CareLink℠

Background
Tufts Health Plan and Cigna formed an alliance to offer CareLink, an open-access health plan that provides both in-network and out-of-network benefits. No referrals are needed for specialty care, although prior authorization and/or precertification requirements may apply. CareLink members have access to the Tufts Health Plan provider network in Massachusetts and Rhode Island, and the Cigna provider network in the remaining 48 states.

CareLink is offered to eligible mid-sized employer groups residing in each service area. It provides nationwide access to over 493,000 providers and 4,900 facilities. Tufts Health Plan contracting providers in Massachusetts and Rhode Island participate in the CareLink offering and are available to provide health care services for CareLink members at the in-network level of benefits. In states other than Massachusetts and Rhode Island, Cigna-contracted providers are available to provide in-network covered services for CareLink members.

For those providers in Massachusetts and Rhode Island who have agreements with both Tufts Health Plan and Cigna, the terms of the Tufts Health Plan provider agreement apply. Similarly, the Cigna agreement applies to services provided to CareLink members by contracting providers outside Massachusetts and Rhode Island.

The administrative services for CareLink accounts are shared between Tufts Health Plan and Cigna; however, one payer serves the primary administrator role for each CareLink account sold. The primary administrator performs the majority of the functions associated with administering the plan for the employer group, including benefits and claims adjudication.

Overview and Responsibilities
The primary administrator for CareLink accounts sold is responsible for:

- Sales and overall account management/employer reporting (enrollment files and ID card distribution)
- Enrollment and premium billing
- Claims receipt, processing and adjudication
- Member services
- Provider services (except for disputes related to contractual issues, which would be resolved by the health plan holding the contract with the provider)

CareLink—Shared Administration
CareLink—Shared Administration is offered specifically to unions and Allied Trade employer groups. Tufts Health Plan, Cigna and the union office will share administrative functions (e.g., claims processing (Tufts Health Plan), medical management (Cigna) and claims payment (Shared Administration employer group). CareLink Shared Administration members have access to the Tufts Health Plan provider network in Massachusetts and Rhode Island and the Cigna provider network in the remaining 48 states. The member identification number will be a nine-digit random number with a two-digit suffix based on the employer group’s discretion. The member identification¹ number will appear on the card with the logos of Tufts Health Plan, Cigna and the member’s union.

Like all other self-funded groups, these employer groups select their own benefits. Services and subsequent payments are based on the member’s eligibility and union plan benefit. Detailed benefit coverage and claims status inquiry can be verified by contacting the union office, which can be found on the member’s Tufts Health Plan ID card. Providers may log in to the secure Provider website or use EDI to obtain eligibility information only for these members.

¹ Does not apply to Iron Workers Union. ID cards indicate the Iron Worker member’s social security number as the ID number and the member’s name as the subscriber.
CareLink—Shared Administration covers appropriately authorized, medically necessary covered services at the in-network and out-of-network level of benefits, which are subject to applicable copayments, deductibles and/or coinsurances. For additional information, refer to the Working with CareLink document found in the Resource Center of the Tufts Health Plan Provider website.

General Information
The CareLink offering covers appropriately authorized, medically necessary covered services at the in-network and out-of-network level of benefits, subject to the applicable copayment, deductible and/or coinsurance.

Members are not required to select a primary care provider (PCP). Referrals are not required for specialty care services. Members may have a copayment differential for services performed by a PCP and services performed by a specialist.

Prior authorization and precertification requirements apply for certain procedures and/or diagnoses. For additional information, refer to the CareLink Prior Authorization List on the Tufts Health Plan website.

CareLink members are easily identified by the CareLink logo on the front of the ID card. The Tufts Health Plan and Cigna logos may appear on the ID cards and the employer group may be listed.

Behavioral Health
Tufts Health Plan, Cigna Behavioral Health (CBH) or another entity may administer behavioral health services based on employer plan design. The member’s ID card indicates where the member should be directed for these services.

Medical Management
Cigna may administer medical health services based on employer plan design. The member’s ID card indicates where the member should be directed for these services.

Prescription drugs and medical management information relevant to individual members is found on the back of CareLink ID cards. The prescription drug benefit may be administered by a variety of pharmacy benefits administrators (PBMs).

The number on the back of the member’s CareLink ID card will direct you to the appropriate CareLink personnel for questions.

Claims Submission
Electronic claim submission for CareLink—Shared Administration and Tufts Health Plan as primary administrator should be sent to Tufts Health Plan. Electronic claim submissions for Cigna as primary administrator can be sent to either Cigna or Tufts Health Plan. If there is a need to mail claims, refer to the address on the back of the member’s CareLink ID card. This claim submission address is specific to individual members and will allow for timely paper claim processing.

