

Tufts Health Plan Member Information Sheet Appeals Procedures

If you are not satisfied with a coverage determination made by Tufts Health Plan, you may call a Tufts Health Plan Member Services Specialist and discuss your concerns. If your coverage decision is based on medical necessity and your physician would like to discuss this determination with the Tufts Health Plan Medical Affairs Department Physician or Psychological Testing Reviewer who rendered the decision or seek an opportunity for reconsideration, they may contact Tufts Health Plan at 888.766.9818 ext. 54276 from 8:30am-5pm. Please note that reconsideration from a case reviewer is not available if the adverse determination involves an inpatient hospital admission and the member has already been discharged from the facility. If you are still not satisfied, you may appeal as described below. Appeals involving a coverage determination based on medical necessity (adverse determinations) will be reviewed by a clinical peer in the same profession and in a similar specialty as typically manages the medical condition, procedure or treatment under review.

Any individuals (including physicians) who rendered the initial denial decision will not be involved in making a determination on the member's appeals request. Tufts Health Plan will review the member's request along with any additional information submitted. You may also consult your benefit document as it contains a more complete description of the entire appeals procedure. Please note that based on the type of coverage decision, all levels of appeal may not be available to you.

Please note that if the member is part of an ERISA plan, under certain circumstances, once the member has exhausted the Tufts Health Plan's internal appeals procedures (as outlined above), the member may additionally be able to seek a civil remedy under Section 502(a) of the Employee Retirement Income Security Act. ERISA rights are determined by the type of employer group coverage and apply to most, but not all, plans. Some exceptions are church, state and municipality plans. Members who are unsure can contact their employer to determine if their plan is an ERISA plan.

How to Submit Your Appeal

To file an internal appeal, you or someone acting on your behalf, including an attorney, may submit your appeal in writing by sending it to the attention of the Appeals and Grievances Department. Address the letter to:

Tufts Health Plan

Attn: Appeals and Grievances Department

705 Mt. Auburn Street

P. O. Box 9193

Watertown, MA 02471-9193

You may also submit a verbal appeal by calling a Member Services Specialist at 888.257.1985, who will record your appeal and forward it to the Appeals and Grievances Department. Alternatively, you may submit your appeal in person at the address listed above. However, you are encouraged to submit your appeal in writing to accurately reflect your concerns. When submitting your appeal, you should include your name and address; your member ID number; a detailed description of your concern; and any supporting documentation. Within 48 hours of receiving your written or verbal appeal, Tufts Health Plan will notify you in writing of the receipt of your appeal and of the name, address, and telephone number of the person coordinating the review of your appeal and a summary of our understanding of your concerns.

Translation Services

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打ID卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian

ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo báhá ilíní da Diné k'chjí álnéehgo, hodiilnih béesh bee hani'é bee nées ho'dílzingo nantinígíí bikáá'.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

As a part of the Member Satisfaction Process, the member, (or someone acting on their behalf) has the right to appeal this decision. A member has the right to select anyone to act as their representative, including an attorney. In some cases, the member has the right to an expedited appeal. An expedited appeal may be appropriate if (1) the member's health or ability to function could be seriously harmed by waiting for the standard appeals process and/or (2) continuing coverage for inpatient care has been denied.

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, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Tufts Health Plan provides 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). Tufts Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Tufts Health Plan at 888.257.1985.

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, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 888.880.8699 ext. 48000, [TTY number—711]

Fax: 617.972.9048

Email: OCRCoordinator@tufts-health.com.

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 <http://www.hhs.gov/ocr/office/file/index.html>.

Prospective and Retrospective Reviews

Within 30 calendar days after receiving your appeal, Tufts Health Plan will meet to review your appeal. No more than 30 calendar days after receiving your appeal, Tufts Health Plan will send you a letter notifying you of its decision and informing you of any further appeals rights you may have. If certain circumstances, such as the unavailability of medical records, require an extension of the appeal determination period, you will be sent a letter informing you of the extension.

Expedited Appeals Procedure

Tufts Health Plan recognizes that there are circumstances that require an expedited review. Tufts Health Plan will expedite an appeal when there is an ongoing service about to terminate or a service to be delivered imminently whereby a delay in treatment would seriously jeopardize your life and health or jeopardize your ability to regain maximum function. Should you feel that your request meets the criteria cited above, you or your attending physician should contact the Appeals and Grievances Department. If Tufts Health Plan determines that your request meets the criteria for an Expedited Review, you will be notified by telephone of the decision within one business day of Tufts Health Plan's receipt of all necessary information, but no later than 72 hours after Tufts Health Plan's receipt of the request. You will be notified in writing within one business day of the decision. If your treating physician certifies that the service being requested is medically necessary; that a denial of coverage for such services would create a substantial risk of serious harm; and such risk of serious harm is so immediate that the provision of such services should not await the outcome of the normal grievance process, you will be notified of Tufts Health Plan's decision within forty-eight (48) hours after the review is initiated.

If you are terminally ill and the expedited review process affirms the denial of coverage or treatment that you are requesting you may request a conference. The conference shall be scheduled within ten days of receiving your request. The conference shall be held within five business days of the request if the treating physician determines, after consultation with Tufts Health Plan's Medical Affairs Department Physician or their designee, and based on standard medical practice, that the effectiveness of either the proposed treatment, services or supplies or any alternative treatment, services or supplies covered by Tufts Health Plan, would be materially reduced if not provided at the earliest possible date. At the conference, you and/or your authorized representative, if any, and a representative of Tufts Health Plan who has authority to determine the disposition of the appeal shall review the information you have submitted. If your request meets the criteria for an expedited review, you may also file an expedited external review at the same time. Follow the process described below to request an expedited external review.

Coverage for the Continuation of Ongoing Services

If your appeal concerns the termination of ongoing coverage or treatment, the disputed coverage shall remain in effect at Tufts Health Plan's expense through completion of the internal grievance process. Ongoing coverage

or treatment includes only that medical care which, at the time it was initiated was authorized by Tufts Health Plan and does not include medical care which was terminated pursuant to a specific time or episode-related exclusion from this Evidence of Coverage.

External Review Options

If your appeal of an adverse determination (coverage determinations based on medical necessity) is denied by Tufts Health Plan, you may obtain a further independent review through the Health Policy Commission (HPC) Office of Patient Protection. The HPC Office of Patient Protection will forward your appeal to an Independent Review Organization who will make a decision within 60 calendar days for standard reviews and within 72 hours for expedited reviews. The Independent Review Organization's decision will be final and binding. Please note that appeals of final adverse determinations are administered by the HPC Office of Patient Protection, which is not connected in any way with Tufts Health Plan. Tufts Health Plan will include the forms in your decision letter if your appeal is eligible for review through the HPC. You must file a request in writing within four months of receipt of written notice of the final adverse determination. In addition you can contact the Office of Patient Protection at 800.436.7757 or access the website at: www.mass.gov/hpc/opp.

Consumer Assistance Resource

If you need help, the consumer assistance program in Massachusetts can help you file your appeal.

Contact: Office of Patient Protection
50 Milk Street, 8th Floor
Boston, MA 02109
800.436.7757
<http://www.mass.gov/hpc/opp>