Manage Your Plan at tuftshealthplan.com

When you visit tuftshealthplan.com, you can access a wide range of information and tools designed to help you manage your health care coverage—quickly, easily, and at a time that's convenient for you.

We encourage you to register at mytuftshealthplan.com to access your secure online account. When you register, you'll have instant access to your account.

In your secure online account, you will be able to:

• View your specific benefits to see what's covered
• Confirm any needed referrals, authorizations, and preregistrations
• Check copayment and any coinsurance amounts
• View plan deductibles, if any, and track how much you have accumulated toward them
• Review the status of doctor and hospital bills we have received for your care
• Learn about your pharmacy coverage, if you are covered by the Tufts Health Plan pharmacy benefit
• Track prescription bills and expenses, and refill prescriptions you receive by mail
• View your explanations of benefits (EOBs) and choose our paperless option to receive them online
• Find doctors and other providers in your network
• Select or change your primary care provider, if your plan requires you to choose one
• Choose or change your fitness center
• Order a new member ID card
• Find links to many member discounts

Log in to your secure online account, 24/7 at tuftshealthplan.com.
Welcome to Tufts Health Plan

Thank you for choosing Tufts Health Plan. Our focus is on providing you with quality, comprehensive, and affordable health care coverage.

This handbook contains general information about your Tufts Health Plan membership. It does not provide full information about your coverage, and not all of the information and benefits outlined here will apply to you.

For more information about your health care coverage and specific benefit information, log in (or register for) your secure online account at tuftshealthplan.com.

For full information about your coverage, please review your member benefit document. If there is a difference between the information in this handbook and your benefit document, please rely on your member benefit document. Depending on your plan, your benefit document is called a certificate of insurance, a description of benefits, or evidence of coverage (EOC).

If you have questions about your Tufts Health Plan membership, you may e-mail our Member Services Department by going to tuftshealthplan.com and clicking on Contact Us. Or you may call a Tufts Health Plan member specialist who will be happy to help you. If you are unsure about which plan you belong to, check your Tufts Health Plan member ID card.
Health Maintenance Organization (HMO) Members

**HMO members** must choose a primary care provider (PCP) from their specific Tufts Health Plan network (Standard or Select) who provides or authorizes certain health care services.

Point-of-Service (POS) Members

**POS members** can choose between two levels of coverage when seeking care:

- Coverage at the authorized level of benefits, when care is provided or authorized by your PCP in the Tufts Health Plan network
- Coverage at the unauthorized level of benefits, when care is not provided or authorized by your PCP in the Tufts Health Plan network

Exclusive Provider Option (EPO) Members

**EPO members** must choose a PCP from the Tufts Health Plan network who provides or authorizes certain health care services.

Preferred Provider Organization (PPO) Members

**PPO members** may choose to obtain covered health care services from a provider in or out of the Tufts Health Plan network. The choice determines the level of coverage the member receives for covered health care services.

**HMO/POS/EPO 800-462-0224**  
**PPO 800-423-8080**  
**HMO/POS/EPO/PPO TDD 800-868-5850**  
**MassRelay 800-720-3480**
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Accessing Care

You and Your Provider

HMO and EPO members: Your relationship with your primary care provider (PCP) is an important one. Members of our HMO and EPO plans must choose a PCP from the providers in their specific Tufts Health Plan network (Standard or Select). In most cases, your care must be provided or authorized by your network PCP—and received in your specific Tufts Health Plan network—to be covered. You pay the applicable copayment at the time you receive covered health care services.

To find a provider in your specific Tufts Health Plan network, visit tuftshealthplan.com.

POS members: POS members can receive covered health care services in or out of the Tufts Health Plan network, choosing between two levels of coverage when seeking care. However, your costs will be lower if you receive covered health care services that are provided or authorized by your PCP in the Tufts Health Plan network.

- Coverage at the authorized level of benefits for care that’s provided or authorized by your network PCP. (A PCP referral may be required for certain services.) You pay a copayment at the time you receive covered services.