Cigna’s EDI specifications and Tufts Health Plan’s payment policies apply when submitting claims electronically to Cigna. Tufts Health Plan’s EDI specifications and payment policies apply when submitting claims electronically to Tufts Health Plan.

When Cigna is the primary administrator for the account, CareLink claims appear on Cigna’s explanation of payment (EOP) along with other Cigna claims, but have a specific message code identifying the Tufts Health Plan network.

If Cigna is the primary administrator and Tufts Health Plan receives CareLink claims electronically, they will not be assigned a Tufts Health Plan claim number. The submitter report from Tufts Health Plan will confirm receipt of the claim as a CareLink claim. Providers should call the Cigna National Customer Service number at 800.CIGNA24 (800.244.6224) or use Cigna’s self-service website to track the claim from that point forward.

The HIPAA-compliant 835 remittances can be obtained from Cigna. If you have questions, call Cigna at 800.CIGNA24 (800.244.6224).

CareLink—Shared Administration
Submit all claims to Tufts Health Plan (electronic submission is preferred) or mail claims (red claim form is required) to the address on the back of the member’s ID card. Tufts Health Plan will price all claims, at fee schedule, for contracting Massachusetts and Rhode Island providers, and Cigna will price
claims for contracting providers in the remaining states. Noncontracting provider claims are priced by the Shared Administration entity. Tufts Health Plan will send all claims to the union office for further adjudication. The union office will send out checks and corresponding statements of account.

**Authorization Requirements**

**Inpatient Authorization**

An inpatient notification for CareLink members is notification to Cigna that a member is being admitted for inpatient care, regardless of whether Tufts Health Plan is the primary or secondary insurer. Inpatient notification is completed by the facility where the member is scheduled to be admitted or may be completed by the specialist provider.

The authorization process for CareLink members is to notify Cigna of elective stays one week prior to admission and within one business day of the service for emergent services. Providers should contact Cigna by calling the number on the back of the member’s ID card. The number of days approved for coverage of an inpatient admission is based on factors including the clinical guidelines and the individual circumstances surrounding each request. If the precertification of coverage request is approved, the provider will receive a coverage letter indicating the dates of service and the length of stay authorized for coverage with respect to the requested procedure.

Providers should contact their assigned CareLink utilization management registered nurse if the member’s inpatient stay is anticipated to exceed the authorized length of stay.

Requests for continued authorization are not required for admission paid under a diagnosis-related group payment methodology once the admission receives an authorized status. Your CareLink case manager may review member status and anticipated discharge plan throughout the member’s hospitalization to assist with discharge planning.

The following are required when requesting an authorization for a CareLink member:

- Member name and ID number
- Member date of birth
- Diagnosis description and ICD-10 code
- Description and code for procedure, service or item to be authorized (CPT-4 or HCPCS)
- Place of service and level of care (inpatient or outpatient)
- Name of requesting provider
- Name of servicing provider, vendor or facility
- Additional insurance coverage information (if applicable)
- Date of injury (if applicable)
- Anticipated length of stay if an inpatient place of service is requested

**Note:** Providers can call Cigna’s national customer service number at 800.CIGNA24 (800.244.6224) or visit Cigna’s website for questions about medical management policies.

**Prior Authorization**

A prior authorization is a process assisting the health plan to determine medical necessity and appropriateness of health care services under the applicable health benefit plan. Services that may require prior authorization may be surgical services, items of durable medical equipment, drugs, etc.

Prior authorization is required for certain procedures and services for CareLink members, depending on the member’s plan design. The plan design for some members requires prior authorization for inpatient services only, while the plan design for other members requires prior authorization for both inpatient and outpatient services. The member’s ID card will identify which services require prior authorization. The CareLink Prior Authorization List is available on the Tufts Health Plan website. Prior authorization is required for MRI/MRAs, CT scans, PET scans, and nuclear cardiology procedures for CareLink members whose plans require outpatient authorizations. Cigna will provide prior authorization services for Tufts Health Plan-contracting providers in Massachusetts and Rhode Island.

**Note:** Call Cigna at 800.CIGNA24 (800.244.6224) for all procedures requiring prior authorization for CareLink members.
Transplant
In Massachusetts and Rhode Island, the CareLink transplant network is comprised of the Tufts Health Plan’s designated transplant facilities. Outside of Massachusetts and Rhode Island, the CareLink transplant network is Cigna’s LIFESOURCE network on their website.

Pharmacy
Prescription drug information relevant to individual members is found on the back of CareLink ID cards. The prescription drug benefit can be administered by a variety of pharmacy benefits administrators. The member’s ID card indicates where the member should be directed for these services. For additional information, refer to the Working with CareLink document found in the Plans section of Tufts Health Plan’s website.

Last updated 01/2018. Chapter revision dates may not be reflective of actual policy changes.