Group employers. You'll be interested to know about the following benefit changes, which are available upon renewal date beginning January 1, 2018.

SEPARATE COST-SHARE TIERING FOR SITE OF SERVICE

We are offering a new option that allows Large Group employers to set a lower cost-share for members who receive the following types of service at a freestanding facility: high- and low-tech imaging and laboratory and diagnostic tests.

While we believe it is important for our members to use doctors' offices and affiliated hospitals for continuity of care, we also want our members to be empowered to choose the treatment setting that is best for their unique needs.

Again, this cost-share tiering is available as an option for all Large Group plans in MA with the exception of our CareLink and out-of-area plans. It will be integrated into the MA Balance Plans, which are new for 2018.

The MA Balance Plans have a hybrid co-payment/co-insurance design that aligns cost-shares with the cost of service. Priced slightly higher than our core plans, the MA Balance Plans include separate cost-share tiering based on site of service for high-tech and diagnostic imaging. We will be introducing these plans as HMO $750, $1,250 and $1,750.

SEPARATE COST-SHARE FOR URGENT CARE CENTERS

We are now enabling Large Group employers to apply a separate cost-share for contracted, freestanding urgent care centers. This change is designed to help reduce inappropriate use of emergency rooms and promote lower-cost alternative treatment settings. (Note: Referrals are not required for freestanding urgent care centers or MinuteClinics™.)

Employers can select from the following types of cost-sharing:

- Co-payment
- Deductible
- Deductible, then co-payment
- Deductible, then co-insurance
- Covered in full

This option applies to all Large Group plans in MA and RI, with the exception of our CareLink and out-of-area plans.

STAND-ALONE COST-SHARES FOR PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY

We will now apply a cost-share other than the current PCP or specialist co-payment for PT/OT/ST services. Each of these services will take the same cost-share, but employers will choose from one of the following options:

- Co-payment
- Deductible
- Deductible, then co-payment
- Deductible, then co-insurance
- Covered in full

This applies to all Large Groups in MA and RI—all plans will have a separate cost-share for therapy services.

MEMBERS PAY JUST $5 WITH LOW-COST GENERIC DRUG PROGRAM

(OFFERED TO MA SMALL GROUPS)

We understand that your employees—our members—are always looking for ways to lower their costs at the pharmacy. With our low-cost generic drug program, members can now pay just $5 for a 30-day supply of medication at the pharmacy. Or they can pay only $10 for a 90-day supply through mail order.

The program includes more than 80 different generic medications used to treat more than 25 common conditions. These include everything from high cholesterol and high blood pressure to diabetes and pain management.

Members should check the full list of low-cost generics to see whether they take any of the medications and can save. The list is available at **tuftshealthplan.com/genericlist**.

At Tufts Health Plan, compassion and innovation are about helping our members pay less for prescription drugs in whatever way we can. As a company, we've made investments in this program to help offset generic drug costs. We want to help keep out-of-pocket expenses as low as possible for those who depend on these medications.

TIER CHANGES

Tier changes in prescription drug coverage are effective on January 1, 2018. Affected members will be notified of the changes by mail.

To see pharmacy tiering changes, go to tuftshealthplan.com.

- I am an Employer
- Pharmacy

BRAND DRUGS NOT COVERED AS OF JANUARY 1, 2018

We've also made changes to drugs not covered.

To view 2018 prescription drug lists, go to tuftshealthplan.com.