- Coverage at the unauthorized level of benefits for care that is not provided or authorized by your network PCP. When this is the case, you pay a deductible and coinsurance. A deductible is the amount you must pay before your plan covers services at the unauthorized level of benefits. Once you have paid the deductible, you pay coinsurance, which is a percentage of the covered medical costs you are responsible for paying at the unauthorized level of benefits. The most you will have to pay in a policy year for the deductible and coinsurance is called your out-of-pocket maximum.
We encourage you to choose a PCP from the Tufts Health Plan network who will provide or authorize your care. We believe this helps you receive thorough and appropriate treatment.

**PPO members** can choose to obtain covered health care services from either a network provider or a provider who is not in the network. Your choice determines the level of benefits you receive for the health care services offered under your PPO plan:

- **Coverage at the in-network level of benefits** when you receive care from a network provider. You pay the applicable copayment for certain covered services. Some PPO members may have additional member costs, and some of their health care services may be subject to deductibles or coinsurance. Please review your member benefit document for more information.

- **Coverage at the out-of-network level of benefits** when you receive care from a provider who is not in the network. When this is the case, you pay a deductible and coinsurance, and you submit a reimbursement form for each covered service you receive. Please check your member benefit document for more information about member costs for medical services.

**To review your deductibles or coinsurance, register at tuftshealthplan.com.**

**Tufts Health Plan Providers**

Physicians, hospitals, and other providers who contract with Tufts Health Plan may change during the year. This can happen for many reasons, including a provider’s retirement, relocation out of the area, or failure to continue to meet our credentialing standards. In addition, because providers are independent contractors who do not work for Tufts Health Plan, this can also happen if Tufts Health Plan and the provider are unable to reach agreement on a contract.
Wondering if a provider is in your plan’s network? Visit tuftshealthplan.com or call a member specialist.

Covered Services

HMO and EPO members: In general, we cover preventive and medically necessary health care services and supplies when they are provided or authorized by your network PCP. We also cover any emergency medical care you may need, whether or not you receive the care from a provider in our network.

POS members: In general, we cover preventive and medically necessary health care services and supplies at the authorized level of benefits when they are provided or authorized by a PCP in the Tufts Health Plan network. When covered health care services and supplies are not provided or authorized by a PCP in our network, they are covered at the unauthorized level of benefits. We also cover any emergency medical care you may need, whether or not you receive the care from a network provider.

PPO members: In general, we cover preventive and medically necessary health care services and supplies provided by a network provider at the in-network level of benefits. Covered health care services and supplies are covered at the out-of-network level of benefits when a provider who is not in our network provides them. Some covered services for members of some PPO plans are subject to a deductible and/or coinsurance. We also cover any emergency medical care you may need, whether you receive the care from a provider in or out of our network.

Please review your member benefit document for a full description of covered and excluded services, including benefit limitations and exclusions.

You can review your specific benefit information when you register at tuftshealthplan.com.
Obtaining Specialty Care

HMO and EPO members: If you are an HMO or an EPO member seeking specialty care, your network PCP will assess your medical needs and, if necessary, will refer you to a specialist in your specific Tufts Health Plan network (Standard or Select). In most cases, the specialist will practice in the same provider unit as your PCP. A provider unit is made up of doctors and other health care providers who practice together in the same community, often in the same office setting, and often admit patients to the same hospital. This helps provide patients with a full range of care.

POS members: If you are a POS member seeking specialty care at the authorized level of benefits, your network PCP will refer you to a specialist in the Tufts Health Plan network before you seek care.

PPO members: You may seek covered health care services from almost any licensed specialist in or out of the network, without a referral. If you choose a specialist in the network, you will be covered at the in-network level of benefits.

Check the status of a referral before an upcoming specialist visit. Log in to your secure online account at tuftshealthplan.com.

