

TUFTS Health Plan

Your Choice—A Tiered Provider Network Option 3-Tier Option

Frequently Asked Questions

TIERING

What is the Your Choice Tiered Provider Network Option?

This option groups hospitals and affiliated physicians into tiers, or levels, based on comprehensive cost and quality information and a methodology that incorporates:

- Overall provider efficiency and care management
- Provider quality
- An integrated approach to member health care

We assign levels to our contracted physicians and hospitals based on a combination of nationally accepted quality measures and measures of cost efficiency—contracted rates for each service and total medical expense (TME), which reflect efficiency in managing a member’s total care.

- Level 1 represents the most cost-efficient, quality providers in the Tufts Health Your Choice network, and offers members the lowest cost share. It includes access to a broad range of physician groups, community hospitals, and several tertiary hospitals.
- Level 2 represents quality providers in the Tufts Health Plan Your Choice network that are not as cost-efficient as Level 1 and result in higher member cost sharing (for the two-tiered option, Level 2 will combine with Level 1 providers, offering members the lowest cost share).
- Level 3 represents providers in the Tufts Health Plan Your Choice network that either do not meet the quality threshold and/or do not meet the threshold for cost efficiency and result in the highest member cost sharing (with the two-tiered option, Level 3 will become Level 2—the highest cost sharing level).

Will PCPs and specialists be tiered?

Yes, all physicians (MDs) will be tiered. There will be a PCP level and a specialist level copayment per tier. This means that there will be a total of 6 copayments on each plan:

- Tier 1 PCP copayment
- Tier 1 specialist copayment
- Tier 2 PCP copayment
- Tier 2 specialist copayment
- Tier 3 PCP copayment

- Tier 3 specialist copayment

Will all providers affiliated with a hospital have the same tier as the hospital?

The intent is to group provider groups and their primary hospital affiliation in the same tier to reflect the referral patterns that the physicians would most often make. Providers are tiered by their primary provider unit (PU) or Independent Practice Association (IPA), which means that they could be affiliated with more than one PU/IPA and also more than one hospital. As a result, there will be some providers who work at a hospital that has a different tier.

Why are all hospitals and physician groups affiliated with Partners (PCHI) on Tier 3?

- Tufts Health Plan’s overall tiering methodology supports tiering at a contracted provider organization/system level, therefore all physicians and hospitals affiliated with Partners (primary affiliation) were evaluated as a group for cost efficiency and quality measures
- We believe this approach more accurately reflects the total cost of care and will reduce the incidence of cross-tier referrals since most of the Partners physicians will refer members to other Partners providers.

Why is Tier 2 larger than it was last year—the first year of the plan?

- A small amount of movement is anticipated each year and accounts for part of the increase in the number of Tier 2 providers. But this year, we changed the “default” tier for out-of-state hospitals from Tier 1 (2012) to Tier 2 (2013).
- The central philosophy behind the Your Choice Plan is to encourage utilization of Tufts Health Plan contracted providers on the lowest cost tiers. Placing all out-of-state and non-Tufts Health Plan contracted hospitals on Tier 2 encourages members to choose Tufts Health Plan-contracted Tier 1 providers.
- The breakdown for contracted hospitals in the Tufts Health Plan Your Choice network is as follows:
 - Tier 1 represents ~53%
 - Tier 2 represents ~32%
 - Tier 3 represents ~15%
- The breakdown for contracted PCPs and specialists in the Tufts Health Plan Your Choice network is as follows:
 - Tier 1 represents ~ 46%
 - Tier 2 represents ~27%
 - Tier 3 represents ~27%

Why does Tufts Health Plan tier specialists?

- Tiering specialists is consistent with our philosophy of tiering at an integrated system/contract-entity level
- Plan design provides incentives and encourages members to seek more cost-efficient, quality specialty care
- Specialty care accounts for a large percentage of medical expenses

How does Tufts Health Plan classify a doctor who has admitting privileges at multiple hospitals with different tier placements?

In most cases Tufts Health Plan has tiered providers at the organizational or contracting level. We have tiered hospitals and physicians in a group practice affiliated with a particular hospital in the same level to account for referral patterns since most of the time physicians refer within their provider organization. For example, if a physician is part of an IPA affiliated with Hospital A, then all of the physicians in that IPA will be on the same level as Hospital A. Those doctors with multiple admitting privileges will be tiered based on the physician's primary IPA affiliation.

How often will providers be re-tiered?

- Tier placements are updated on an annual basis beginning January 2013 based on the most recently available and completed quality, unit cost, and TME information.
- Tufts Health Plan reserves the right to re-assess placements for providers that experience significant changes in quality, unit cost or total medical expenses that have a material impact on their position relative to the network average and which are not captured in the base year data as permitted by applicable state law and regulations.
- *Note:* Tufts Health Plan may alter the methodology and/or source data to comply with any and all applicable regulations and legislative changes

What happens if a doctor is in one tier and they admit a member to a hospital in another tier?

If a member is admitted to hospital A, Tier 1, and has surgery with a physician who is Tier 2, the member will be responsible for a mixture of Tier 1 and Tier 2 cost-share. In most instances, the hospital and the physician rendering services at the hospital will be in the same tier. If the plan design has only copayments for tiered services, the copayment will be assigned based on the tier of the hospital.

HOW THE PLAN WORKS

How to Find Your Provider's Tier?

Please log in or register for your secure account at mytuftshealthplan.com. Then click the Find a Doctor tab to search for your provider(s) by name to see what tier they will be on as of January 1, 2013. You can also search for other PCPs and specialists by tier. Remember, if you would like to spend less money out of your own pocket, you may choose to receive services from providers on lower cost tiers.

For questions, please visit tuftshealthplan.com at any time, or call a Member Services Representative at the number on your member ID card.

What is included in the plan Out-of-Pocket Maximum?

Any member deductible, coinsurance and any copayments over \$100 accumulate towards the OOP max. If the plan has an unauthorized or out-of-network level of benefits (POS and PPO plans), the OOP max for the authorized/in-network and the OOP max for the unauthorized/out-of-network will be separate.

Will all copayments track to the OOP max?

No, only copayments over \$100 will track towards the OOP max.

Will there be a separate inpatient and surgical day care copayment OOP max?

No, there will only be a plan OOP max which will include any coinsurance and copayments over \$100.

If a member is admitted through the ER and as a result does not have a choice of hospital for the inpatient stay, what will be the cost share?

If a member is admitted from the ER, the inpatient services will be processed at Tier 1 cost share. Since choice is a key element in the product design, and in this situation they did not have a choice regarding the hospital, the member will be responsible for Tier 1 cost share regardless of the tier of the hospital.

Is emergency care subject to tiering? What is a member's cost-sharing if admitted as an inpatient from the ER?

Emergency care is not subject to tiering and always defaults to the Tier 1 level cost-share. Members admitted as an inpatient from the ER are responsible for the Tier 1 level cost-sharing for inpatient admissions.

If a member is admitted to a Tier 1 hospital and the attending physician is a Tier 3 provider, what is the member's cost sharing?

The member will be responsible for the applicable charges for both the hospital and the physician. For example, if the plan has tier deductibles, the hospital's Tier 1 charges and the physician's Tier 3 charges will both accumulate toward the respective deductibles.