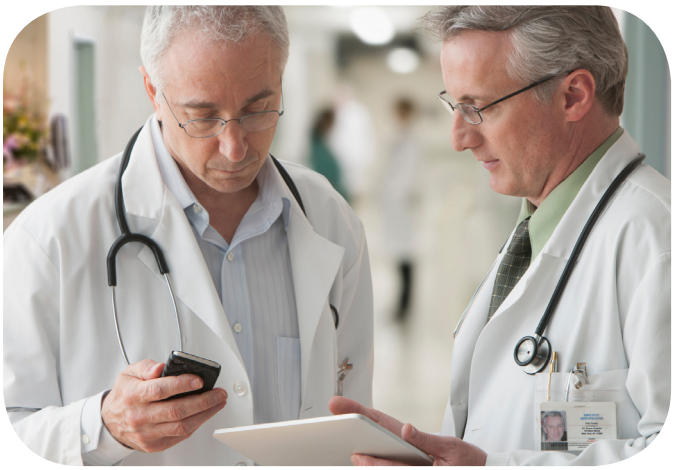
- I am an Employer
- Pharmacy

COVERAGE CHANGE FOR STATINS EFFECTIVE NOVEMBER 1, 2017

We understand the value of statins in helping reduce the risk of a heart attack or stroke in people with high cholesterol. Effective November 1, 2017, we now cover low-to-moderate dosages of statins for our members ages 40-75 for use in primary prevention at $0 cost-share.

This change, which follows guidance issued by the U.S. Preventive Services Task Force, applies to the following drugs and dosages:

- Atorvastatin—10 mg and 20 mg
- Fluvastatin—20 mg and 40 mg
- Fluvastatin ER—80 mg
- Lovastatin—10 mg, 20 mg and 40 mg
- Pravastatin—10 mg, 20 mg, 40 mg and 80 mg
- Rosuvastatin—5 mg and 10 mg
- Simvastatin—5 mg, 10 mg, 20 mg and 40 mg



MASSACHUSETTS REGULATORY UPDATE

NEW HEALTH CARE ASSESSMENT FOR EMPLOYERS

We want to make you aware of an important law that will impact Massachusetts-based employers beginning January 1, 2018. Under a law signed by Governor Charlie Baker, employers with six or more employees will begin paying a new health care assessment to support the commonwealth's Medicaid program, MassHealth.

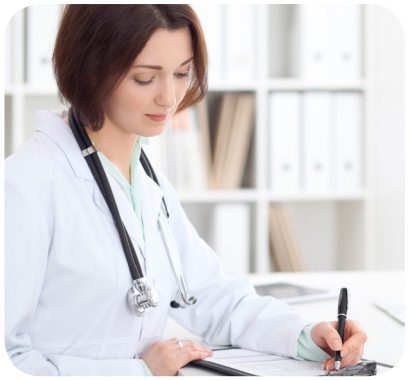
- It increases the existing Employer Medical Assistance Contribution (EMAC) from $51 per employee to $76.50 per employee
- It establishes a new assessment on employers for any employee who enrolls in MassHealth or subsidized insurance coverage offered through the Massachusetts Health Connector. The assessment is $750 per employee per year, according to the law
- Employers will most likely pay the assessment on a quarterly basis—just as they do for unemployment insurance.
- Employers who hire any worker for at least one day during any 13 weeks in a calendar year and pay at least $1,500 in wages per quarter will be required to contribute

Expected to generate $200 million annually, the assessment is scheduled to end on December 31, 2019.

To help offset the impact of the new assessment on employers, the law also reduces Massachusetts unemployment contribution rates for two years. For more information on the employer contribution schedule, visit **https://www.mass.gov/service-details/changes-to-employer-medical-assistance-contributions-emac-effective-january-1-2018.**

RHODE ISLAND REGULATORY UPDATE

COVERAGE EXPANDED FOR INFERTILITY TREATMENT



Members of our fully insured plans in Rhode Island should be aware of important coverage changes that pertain to infertility services.

These plans now provide coverage for standard fertility preservation services when medically necessary treatment may directly or indirectly cause iatrogenic infertility.* Another important change is that a member no longer must be married in order to receive infertility services. Applicable member cost-sharing will continue to apply. These coverage changes are in accordance with Rhode Island state law, effective August 1, 2017.

**Iatrogenic infertility is an impairment of fertility caused by surgery, radiation, chemotherapy or other medical treatment affecting reproductive organs or processes.*

TELEMEDICINE COVERAGE ACT—JANUARY 1, 2018

This act requires that health insurers provide coverage for the cost of health care services provided through telemedicine.* This coverage must be provided for all fully insured Rhode Island-based plans, effective upon renewal or new sale on or after January 1, 2018.

(Telemedicine coverage must be provided as long as the health care services would be covered when provided in person and are medically appropriate to be provided through telemedicine, according to the act.) Applicable deductible, co-payment or co-insurance will apply for a health care service provided through telemedicine.