PLEASE NOTE: HMO and EPO members, as well as POS members seeking coverage at the authorized level of benefits, do not need a PCP referral in an emergency or for certain types of care. For example, a PCP referral is not needed for the following care when covered services are provided by an obstetrician, gynecologist, certified nurse midwife, or family practitioner in your specific Tufts Health Plan network:

- Maternity care
- Medically necessary evaluations and related health care services for acute/emergency gynecologic conditions
- Routine annual gynecologic examinations and any medically necessary OB/GYN follow-up care resulting from that exam
In addition, members do not need PCP referrals for:

• Emergency care in an emergency room or a provider’s office
• Mammography screening, when obtained from a provider in your specific Tufts Health Plan network
• Care received at MinuteClinics located within participating CVS/pharmacy locations in Massachusetts

For detailed information, review your member benefit document.

Emergency Coverage

If you have an emergency medical condition, Tufts Health Plan covers treatment and ambulance services.

An emergency is a physical or mental illness or medical condition that produces symptoms of sufficient severity (including severe pain) that a prudent layperson with an average knowledge of health and medicine could reasonably expect those symptoms to result in the following without prompt medical attention:

• Serious jeopardy to the physical and/or mental health of a member or another person (or with respect to a pregnant member, the member’s or her unborn child’s physical and/or mental health)
• Serious impairment to bodily functions
• Serious dysfunction of any bodily organ or part
• With respect to a pregnant member who is having contractions, inadequate time for a safe transfer to another hospital before delivery or a threat to the safety of the member or her unborn child in the event of transfer to another hospital before delivery
Always seek care in an emergency. The following will help you decide what to do in an emergency:

• Seek care immediately at the nearest medical facility. PCP approval is not required before receiving emergency care.

• Call 911 for emergency medical assistance, if needed. If 911 services are unavailable in the area, call local emergency medical services or the police.

For HMO and EPO members, as well as for POS members, if you receive care in an emergency room but are not admitted as an inpatient, you or someone acting on your behalf should notify your PCP within 48 hours after you receive care so that he or she can provide or authorize any follow-up care you may need.

If you receive emergency care and are admitted as an inpatient, you or someone acting on your behalf (this could be the attending emergency physician) must call your PCP or Tufts Health Plan within 48 hours after you receive care in order to be covered at the authorized level of benefits.

For PPO members:

• If you receive emergency services at any hospital in or out of the Tufts Health Plan network but are not admitted as an inpatient, you are covered at the in-network level of benefits, and you pay a copayment.

• If you are admitted as an inpatient, you or someone acting on your behalf (this could be the attending emergency physician) must notify Tufts Health Plan within 48 hours of seeking care to be covered at the in-network level of benefits. You must preregister your admission if you are admitted to a facility that is not in the Tufts Health Plan network.
Mental Health and Substance Abuse Treatment

Specific coverage information related to your mental health and substance abuse benefit is described in your member benefit document. Benefits vary, so to confirm your coverage, call a mental health service coordinator at 1-800-208-9565 or check your benefit document.

Emergency Treatment

In a mental health or substance abuse emergency, call 911 or go to the nearest medical facility.

Check your mental health and substance abuse coverage online. Log in to your secure online account at tuftshealthplan.com.

Outpatient Care

Medically necessary outpatient care—which may include mental health and substance abuse treatment, medication, evaluation, and monitoring—is covered as described in your member benefit document when prior authorization has been obtained from the Tufts Health Plan Mental Health Department. PPO members do not need prior authorization, except for psychological and neuropsychological testing services.

To receive an initial authorization, HMO, EPO, and POS members or their providers can call the Tufts Health Plan Mental Health Department at 1-800-208-9565.

When you are seeing a Tufts Health Plan-contracted provider, it is the responsibility of your outpatient mental health care provider to ensure the initial authorization is obtained within 30 days of the first outpatient visit.
HMO and EPO members, POS members seeking coverage at the authorized level of benefits, and PPO members seeking coverage at the in-network level of benefits must receive care from a provider in their specific network. You and/or your provider may call Tufts Health Plan to obtain the initial authorization for outpatient visits. For more information about coverage for mental health and substance abuse services, call the Tufts Health Plan Mental Health Department at 1-800-208-9565.

