Payment Reduction Payment Policy

Applies to the following Tufts Health Public Plans products:

☒Tufts Health Direct – Health Connector

☒Tufts Health RITogether – A RI Medicaid Plan

☒Tufts Health Together – Includes MassHealth Plan and Accountable Care Partnership Plans

☒Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

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 may reduce payment when two or more services are billed for the same member, on the same date of service, from the same family of codes.

Reductions may result due to:

- Absence of modifiers
- Multiple procedures
- Clinical guidelines
- Other incorrect coding issues

BILLING INSTRUCTIONS

Payment reduction identification

Incorrect billing/payments are identified through multiple pre- and post-payment review methods, including proprietary Web-based software and internal and external claims audits.

Tufts Health Plan processes claims according to our provider contracts, payment policies, and industry-standard coding guidelines.

Adjustments process

Tufts Health Plan applies payment reductions when providers perform two or more procedures for the same member on the same date of service, and the services are related. Providers are notified via an explanation of payment (EOP) or 835 file. The EOP identifies the adjusted amount, member name, member ID number, claim number, provider name, and correct payment amount.

Time-limit adjustment

Adjustments are not initiated more than 24 months after the original Tufts Health Plan EOP date without agreement from the provider unless the adjustment is related to fraud, waste, and abuse.

DOCUMENT HISTORY

- March 2018: Template updates
- September 2017: Updated to include RITogether
- February 2017: Template updates

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 your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's audit policies, refer to our 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 CareLink℠ 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.