

## MA Substance Use Disorder (SUD) Mandate MA Products

### Coverage FAQs for Inpatient and Acute Residential Treatment (ART) SUD Treatment for Designated Facilities (DF)

Product	Does the Mandate apply?	When does the Mandate apply?	Where does member have coverage?	When can UM begin?	Registering Care	Reporting a Discharge
<b>MA HMO - Capitated Member</b>	Yes	10/1/15	At their DF or facility to which the DF directs coverage for members.  Please note that if the DF does not offer SUD treatment and the member requires it, the DF will need to direct coverage Out Of Designated Facility (OODF).	DF may begin UM on the seventh <u>consecutive day</u> of treatment if they direct coverage to OODF but cannot request a review for an adverse coverage determination until the member has had 14 <u>consecutive</u> days of treatment.	Inpatient care continues to require notification through the Precertification Department.  ART Level of Care (LOC) should be registered through the secure Provider website.	Discharges should be reported through the secure Provider website as they occur.  If the DF directs care OODF, the DF is responsible for reporting the discharge.
<b>MA HMO – Fee for Service (FFS) Members</b>	Yes	10/1/15	At a DF or a contracting facility (benefit rules apply).	The admitting facility should fax the 7 Day Treatment Update Form to 617.673.0302 after seven days of consecutive treatment. Tufts Health Plan will begin to conduct UM on the 14 <sup>th</sup> consecutive day of treatment.	Inpatient care continues to require notification through the Precertification Department.  Notification for SUD inpatient admissions is required within 48 hours of admission.  ART LOC should be registered through the secure Provider website. Notification for SUD ART admissions is required within 48 hours of admission.	Discharges should be reported through the secure Provider website as they occur.

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<b>MA Fully Insured Products (PPO, POS)</b>	Yes	10/1/15	Benefit rules apply.	The admitting facility should fax the 7 Day Treatment Update Form to 617.673.0302 after seven days of consecutive treatment. Tufts Health Plan will begin to conduct UM on the 14 <sup>th</sup> consecutive day of treatment.	Inpatient care continues to require notification through the Precertification Department.  Notification for SUD inpatient admissions is required within 48 hours of admission.  ART LOC should be registered through the secure Provider website. Notification for SUD ART admissions is required within 48 hours of admission.	Discharges should be reported through the secure Provider website as they occur.
<b>MA Self-Insured Products (EPO, PPO, POS)</b>	Maybe. Employer group makes the decision whether to elect.	Call the Behavioral Health Department during business hours at 800.208.9565 and ask a Service Coordinator if the Mandate is in effect or ask your DF Case Manager.	Benefit rules apply.	If elected, the admitting facility should fax the 7 Day Treatment Update Form to 617.673.0302 after seven days of consecutive treatment. Tufts Health Plan will begin to conduct UM on the 14 <sup>th</sup> consecutive day of treatment.	Notification through the Precertification Department.  <b>If elected</b> notification for SUD inpatient admissions is required within 48 hours of admission.  ART LOC should be registered through the secure Provider website.  Notification for SUD ART admissions is required within 48 hours of admission.	Discharges should be reported through the secure Provider website as they occur.
<b>GIC Tufts Medicare Complement Plan</b>	Yes	10/1/15	Benefit rules apply.	The admitting facility should fax the 7 Day Treatment Update Form to 617.673.0302 after seven days of consecutive treatment. Tufts Health Plan will begin to conduct UM on the 14 <sup>th</sup> consecutive day of treatment.	Notification through the Precertification Department.  Notification for SUD inpatient admissions is required within 48 hours of admission.  ART LOC should be registered through the secure Provider website.	Discharges should be reported through the secure Provider website as they occur.

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<b>GIC Tufts Medicare Preferred HMO</b>	Yes	<b>10/1/15</b>  To check if a member is a Tufts Medicare Preferred HMO member through the GIC, use the secure Provider website under the Eligibility Tab where it indicates Plan Type. Plan Type= Tufts Medicare Preferred EG GIC SRX - HMO Prime Rx and Group ID=1044	Benefit rules apply.	The admitting facility should fax the 7 Day Treatment Update Form 617.673.0302 after seven days of consecutive treatment. Tufts Health Plan will begin to conduct UM on the 14 <sup>th</sup> consecutive day of treatment.	Notification through the Precertification Department.  Notification for SUD inpatient admissions is required within 48 hours of admission.	Discharges should be reported through the secure Provider website as they occur.
<b>Tufts Health Plan SCO</b>	Yes	10/1/15  Call Tufts Health Plan SCO Provider Relations at 800.279.9022 for information	Benefit rules apply.	On the seventh day facility should fax in 7 Treatment Update Form. May begin UM on 14 <sup>th</sup> <u>consecutive</u> day of treatment.	Call the Tufts Health Plan SCO Admission Notification Department.	Call the Behavioral Health Department at 800.208.9565 and ask to speak with a Program Coordinator.
<b>USFHP</b>	No					
<b>Complement/ Supplement Plans</b>	No					

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<b>Tufts Health Plan Medicare Preferred</b>	No					
<b>Tufts Freedom Health Plan</b>	No					

**What does 14 consecutive days mean?** A member may begin SUD treatment at the inpatient level of care and then step down to ART level of care with no breaks between levels of care and be covered for 14 days. A member in theory may receive 14 days of inpatient level of care or start treatment at ART level of care and be covered for 14 days. If there is a break in treatment, even if it is only a day, it is considered a new episode of care and the 14 day clock starts again.

**How should the DFs notify Tufts Health Plan of an inpatient or ART admission?** They should use the secure Provider website.

**How should the DFs notify Tufts Health Plan of a discharge?** They should use the secure Provider website.

**What is the 7 Day Treatment Update Form?** On day 7 of seven consecutive days of treatment (inpatient and/or ART) for FFS admissions, we may conduct UM (but cannot make a coverage determination). A 7 Treatment Update Form was created for facilities to fax to 617.673.0302. The form asks for some clinical information and the treatment and discharge plans. The form can be found on the [Tufts Health Plan website](#) in the Behavioral Health section (under the Program Information tab, select Inpatient Mental Health & Substance Abuse) or in the Forms section. Tufts Health Plan will contact you if we have questions. Otherwise we will contact the admitting facility on day 14 to conduct UM. Tufts Health Plan will contact you if we have questions. Otherwise we will contact the admitting facility on day 14 to conduct UM.

**Who makes UM determinations prior to day 14?** The attending and the member decide together if the treatment and level of care are medically necessary.

**What if the DF directs coverage from an Inpatient LOC OODF for a capitated member and the member steps down to ART LOC? Does the DF have to cover the stepdown?** If it is a direct stepdown (admitted to ART LOC on the day they discharge from inpatient LOC), the DF will need to cover if the stepdown is within the initial 14 days of consecutive treatment.

**What if the DF does not offer inpatient and/or ART LOC for SUD?** The DF continues to be responsible for providing the clinically appropriate LOC the capitated member requires, whether it is at their facility or OODF. This includes members who are seeking a direct admit to ART LOC.

**What if the member is admitted OODF, but the DF is able to provide the clinically appropriate level of care for its capitated members?** The DF should contact the Tufts Health Plan CM to request a Benefit Determination after verifying the member would be medically safe to transfer. If the member is medically safe to transfer, then Tufts Health Plan may issue a Benefit Denial.

**What if the member and attending disagree about whether the treatment is medically necessary?** The member may call Tufts Health Plan and file a grievance, but Tufts Health Plan cannot make a coverage determination if the requested level of care is for inpatient or ART.

**Timeliness and GEO Access Standards Apply when directing care OODF.**