**Telemedicine is defined as the delivery of clinical health care services by means of real-time, two-way electronic audiovisual communications. Telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient or an automated computer program used to diagnose and/or treat ocular or refractive conditions.*

NON-OPIOID PAIN TREATMENT

In order to comply with recent changes to state law, effective January 1, 2018, all fully insured Rhode Island plans will include coverage for medically necessary, evidence-based, non-opioid treatments for pain for members with substance use disorders. This includes chiropractic care and osteopathic manipulative treatments. Applicable member cost-shares will continue to apply.

TUFTS HEALTH PLAN RECEIVES HIGHEST RATING POSSIBLE FROM NCQA

Tufts Health Plan is rated 5 out of 5—the highest rating possible—by the National Committee for Quality Assurance (NCQA) on its annual rating of private health insurance plans.* We're the only health plan in the nation to receive the 5 out of 5 rating for both our HMO and PPO products. Only three other plans in the country—from a pool of nearly 500—earned a rating of 5. Our Massachusetts PPO is the only PPO plan in the country to receive a 5 out of 5 rating.

In addition, our Massachusetts Medicaid plan achieved a 4.5 rating by NCQA, placing it among the top health plans nationally.** Only 10 Medicaid plans received a 4.5 rating, out of the nearly 300 evaluated.

This is the 13th consecutive year that we've been among the highest-rated private health insurance plans in the nation by NCQA, and the eighth consecutive year that our Medicaid plan has been among the highest-rated plans by NCQA.

"It takes a significant commitment to be awarded the highest quality ratings from the NCQA," said Tom Croswell, Tufts Health Plan president and CEO. "I am extremely proud of the hard work performed across our entire organization and the discipline from every Tufts Health Plan employee, as well as our collaborative provider community, to ensure our plans offer high value to our members."

The NCQA ratings, which rate close to 500 private commercial plans and 200 Medicaid plans, are based on quality measures from three performance subcategories—consumer experience, prevention and treatment—and NCQA accreditation.

"We continue to work closely with the provider community to ensure that our members receive quality, coordinated care," said Paul Kasuba, MD, Tufts Health Plan chief medical officer. "Our dedication to our members is evident in our success as we strive to deliver quality coverage year after year. Once again, we have proven we are one of the best health plans in the country."

ABOUT NCQA

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care.

**NCQA's Private Health Insurance Plan Ratings 2017–2018; Tufts Health Plan's HMO/POS plan rated a 5 out of 5; Tufts Health Plan's PPO plan in Massachusetts rated a 5 out of 5. Tufts Health Plan's PPO plan in Rhode Island rated a 4 out of 5.*

***NCQA's Medicaid Health Insurance Plan Ratings 2017–2018. This rating references Tufts Health Plan's Massachusetts Medicaid plan. Tufts Health Plan's Rhode Island Medicaid plan has not yet been rated.*

CONTINUED ON PAGE 10

CONTINUED FROM PAGE 9

TUFTS HEALTH PLAN CEO MAKES COMMITMENT TO WORKPLACE DIVERSITY

Tufts Health Plan's president and CEO Tom Croswell has joined a growing coalition of CEOs across the U.S. pledging to advance diversity and inclusion in the workplace. Croswell joins more than 270 CEOs nationwide committing themselves—and the organizations they lead—to take action to cultivate a workplace where diverse perspectives and experiences are welcomed and respected, and where employees feel encouraged to discuss diversity and inclusion.

"Inclusion has the power to generate opportunities where none previously existed—it can lead to innovation in business and in our personal lives," said Croswell. "It also can help lessen or eliminate health or cultural disparities. These reasons and more are why we at Tufts Health Plan are passionate about it."

Croswell continued, "We can't do this work by ourselves. All of us together—through creative partnerships, hard work and full-on community engagement—can make it happen. I am pleased to join fellow CEOs to help further our efforts and make our diverse workplaces more fair, just, equal and inclusive."

DRIVING INNOVATION AND CREATIVITY

A diverse and inclusive workforce facilitates community but also drives innovation and creativity. According to a Forbes Insights study, 85 percent of those surveyed reported that diversity is a key component of fostering innovation.

