

CareLinkSM

The following CareLink topics are covered in this chapter:

- [General Information](#)
- [Shared Administration](#)
- [Claims Submission](#)
 - [CareLink—Shared Administration](#)
- [Authorization Requirements](#)
 - [Behavioral Health Services](#)
 - [High-Tech Imaging Services](#)
 - [Inpatient Notification](#)
 - [Notification for CareLink—Shared Administration](#)
 - [Prior Authorization \(Precertification\)](#)
- [Transplants](#)

Tufts Health Plan and Cigna have partnered together to offer CareLink, a national open-access PPO plan that provides both in- and out-of-network benefits. CareLink is offered to eligible employer groups residing in each service area and provides nationwide access.

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. 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-contracting providers may provide in-network covered services for CareLink members. For 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 as the primary administrator 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.

The primary administrator for CareLink accounts 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
- Note:** disputes related to contractual issues are resolved by the health plan that holds the contract with the provider

General Information

CareLink provides coverage for appropriately authorized, medically necessary covered services at the in- and out-of-network level of benefits, subject to applicable cost share.

Members are not required to select a primary care provider (PCP); as such, referrals are not required for specialty care services. Members may have a cost share differential for services performed by a PCP versus services performed by a specialist.

Prior authorization (precertification) and/or inpatient notification requirements apply for certain procedures and/or diagnoses. For additional information, refer to the [CareLink Prior Authorization page](#) on the Tufts Health Plan website or contact Cigna directly at 800-CIGNA24 (800-244-6224) to identify specific services that have authorization/notification requirements.

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. Refer to the [Working with CareLink](#) grid for more information on how to determine the member's primary administrator and which entity to contact for specific plan processes.

Shared Administration

CareLink—Shared Administration is offered specifically to unions and Allied Trade employer groups. Tufts Health Plan, Cigna and the union office share administrative functions e.g., claims processing (Tufts Health Plan), medical management (Cigna) and claims adjudication (Allied Trade 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 appears 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 [portal](#) or use EDI to obtain eligibility information only for these members.

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 cost share.

Note: Pharmacy prior authorization requests are reviewed by Optum using Tufts Health Plan's medical necessity criteria.

Claims Submission

Electronic claim submissions for both 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 may be sent to either Cigna or Tufts Health Plan. If submitting paper claims, refer to the address on the back of the member's CareLink ID card for the appropriate claims mailing address; this address is specific to individual members and allows for timely claim adjudication.

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. The HIPAA-compliant 835 remittances can be obtained from Cigna.

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 contact Cigna at 800-CIGNA24 (800-244-6224) or use Cigna's self-service [website](#) to track the claim status.

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. Tufts Health Plan sends all claims to the union office for further adjudication. The union office sends out checks and corresponding explanations of payment.

Authorization Requirements

Behavioral Health Services

Evernorth Behavioral Health (EBH), Tufts Health Plan or another entity may administer BH services based on employer plan design. The member's identification card will indicate where the member should be directed for these services. Refer to the BH/SUD [inpatient](#) and [outpatient](#) payment policies for additional information.

High-Tech Imaging Services

Prior authorization is required for CareLink members in need of high-tech imaging services whose plans require outpatient authorizations. Cigna performs utilization management for MA and RI contracting providers as part of this high-tech imaging program.

To identify if prior authorization is required for outpatient services, refer to the back of the member's ID card. If prior authorization is required, high-tech imaging prior authorization requirements apply. If the identification card is not available, contact Cigna at 800-CIGNA24 (800-244-6224).

Refer to the [Imaging Services Payment Policy](#) for additional information.

Note: Providers may contact Cigna by calling 800-CIGNA24 (800-244-6224) or refer to Cigna's [website](#) for questions about medical management policies.

Inpatient Notification

Inpatient notification is required for all elective, urgent and emergency admissions to acute care, extended care/long-term acute care, acute rehabilitation and skilled nursing facilities, regardless of whether Tufts Health Plan is the primary or secondary insurer. Inpatient notification should be submitted prior to services being rendered, except for urgent or emergency care. Inpatient notification should be completed by the facility where the member is scheduled to be admitted or may be completed by the specialist provider.

Note: An inpatient notification is a condition of payment and does not take the place of prior authorization requirements for services; it is subject to eligibility and benefit verification.

Required Inpatient Notification Time Frame

Admitting providers and hospital admitting departments are responsible for notifying Cigna for CareLink members in accordance with the following timelines:

- Elective admissions must be reported at least five business days prior to admission
- Urgent or emergent admissions must be reported 2 business days

Providers should contact Cigna by calling the number on the back of the member's ID card.

Facilities with DRG arrangements: The provider will receive a letter indicating the coverage decision when the notification process is complete. The authorization for coverage confirms inpatient level of care.

Facilities with non-DRG arrangements: The number of days approved for coverage is based on multiple factors, including the clinical guidelines and the individual circumstances surrounding each request. If approved, the requesting facility will be notified of the coverage decision by phone. If the inpatient stay exceeds the number of days authorized for coverage, the CareLink care manager will review the inpatient stay concurrently to determine whether coverage for additional days should be approved.

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 (DRG) payment methodology once the admission receives an authorized status. The member's CareLink care manager may review the member's status and anticipated discharge plan throughout the admission to assist with discharge planning.

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.

Notification for CareLink—Shared Administration

Inpatient notification for members who have a CareLink Shared Administration plan is managed through CareAllies. Notification of an inpatient admission or observation admissions is a requirement for payment. Refer to the [Working with CareLink](#) grid for specific precertification requirements.

Prior Authorization (Precertification)

To help ensure the quality of member care, Tufts Health Plan and Cigna are responsible for monitoring authorization, medical appropriateness, and cost efficiency of services rendered. Certain services for CareLink members require precertification to confirm that the plan has approved the member's specialty care services. The precertification process assists the health plan in determining medical necessity and appropriateness of health care services under the applicable health benefit plan. Services that may require precertification may be surgical services, items of durable medical equipment, drugs, etc.

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. Cigna will provide precertification services for Tufts Health Plan-contracting providers in Massachusetts and Rhode Island.

Requests for precertification and/or inpatient notification must be submitted to the proper entity, based on the information on the back of the member's identification card.

Precertification is required for certain procedures and services for CareLink members. The procedures and services that require precertification for CareLink plans are determined jointly by Tufts Health Plan and Cigna. For services provided in Massachusetts and Rhode Island by Tufts Health Plan contracting providers, CareLink precertification requirements are a subset of services that require precertification by both Tufts Health Plan and Cigna. CareLink providers outside of Massachusetts and Rhode Island in the Cigna network must obtain precertification as required by Cigna for coverage. Refer to the [CareLink Procedures Requiring Prior Authorization](#) page for more information.

Note: Call Cigna at 800-CIGNA24 (800-244-6224) to confirm which procedures require prior authorization for CareLink members.

Transplants

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 and can be found on their [website](#).