To check your office visit copayments and your coverage, log in to your secure online account at tuftshealthplan.com.

Inpatient Care

HMO members are assigned a Tufts Health Plan-contracting inpatient hospital, called a designated facility. The facility may be different for children and adults. In areas where a designated facility is unavailable, your network PCP will direct you to another Tufts Health Plan-contracting facility.

POS and EPO members can go to any age-appropriate designated facility for medically necessary inpatient mental health and substance abuse services. You are not assigned to a specific facility. Please note that designated facilities for children may differ from those for adults.

POS members have the option of receiving medically necessary services outside the Tufts Health Plan network of designated facilities. POS members who receive services at a nondesignated facility are covered at the unauthorized level of benefits, which means you pay a deductible and coinsurance. If you wish to receive mental health and substance abuse services at the unauthorized level of benefits, you are responsible for obtaining prior approval from Tufts Health Plan. If prior approval is not received, we will not cover those services.
Some POS and EPO members may not have their mental health and substance abuse care administered by Tufts Health Plan. Please refer to your ID card or call the Tufts Health Plan Mental Health Department for more information.

**PPO members** seeking medically necessary inpatient mental health or substance abuse services at the in-network level of benefits may receive services from any network provider, including a designated mental health facility.

PPO members who wish to receive medically necessary inpatient mental health or substance abuse services at a facility that is not in the Tufts Health Plan network are covered at the out-of-network level of benefits. This means you pay a deductible and coinsurance. If you wish to receive mental health and substance abuse services at the out-of-network level of benefits, you are responsible for obtaining prior approval from Tufts Health Plan. If prior approval is not received, we will not cover those services if you are covered through a Massachusetts-based employer.

For full information about your coverage, please review your member benefit document.

**Covered Alternatives**

**HMO members:** Covered alternatives to hospitalization or inpatient care—when authorized by your designated facility—may include partial hospitalization programs or other intermediate levels of care. Call your designated facility or the Tufts Health Plan Mental Health Department for more information.

**POS, EPO, and PPO members** may be eligible for the same alternatives to hospitalization and should contact the Tufts Health Plan Mental Health Department at 800-208-9565 for more information. For questions about your coverage, please review your member benefit document or call a Tufts Health Plan member specialist.

To view your specific benefit information, register at tuftshealthplan.com.
Prescription Drug Coverage

This section applies to you if you are covered by the Tufts Health Plan prescription drug benefit. Please note that we cover medically necessary prescription medications on our list of covered drugs.

List of Covered Drugs

The lists of medications covered by the Tufts Health Plan prescription drug benefit are called our formularies. Some drugs on the lists require prior authorization or step therapy, or have quantity limitations. In addition, there are some medications that are not covered by Tufts Health Plan. Throughout the year, the drugs on the lists may change. In addition, the tier placement and copayment for drugs may change as new drug information becomes available.

To check our lists of covered drugs and the coverage for a specific prescription drug, log in to your secure online account at tuftshealthplan.com.

You may also call a member specialist.

Drug Coverage Decisions

If a prescription drug is not covered but we determine it meets our medically necessary coverage treatment criteria for your condition, we will cover the drug at the highest copayment level under your drug benefit plan. If you are not satisfied with a coverage determination related to your prescription drug benefit, you can appeal the decision.
**Prior Authorization (PA)**

In order to ensure safety and affordability for everyone, some medications need prior authorization. This helps us work with your doctor to ensure medications are prescribed appropriately.

- If it is medically necessary for you to take a drug requiring prior authorization, your doctor will submit a request.
- If the request is approved, we will cover the medication.
- If the request is not approved, you can opt to pay the full cost of the medication, and you and your doctor can appeal that decision.

**Where to Obtain Prescription Drugs**

You can obtain most of your prescription medications from any network pharmacy.

