

## INTRODUCTION

### About the Senior Products Provider Manual

This manual provides Senior Products (Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options [SCO]) network providers and their office staff with details on the structure, policies and procedures of Tufts Health Plan. Providers and their office staff are required to read, abide by, and reference this manual as necessary.

For more information on Tufts Health Plan Commercial Products or Tufts Health Public Plans policies and procedures, refer to the 2022 [Commercial](#) or [Tufts Health Public Plans](#) provider manuals.

**Note:** The information contained in this Manual is subject to change and may be periodically updated throughout the year to reflect information, including, but not limited to, changes in law, rule, regulation, and/or requirement of any applicable state or federal agency, industry updates, or other business decisions that may affect how providers do business with Tufts Health Plan. Providers should also refer to their contracts for specific compensation provisions and may contact Senior Products Provider Relations at 800.279.9022 with specific questions.

### Overview of Tufts Medicare Preferred HMO

Tufts Associated Health Plans, Inc., which does business under the name Tufts Health Plan, is a Medicare Advantage Organization (MAO) that has entered into a Medicare risk contract with the Centers for Medicare and Medicaid Services (CMS). Tufts Health Plan's Medicare Advantage product is known as Tufts Medicare Preferred HMO.

CMS pays Tufts Health Plan a "per member per month" (PMPM) amount to cover the cost of approved services. CMS issues regulations to implement the various statutes on which the Medicare Advantage Program is based. CMS also publishes various manuals, memoranda and statements necessary to administer the programs. Each MAO with a Medicare Advantage contract with CMS must comply with these requirements. CMS conducts routine regulatory audits to review the MAO's procedures and to ensure compliance by the MAO as well as providers under contract to the MAO with federal requirements.

Tufts Medicare Preferred HMO members are Medicare beneficiaries and effectively assign their Medicare benefits to Tufts Health Plan upon enrollment. Tufts Health Plan arranges coverage for covered health care needs of its members. In addition to services covered by Medicare, Tufts Medicare Preferred HMO also provides other specific benefits.

### Overview of Tufts Health Plan SCO

Tufts Health Plan SCO consists of two comprehensive health plan offerings:

- The **Tufts Health Plan SCO-Special Needs Plan (SNP)** plan is offered to individuals aged 65 and over who are dual-eligible and live in the plan service area. This plan, which operates as both a Medicare Advantage HMO-SNP and a MassHealth SCO plan, covers all Medicare and MassHealth Standard (Medicaid) reimbursable services through a network of contracted providers. In addition to services covered by Medicare and MassHealth Standard (Medicaid), Tufts Health Plan SCO also provides other specific benefits.
- The **Tufts Health Plan SCO Medi** plan is also offered to individuals aged 65 and over who are eligible for MassHealth Standard (Medicaid) only. This plan, which operates as a MassHealth SCO plan, covers all Medicare and MassHealth-reimbursable services through a network of contracted providers. In addition to services covered by Medicare and MassHealth Standard (Medicaid), Tufts Health Plan SCO also provides other specific benefits.

**Note:** The SCO-SNP plan is regulated by the Centers for Medicare and Medicaid Services (CMS) and the Massachusetts Executive Office of Health and Human Services (EOHHS). The SCO Medicaid-only plan is

regulated only by EOHHS.

Tufts Health Plan SCO offers seniors aged 65 or older the opportunity to receive quality health care coverage combined with social support services. By coordinating care, specialized geriatric support services, and respite care for families and caregivers, Tufts Health Plan SCO provides eligible members with important advantages over traditional fee-for-service care that has no structured care coordination model. These advantages include, but are not limited to:

- A primary care team (PCT) comprised of the member's PCP, nurses, specialists and a geriatric support services coordinator (GSSC) who work with the member (and family members or caregivers, if applicable) to develop an individualized plan of care to specifically address the needs of the member
- Access to and coordination with other providers as needed
- Benefits that include Medicare and Medicaid covered services
- Flexibility to provide services that specifically meet the needs of the member
- A network of community providers, including aging services access points (ASAPs)
- 24-hour access to an on-call health care professional and active involvement of the member in decisions concerning their health care

## PCPs

Tufts Medicare Preferred HMO and Tufts Health Plan SCO members are required to choose a PCP participating in the Tufts Medicare Preferred HMO and/or Tufts Health Plan SCO network, as applicable. Appropriately authorized, medically necessary services are paid based on the terms in the applicable provider contract.