At Tufts Health Plan, diversity and inclusion are not only a core company value but also a part of its business fabric. The company's efforts have made an impact:

- Northeast Human Resource Association named Tufts Health Plan a "Diversity Champion" for making its Business Diversity program a strategic priority within the company
- Tufts Health Plan received a perfect score on the 2017 Corporate Equality Index, a national benchmarking survey and report on corporate policies and practices related to LGBTQ workplace equality, administered by the Human Rights Campaign Foundation
- Providence Business News honored Tufts Health Plan with the first-ever Business Excellence Award for Diversity for its efforts to make a diverse and inclusive environment for its employees as well as its members and the community

On a national scale, as part of the new and growing CEO Action for Diversity & Inclusion™ group, Tom Croswell, along with the hundreds of CEOs associated with the group have begun sharing almost 250 best practices, exchanging tangible learning opportunities and creating collaborative conversations via the initiative's unified hub, CEOAction.com. The CEOs and their companies convened at a summit in November to discuss long-term growth strategies that will advance the agenda.

For more information about Tufts Health Plan-specific efforts, visit our Diversity and Inclusion section on **tuftshealthplan.com**.

HELPING INDIVIDUALS AND FAMILIES FIND SOLUTIONS TO ADDICTION

The opioid epidemic has brought pain and suffering to thousands of families in New England and across the country. In fact, of the more than 64,000 drug-overdose deaths in the U.S. in 2016, approximately three-fourths were caused by opioids, according to the Centers for Disease Control and Prevention. This class of drugs includes prescription painkillers, heroin and potent synthetic versions like fentanyl.

Tufts Health Plan recognizes that substance use disorder (SUD) is a serious medical condition that can be treated. We offer members and their loved ones access to local support and services that provide hope and address this growing problem.

FOLLOWING BEST PRACTICES

Unfortunately, many people who struggle with opioid addiction don't receive quality care because they don't know where to get help, what kind of treatment is likely to be best for them or what their insurance covers. But the good news is that treatment outcomes for SUD can be as positive as they are for other chronic medical conditions—when best practices are followed.

At Tufts Health Plan, a Case Management Program is available to provide assistance to members and families coping with SUD. For members who choose to participate, clinicians at Tufts Health Plan:

- Perform specialized assessments telephonically
- Link members to effective care
- Assist with coordinating services among the multiple practitioners and specialties involved in treatment
- Help members stay engaged in their plan of care

NAVIGATORS HELP FAMILIES UNDERSTAND THEIR OPTIONS

In 2016, in response to the opioid epidemic, Tufts Health Plan created a new position: the Substance Abuse Disorder Navigator. Complementing the work of the Case Management Program, the Navigators help members and their families:

- Understand addiction, treatment options, and benefits and coverage
- Make decisions about next steps
- Find solutions that fit their situation

Tufts Health Plan fully insured products cover a broad range of treatment options for SUD. Many of our self-insured groups offer the same benefits as well, with coverage for:

- Inpatient detoxification and acute residential treatment
- Partial hospital programs and intensive outpatient programs
- Outpatient therapy and medication management
- Medication-assisted treatment, including methadone maintenance and prescription of Suboxone
- Pharmacy coverage for medications used to treat addiction and for medications that can reverse an opioid overdose

LOCAL CARE IS THE BEST OPTION

The local treatment delivery system offers many quality programs that are well known to local physicians, behavioral health practitioners and health insurers. Often, for SUD treatment to be successful, the patient's personal support system must be involved and the patient must stay engaged over time. Typically, these things are much more likely to occur when services are received close to home rather than out of state.

Tufts Health Plan has a deep, broad contracted network of SUD facilities, programs and practitioners located throughout our service area of Massachusetts, Rhode Island and New Hampshire. They include:

- An ambulatory network, which has added more than 100 additional licensed alcohol and drug counselors over the past year
- Providers who specialize in and adhere to evidence-based practices in the care of SUD patients

For information about Tufts Health Plan's Case Management Program for SUD or to speak to a SUD Navigator, members should call **800.208.9565**. For help with finding a SUD provider, members should call the member services phone number on their ID card.

TUFTS Health Plan

Update

NEWS FOR THE MARKETPLACE

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TUFTS Health Plan