Tufts Health Plan has designated special pharmacies to supply a number of medications used in the treatment of complex disease states. These pharmacies specialize in providing these medications and are staffed with nurses, coordinators, and pharmacists to provide support services for members. Medications include, but are not limited to, medications used in the treatment of infertility, multiple sclerosis, hepatitis C, growth hormone deficiency, rheumatoid arthritis, and cancers treated with oral medications.

Up to a 30-day supply can be obtained from these special providers. The medication will be shipped to your home.

*To find a network pharmacy near you, visit tuftshealthplan.com. Or call a member specialist.*
Maintenance Medications

Members can save time when they obtain their maintenance medications through the Caremark mail-order pharmacy service. You may order your refills through this service online at tuftshealthplan.com. If you take maintenance medications—medications you must take consistently each month—it is likely that you can obtain your prescriptions through the mail.

To get started with the mail-order pharmacy program, call CVS Caremark toll free at 1-866-281-0629. You will be connected to Customer Care. They can assist you with this process. Please have the following ready:

- Tufts Health Plan member ID card
- Credit card
- Prescription information
- Provider’s name and telephone number
- Shipping address

If your medications are not part of a pharmacy management program, such as prior authorization or step therapy, CVS Caremark will call your provider and set up your prescription for mail order. If your medication is part of a pharmacy management program, CVS Caremark will instruct you on what to do next.

Need refills of your maintenance medications? Log in to your secure online account at tuftshealthplan.com. You can also order refills by phone.

To learn more about this convenient program, visit tuftshealthplan.com or call a member specialist.
Online Tools Help You Manage Your Prescription Medications

At Tufts Health Plan, we want you to take full advantage of your pharmacy coverage benefits. That’s why we’ve made it easier than ever for you to get information, check benefits, and order maintenance medications online. When you register for your secure online account at tuftshealthplan.com, you can:

• Check your personal medication history
• Review our pharmacy programs
• Look up drug coverage and pricing
• Access our drug dictionary
• Check for potentially harmful drug interactions
• Obtain needed forms

Member Service

Tufts Health Plan is committed to providing quality, comprehensive, and affordable health care coverage.

In 2013, the National Committee for Quality Assurance (NCQA) awarded our HMO, POS, and PPO plans Excellent Accreditation status, NCQA’s highest available accreditation. To earn Excellent status, a health plan must deliver the highest quality care and service, and its clinical and administrative systems must exceed NCQA’s rigorous requirements for consumer protection and quality improvement.
Choosing a Provider

When you join Tufts Health Plan, we can help you choose a provider in your specific network.

Always begin your search by going to tuftshealthplan.com, where you can identify and select network providers according to the characteristics that are important to you, including:

- Your specific Tufts Health Plan network (Standard or Select)
- Office location and hours
- Languages spoken
- Education and training
- Specialty
- Type of practice
- Age
- Gender
- Hospital affiliations
- Any restrictions on accepting new patients
- Board certifications

Search for a provider who’s right for you at tuftshealthplan.com.

Member specialists are also available to help you, and can provide information about network specialists. They may also be able to help you find a provider who can meet your special or cultural needs.

For additional information about a provider, the Massachusetts Board of Registration in Medicine may be able to help you. The board provides information about physicians licensed in Massachusetts, including their education and training, awards and publications, and malpractice and disciplinary history.
Additional information, including dismissed complaints, may also be available by calling the Massachusetts Board of Registration in Medicine at 1-617-654-9800 or by visiting massmedboard.org.

**Viewing Claims Online**

You can track the status of a claim and see how Tufts Health Plan processed it by logging in to your secure online account at tuftshealthplan.com or by calling Member Services.

Information includes:

- Your financial responsibility
- The date the service was received and paid
- The procedures performed
- The charges for that claim
- How Tufts Health Plan handled the claim and the amount paid

**Translators Available**

With the help of the Language Line, Tufts Health Plan speaks 140 languages. If you need a translator, call a member specialist, who will access the Language Line and connect you with a translator who will translate your conversation with the member specialist.

**TDD Services**

Tufts Health Plan also has a telecommunications device for the deaf (TDD). If you are hearing-impaired and have a TDD, you can communicate with a member specialist by calling 1-800-868-5850.

