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 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 (HMO-SNP) plan must also have Medicare.
- Must reside within the Tufts Health Plan SCO service area

About the Senior Products Provider Manual

This manual provides Senior Products (Tufts Medicare Preferred 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 Commercial or Tufts Health Public Plans provider manuals.

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

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. Tufts Medicare Preferred products include a portfolio of HMO products with different premiums and a new PPO product starting January 1, 2023.

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

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.

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:

- 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.

Department Directory

The public provider website includes the information you need including product information, policies, forms, electronic tools, clinical information, news and training resources, and much more. While the website also includes a Contact Us page to guide you in the event you need assistance, the chart below provides some additional contacts and reference information.

Department	Contact	Responsibility
Care Management		
Care Management	888-766-9818	• Coordinates discharge planning, including rehabilitation, SNF, or chronic hospital placement, home health care, home therapies and DME • Coordinates care for members in the community (Tufts Health Plan SCO only)
Inpatient and Outpatient Services		
Inpatient Utilization Management		• Concurrently reviews members hospitalized at an in-network facility • Coordinates discharge planning, including rehabilitation, SNF, or chronic hospital placement, home health care, home therapies and DME • Coordinates care for high-risk members in the community (Tufts Health Plan SCO only)
Pharmacy Utilization Management		
Pharmacy Utilization Management	617-673-0956 (fax)	Reviews coverage determination and organization determination requests for pharmacy (Part D) and medical (Part B) drugs requiring prior authorization
Precertification Operations		
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
Provider Service Center		
Call Center Representative	800-279-9022	• Addresses inquiries regarding covered benefits, claims and explanations of payment • Confirms member eligibility • Answers general and specific provider questions

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