

Motor Vehicle Accident Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers. For information on Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options, [click here](#).

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan coordinates with the Personal Injury Protection (PIP) and/or Medical Payment (MedPay) benefits on claims for services rendered as a result of a motor vehicle accident (MVA), as described below.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Commercial Provider Services](#).

Members living in Massachusetts:

Motor vehicle insurance is the primary insurance until all benefits are exhausted:

- Up to \$2,000 PIP for members covered under an insured plan; or
- Up to \$8,000 PIP and MedPay for members covered under a self-insured ERISA-qualified plan
- MedPay is primary for members covered under a self-insured ERISA plan and secondary for Commercially insured plans.

Members living in New Hampshire:

Tufts Health Plan is the primary insurance for Commercially-insured plans and secondary for members covered under a self-insured ERISA-qualified plan.

Members living in Rhode Island/covered by Rhode Island group coverage:

Motor vehicle insurance (i.e., no-fault coverage) is the primary insurance until all benefits are exhausted.

AUTHORIZATION REQUIREMENTS

Providers must submit notification for any inpatient admissions resulting from a MVA, regardless of whether Tufts Health Plan is the primary or secondary insurer. Refer to the [Authorizations](#) chapter of the Commercial Provider Manual for additional information.

BILLING INSTRUCTIONS

- Submit MVA claim(s) to the auto carrier first to expedite adjudication.
- Submit a copy of the auto carrier's documents (i.e., PIP exhaust or benefit denial letter) along with the claim(s) to Tufts Health Plan once the auto carrier has sent notification that the member's auto benefits have been exhausted or denied to avoid a filing deadline denial.

COMPENSATION/REIMBURSEMENT INFORMATION

Tufts Health Plan does not routinely compensate for the following:

- Claims submitted beyond the filing deadline from the date on the auto insurer's notification of benefit payment, denial, or exhaustion

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

- Claims submitted without notification from the auto insurer that benefits have been paid, denied or exhausted
- Claims submitted without a date on the auto insurer's notification that benefits have been exhausted
- Claims submitted for inpatient services that do not have an inpatient notification on file with Tufts Health Plan
- Conditional bills

Subrogation

Subrogation is a liability recovery activity in which medical costs that are the result of actions or omissions of a third party are recovered from the third party (and/or his/her insurer).

Tufts Health Plan has outsourced subrogation recovery services to the Rawlings Company in Louisville, Kentucky. Providers may receive correspondence from Rawlings related to duplicate claim payments (e.g., Tufts Health Plan and a motor vehicle carrier). Inquiries relating to correspondence received by the provider must be directed to The Rawlings Company. Refer to the [Claims Submission Policy](#) or contact [Provider Services](#) for additional information.

ADDITIONAL RESOURCES

[Chiropractic Services Professional Payment Policy](#)

[Habilitative and Rehabilitative: Physical, Occupational, and Speech Therapy Professional Payment Policy](#)

[Emergency Services Facility Payment Policy](#)

[Emergency Services Professional Payment Policy](#)

[Non-DRG Inpatient Facility Payment Policy](#)

[DRG Inpatient Facility Payment Policy](#)

DOCUMENT HISTORY

- June 2018: Template updates
- May 2017: Policy reviewed by committee; clarified subrogation services information and added existing inpatient notification requirements
- February 2017: Clarified existing order of benefits
- January 2017: Template updates
- December 2016: Clarified order of benefits for Massachusetts members
- September 2015: Template conversion, template updates
- May 2013: Template conversion
- April 2012: Policy reviewed, no content changes, template updates
- March 2012: Updated CareLink disclaimer language
- October 2011: Template updates, no content changes
- August 2010: Added links to the following payment policies under Additional Resources: Physical Therapy, Emergency Services (Facility), Emergency Services (Professional). Added the following information: Members Living in Rhode Island/Covered by Rhode Island group coverage: Motor vehicle insurance (i.e., no fault coverage) is the primary insurance until all benefits are exhausted.
- March 2009: Changed Authorization and Notification Policy title to Authorization Policy
- February 2008: Revised general benefit information with self-service channels information
- March 2007: Added definition of subrogation and Rawlings Company information

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is

not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.