If a member specialist is unavailable, Tufts Health Plan’s TDD will answer your call and give you instructions for leaving a message. A member specialist will return your call as soon as possible. Tufts Health Plan member specialists also may be able to help you choose a PCP who understands American Sign Language.
We're Available Online 24/7

Members can reach us online 24 hours a day, 7 days a week. Just go to the Contact Us link at tuftshealthplan.com. We'll respond to your inquiry within one business day.

Do you have a coverage question?
E-mail our Member Services Department at tuftshealthplan.com. Just click on Contact Us.

We speak 140 languages. Call for translation services.

Interpreter and translator services related to administrative procedures are available to assist members upon request. For more information please call the Customer Relations Department.

Members can reach us online 24 hours a day, 7 days a week. Just go to the Contact Us link at tuftshealthplan.com. We'll respond to your inquiry within one business day.

Do you have a coverage question?
E-mail our Member Services Department at tuftshealthplan.com. Just click on Contact Us.

Interpreter and translator services related to administrative procedures are available to assist members upon request. For more information please call the Customer Relations Department.
Your Member Rights and Responsibilities

We are committed to providing you with quality health care coverage and outstanding service. As part of that commitment, we have developed and communicated the following statement of rights and responsibilities for Tufts Health Plan members. If you have questions about your rights and responsibilities as a Tufts Health Plan member, please call a member specialist.

Member Rights

As a Tufts Health Plan member, you have the right to:

• Receive information about your health plan, including its services, its practitioners and providers, health plan staff and their qualifications, contractual relationships, health care providers, member rights and responsibilities, policies, and procedures

• Be informed by your doctor or other health care provider regarding your diagnosis, treatment, and prognosis in terms you can understand

• Receive sufficient information from your health care providers to enable you to give informed consent before beginning any medical procedure or treatment

• Have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage

• Participate with providers in decisions about your health

• Be treated courteously, respectfully and with recognition of your dignity and need for privacy

• Refuse treatment, drugs, or other procedures recommended by your providers to the extent permitted by law and be informed of the potential medical consequences of refusing treatment

• Be covered for emergency services in cases where a prudent layperson, acting reasonably, would believe that an emergency medical condition exists

• Have reasonable access to essential medical services
• Decline participation or disenroll from services offered by the health plan

• Expect that all communication and records pertaining to your health care be treated by the health plan as confidential, in accordance with its Notice of Privacy Practices

• Select a provider in your specific Tufts Health Plan network from the health plan’s directory of health care providers who is accepting new patients and expect the doctor to provide covered health care services

• Obtain a copy of your medical records from your providers, in accordance with the law

• Use the Tufts Health Plan member satisfaction process described in your member benefit document (which include standards for timeliness for responding to and resolving complaints and quality issues) to express a concern or complaint about the organization or the care it provides and to appeal coverage decisions

• Make recommendations regarding the organization’s rights and responsibilities policies

**Member Responsibilities**

As a Tufts Health Plan member, you have the responsibility to:

• Treat network providers and our staff with the same respect and courtesy you expect for yourself

• Ask questions and seek clarification to understand your illness or treatment

• Follow plans and instructions for care that you have agreed to with your practitioners

• Cooperate with your health plan so that we may administer your benefits in accordance with your benefit document

• Obtain services from providers in your network (Standard or Select) except in a medical emergency, which is a serious injury or the onset of a serious condition that prevents you from taking time to call your PCP in advance*
• Obtain authorization from your network PCP before seeking medical care, except in an emergency*

• Keep scheduled appointments with health care providers or give them adequate notice of cancellation

• Express concerns or complaints through the Tufts Health Plan member satisfaction process described in your benefit document

• Familiarize yourself with your plan benefits, policies, and procedures by reading materials distributed to you by going to tuftshealthplan.com, and by contacting the Member Services Department with any questions you may have

• Provide information needed by your health care providers and the organization and its practitioners to help them provide care for you

• Participate in understanding your health problems and developing mutually agreed-on treatment goals, to the degree possible

Please consult your member benefit document for more detailed information about:

• Covered services

• Benefit limitations and exclusions

• Policies and procedures

• Member records

• How to express concerns and complaints

• How to appeal coverage decisions

• State-mandated benefits related to health care and services

* This applies to HMO and EPO members, as well as to POS members seeking coverage at the authorized level of benefits and PPO members seeking coverage at the in-network level of benefits.
Member Satisfaction

Tufts Health Plan has a member satisfaction process in place so that we can promptly address any concerns you may have.