**Note:** There is no cost-sharing amount for covered services for Tufts Health Plan SCO members.

Referrals from the member's PCP are required for coverage of specialty care services and members must be informed of their potential liability for payment of unauthorized services. Inpatient notification is required for all inpatient admissions but is not required for ambulatory surgical day care or observation services.

Refer to the [payment policies](#) on the Provider website for more information on referral and/or authorization requirements for specific services.

## Department Directory

When contacting Tufts Health Plan, use the directory below to identify the most appropriate department, phone and fax contact numbers, and individual role responsibilities. The Provider Relations and Provider Information Department manage Tufts Medicare Preferred HMO/Health Plan SCO provider information.

DEPARTMENT	CONTACT	RESPONSIBILITY
<b>Behavioral Health</b>		
Outpatient Clinical Coordinator and Service Representative	800.208.9565	<ul style="list-style-type: none"> <li>• Manages requests for some outpatient behavioral health and substance use disorder (BH/SUD) services</li> <li>• Coordinates members' access to inpatient BH/SUD services</li> <li>• Facilitates discharge planning for hospitalized members</li> </ul>
<b>Care Management</b>		
Care Management	888.766.9818	<ul style="list-style-type: none"> <li>• Coordinates discharge planning, including rehabilitation, SNF, or chronic hospital placement, home health care, home therapies and DME</li> <li>• Coordinates care for high-risk members in the community (Tufts Health Plan SCO only)</li> </ul>

<b>Inpatient and Outpatient Services</b>		
Inpatient Utilization Management		<ul style="list-style-type: none"> <li>• Concurrently reviews members hospitalized at an in-network facility</li> <li>• Coordinates discharge planning, including rehabilitation, SNF, or chronic hospital placement, home health care, home therapies and DME</li> <li>• Coordinates care for high-risk members in the community (Tufts Health Plan SCO only)</li> </ul>
<b>Network Management and Contracting</b>		
Allied Health Contracting	Allied Health Contracting	<ul style="list-style-type: none"> <li>• Allied Health Contracting</li> </ul>
Network Contracting and Performance Management (NCPM)	Network Contracting and Performance Management (NCPM)	<ul style="list-style-type: none"> <li>• Network Contracting and Performance Management (NCPM)</li> </ul>
Provider Credentialing	Provider Credentialing	<ul style="list-style-type: none"> <li>• Provider Credentialing</li> </ul>
Provider Information	Provider Information	<ul style="list-style-type: none"> <li>• Provider Information</li> </ul>
<b>Pharmacy Utilization Management</b>		
Pharmacy Utilization Management	617.673.0956 (fax)	Reviews pharmacy prior authorization request for coverage determinations and exceptions
<b>Precertification Operations</b>		
Intake Coordinator (Inpatient Admissions)	800.843.3553 (fax) 617.972.9590 (fax)	Processes inpatient admission notifications
Precertification Operations - Outpatient	617.972.9409 (fax)	Reviews preservice organization determination requests for medical services requiring prior authorization, including Part B drugs <b>Note:</b> All Part D drug requests should be directed to the Pharmacy Utilization Management Department. All Part B drug requests should be sent to the Precertification Operations-Outpatient.
<b>Provider Education</b>		
Provider Education Specialist	<a href="mailto:Provider_Education@tufts-health.com">Provider_Education@tufts-health.com</a> 888.306.6307, Option 7	Helps providers learn about policies and procedures, products and online self-service tools. Offers the following educational programs: <ul style="list-style-type: none"> <li>• Training videos</li> <li>• Webinars</li> <li>• In-person and live-streamed presentations</li> </ul>
<b>Provider Relations</b>		
Provider Specialist	800.279.9022	<ul style="list-style-type: none"> <li>• Addresses inquiries regarding covered benefits, claims and explanations of payment</li> <li>• Confirms member eligibility</li> <li>• Answers general and specific provider questions</li> </ul>