Introduction

Eligibility

Tufts Medicare Preferred

Individuals joining Tufts Medicare Preferred must meet specific requirements, as outlined in 42 CFR 422.50 and outlined in Chapter 2 of the Medicare Managed Care Manual – Medicare Advantage Enrollment and Disenrollment.

Tufts Health Plan SCO

Enrollment in Tufts Health Plan Senior Care Option (SCO) is voluntary and open to individuals who meet all of the following requirements:

- Age 65 or older
- Live at home or in a long-term care facility
- Eligible for MassHealth Standard
  Members who wish to enroll in the Tufts Health Plan SCO plan must also have Medicare.
- Must reside within the Tufts Health Plan SCO service area

About the Senior Products Provider Manual

This manual offers providers who participate in our Senior Products (Tufts Medicare Preferred and Tufts Health Plan SCO) providers and their office staff details on the 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 other products, please refer to the applicable Provider Manual.

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 Services at 800-279-9022 with specific questions.

Overview of Tufts Medicare Preferred

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.

The HMO products are network products that require members to select a network PCP who helps to coordinate their care. HMO members must generally receive services in-network to be covered, except for urgent/emergent care or plan-approved out-of-network services. PPO members are not required to select a PCP (network or otherwise) but are encouraged to do so. PPO members can receive covered services in- and out-of-network without referral, and cost share is generally higher for out-of-network services.

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 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 also provides other specific benefits.

Overview of Tufts Health Plan SCO

The Tufts Health Plan SCO 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 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). 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:

- An interdisciplinary care team (ICT) 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 and Tufts Health Plan SCO members are required to choose a PCP participating in the Tufts Medicare Preferred 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.

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.

When You Need Assistance

Our provider website includes the information you need including product information, policies, forms, electronic tools, clinical information, news and training resources, and much more. The website also includes a Contact Us page to guide you in the event you need assistance.

PUBLICATION HISTORY

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