• If you have a concern that involves the quality of medical care or service you are receiving, we encourage you to first discuss it directly with your health care provider.

• If you have a concern involving the coverage of services or supplies by Tufts Health Plan, please contact a member specialist.

We encourage you to contact a Tufts Health Plan member specialist to discuss any concerns you may have related to your Tufts Health Plan membership.

Do you have questions about your health care coverage? E-mail the Member Services Department at tuftshealthplan.com. Just click on Contact Us.

Internal Inquiry Process

When you contact a member specialist with your concern, we will make every effort to resolve it through our internal inquiry process. If your concern cannot be explained or resolved to your satisfaction through this process, we will notify you of any options you may have, including the right to have your inquiry processed as a grievance or an appeal.

Internal Grievance Process

Appeals: Matters involving requests for services that are specifically excluded from your member benefit document or coverage determinations based on medical necessity are reviewed as appeals through our internal grievance process.
Grievances: Matters involving concerns about the quality of medical care or service received from providers—as well as administrative concerns related to Tufts Health Plan's policies, procedures, or employee behavior—are reviewed as grievances through our internal grievance process.

If you choose to pursue a concern through the internal grievance process, you may submit a written or verbal appeal or grievance. To do so, you may:

- E-mail the Member Services Department at tuftshealthplan.com. Just click on Contact Us.
- Call a member specialist.
- Send a letter to:
  Tufts Health Plan
  Appeals and Grievances Department
  705 Mount Auburn Street
  P.O. Box 9193
  Watertown, MA 02471-9193

We encourage you to submit your appeal or grievance in writing to accurately reflect your concerns. In your communication, please include the following information:

- Your complete name and address
- Your member ID number
- A detailed description of your concern
- Copies of any supporting documentation

Whether you have submitted a verbal or a written appeal or grievance, we will send you a written acknowledgment. This will include the name, address, and telephone number of the person coordinating your appeal or grievance.
**Review Process**

**Appeals:** When we receive an appeal from you, we will review it. We will notify you in writing when we have made a decision on your appeal. We will also inform you of any additional appeal rights you may have.

**Grievances:** When we receive your grievance, we will review it and conduct any necessary follow-up. You will receive a written response from the Tufts Health Plan Appeals and Grievances Department or the Clinical Quality Improvement Department.

**Expedited Review**

Tufts Health Plan will conduct an expedited review of your appeal if your provider indicates that applying the standard time frame for an appeal could seriously jeopardize your life, health, or ability to regain maximum function. You can request an expedited review by calling a member specialist.

**Independent Review of a Decision We Have Made**

If you’re covered through a Massachusetts-based employer, your appeal may be eligible for further review by the Massachusetts Department of Public Health’s Office of Patient Protection (OPP).

If you are a Rhode Island resident, receive services in Rhode Island, or are covered by a Rhode Island-based employer, you may be eligible to have an appeal reviewed by Maximus, Inc., rather than the OPP. Talk with the benefits administrator where you work for more information.

Both the Massachusetts Office of Patient Protection and Maximus, Inc., are independent organizations that review decisions about covering health care services based on whether they are medically necessary. Neither is connected to Tufts Health Plan in any way.
To obtain the necessary forms, contact the Office of Patient Protection at 1-800-436-7757, or go to the Massachusetts Department of Public Health website at www.state.ma.us/dph/opp.

