

CareLinkSM Provider Payment Dispute Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Note: Audit and disclaimer information is located at the end of this document.

OVERVIEW

A provider has the right to file a payment dispute if she/he disagrees with a claim decision regarding the denial or payment of a claim. Supporting documentation will be reviewed along with the terms of the member's benefit plan and/or provider contract and its program requirements, and a determination will be made. When submitting a dispute, providers must include the appropriate dispute form. These forms can be found under [Forms](#) in the Provider section of the Tufts Health Plan website. Refer to the [Working with CareLink](#) document to identify the appropriate dispute form.

Note: Do not include new/original (i.e., previously unprocessed) claims with payment dispute forms. Only documentation that supports the claims being disputed should be enclosed. Refer to the [Commercial Provider Manual](#) for information related to the submission of new/original claims.

Tufts Health Plan providers must adhere to Tufts Health Plan's filing deadline guidelines. Cigna providers² must adhere to Cigna's filing deadline guideline of 180 calendar days from the initial payment or denial.

Mail the completed dispute form and letter of grievance/appeal along with all supporting documentation (single sided) to the appropriate address identified on this form. These addresses are intended only for payment pricing and/or denials.

The following addresses are for submission of payment disputes, depending on the member's plan:

Cigna ³	Tufts Health Plan CareLink	Tufts Health Plan CareLink
National Appeals Unit	Shared Administration	Primary Administration
PO Box 188011	Attn: Provider Appeals	Attn: Provider Appeals
Chattanooga, TN 37422	P.O. Box 251	P.O. Box 251
	Canton, MA 02021-0251	Canton, MA 02021-0251

DISPUTE PROCESS FOR CARELINK

Cigna as Primary Administrator

Note: Send corrected claims to the address on the back of the member's identification card. If the member's identification card is not available, refer to Cigna's [website](#) or call 800.244.6224.

- Tufts Health Plan providers must adhere to Tufts Health Plan's filing deadline guidelines. Cigna providers must adhere to Cigna's filing deadline guideline of 180 calendar days from the initial payment or denial. Mail the completed dispute or letter of grievance/appeal (single sided) along with all supporting documentation to the appropriate address identified on this form. These addresses are intended only for payment pricing and/or denials. Any other requests (e.g., a claim) will be directed to the appropriate Cigna location, which may result in a delay in handling the request.
- Complete the dispute form with a letter of appeal (single sided) requesting review and indicating the reason(s) why the provider believes the payment/denial is incorrect.
- Complete and accurate preparation of the appeal will facilitate a timely and thorough review.

¹ Commercial products include HMO, POS, PPO, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Providers outside of Massachusetts and Rhode Island are considered Cigna providers for the purposes of CareLink.

³ This address is used exclusively for appeals.

- Requests for a review with a clinical component, such as denied hospital days or services denied for no prior authorization, should include a narrative describing the situation, an operative report and medical records, as applicable in the supporting documentation.
- A coverage decision will be communicated to the provider. If a decision is made to alter the initial decision and issue additional payment, the provider will be notified of the payment adjustment via an Explanation of Payment (EOP) from Cigna.

Note: Providers can refer to Cigna’s [website](#) for more information about the dispute process or by calling 800.244.6224.

Shared Administration (Unions and Allied Trades)

CareLink Shared Administration is offered to unions and allied trades employer groups. The administration of claims payment, medical management and other administrative functions are shared by Tufts Health Plan, Cigna and each union office.

Limitation of Dispute Process

Tufts Health Plan will consider payment disputes and adjustment requests for claims with dates of service within the current year and the two previous calendar years for the following disputes:

- Compensation appeals
- Corrected claim adjustments

Note: Cigna providers must adhere to Cigna’s filing deadline guideline of 180 calendar days from the initial payment or denial.

Compensation Appeals Overview

Providers must adjust or dispute Shared Administration claims by mail using the [CareLinkSM Shared Administration Provider Payment Dispute Form](#) is required. This form may be found under [Forms](#) in the Provider section of our website.

- Complete the dispute form and letter of appeal (single sided) requesting review with the reason(s) why you believe the payment/denial is incorrect. Include any applicable supporting documentation in the form of invoices, operative notes, office notes or any necessary medical record information for a fee adjustment request
- Attach the Explanation of Payment (EOP) and circle the claim to be reviewed
- Appeals for Unlisted Procedure Code Denials:
 - Appeals for denials resulting from the billing of an unlisted procedure code must include operative notes that identify the service(s) performed associated with the unlisted code.
 - The portion of the operative notes that identifies the unlisted service must be underlined. Operative notes that are not underlined to indicate the service performed will be returned to the provider.
- The provider will be notified of coverage decisions. If a decision is made to alter the initial decision and issue additional payment, the provider will be notified of the payment adjustment through an EOP from Tufts Health Plan.

Note: Refer to the Tufts Health Plan [website](#) or contact [Provider Services](#) for more information.

DOCUMENT HISTORY

- August 2019: Clarified dispute process for CareLink Shared Administration
- May 2019: Removed reference to Claims Submission Policy (retired)
- December 2018: Clarified paper submission instructions
- August 2018: Template update
- November 2017: Policy reviewed for clarity
- October 2017: Reviewed policy; clarified operative notes requirements for submitting disputes
- January 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members.