**Additional Information from the Office of Patient Protection**

The Office of Patient Protection is also a resource for health plan members. It administers and enforces standards and procedures it has established for health plan member grievances, including independent external appeals, medical necessity guidelines, and continuity of care. The OPP also helps consumers with questions and concerns related to managed care, and provides information, including health plan report cards, through its website.

The following information about Tufts Health Plan is available from the Office of Patient Protection:

- A list of sources of independently published information assessing member satisfaction and quality of health care services
- The percentage of physicians who voluntarily and involuntarily terminated participation contracts with Tufts Health Plan during the previous calendar year
- The percentage of premium revenue spent by the Tufts Health Plan for health care services provided to members for the most recent year for which the information is available
- A report on the number of grievances filed by members
- The number of external appeals pursued by members and their resolution

You can reach the Office of Patient Protection at Massachusetts Department of Public Health, Office of Patient Protection, 250 Washington Street, Floor 2, Boston, MA 02108. Or call 1-800-436-7757; fax 1-617-624-5046; or visit www.state.ma.us/dph/opp.
If You Have Questions

Our member satisfaction process may vary depending on your plan. If you have questions or need help submitting an appeal or grievance, review your member benefit document, which contains more information about the member satisfaction process, or call a member specialist.
New Medical Technology and Your Coverage

Because your health and safety are our priority, we evaluate new medical procedures and technologies, as well as new uses of existing technologies, before making decisions about our coverage for them.

Our Medical Policy Department's medical technology assessment process involves the evaluation of published scientific studies, as well as nationally recognized standards of care and information from the U.S. Food and Drug Administration and other federal agencies.

The opinions of Tufts Health Plan's independently contracted physician-consultants, who are actively practicing specialist physicians considered experts in the area of practice being evaluated, are also considered. A team of our physician medical directors reviews all the information and makes the final decision regarding whether and how Tufts Health Plan will cover the medical technology.

By carefully assessing new approaches in medicine in this way, we reinforce our commitment to your health and safety and providing you with quality coverage.
Utilization Management for Quality Care

To help members receive quality health care in an appropriate treatment setting, we provide utilization management (UM), or as it is sometimes called, utilization review.

UM includes evaluating requests for coverage by applying medically necessary coverage guidelines (clinical criteria guidelines) for the medical necessity, appropriateness, and efficiency of the health care services under a member’s benefit plan.

Tufts Health Plan may perform UM prospectively, concurrently, or retrospectively for selected inpatient and outpatient health care services to determine whether services are medically necessary as defined in the member’s benefit document:

- Prospective UM helps determine whether a proposed treatment is medically necessary before the treatment begins.
- Concurrent UM monitors treatment as it occurs and determines when the treatment is no longer medically necessary.
- Retrospective UM evaluates care received by members after the care has been provided to determine whether services were medically necessary.

We sometimes use retrospective review to determine the appropriateness of health care services provided to you.
The criteria used for determining coverage for medically necessary services and conducting utilization reviews are:

- Developed with input from practicing physicians in Tufts Health Plan’s networks
- Produced in accordance with regulatory requirements and standards adopted by national accreditation organizations
- Reviewed yearly and updated as new treatments, applications, and technologies are adopted as generally accepted medical practice
- Evidence-based, whenever possible

Tufts Health Plan-contracting PCPs or other network providers are usually responsible for obtaining needed coverage authorizations and coordinating UM decisions. Network physicians, providers, and hospitals understand UM requirements that apply to services being received.

POS and PPO members who choose to be admitted to a hospital that is not part of our network must preregister their admission or their coverage may be affected. If members do not preregister these non-network services, a preregistration penalty may apply, if you are covered through a Massachusetts-based employer.

Check authorizations or preregistrations before upcoming appointments or procedures. Register at tuftshealthplan.com to access your secure online account.

Please review your member benefit document for more information about our UM and preregistration processes. To determine the status or outcome of a UM decision, please call a member specialist.
Health Programs

Our goal is to help members become and stay healthy. That's why we offer a range of health programs to help you maintain and improve your health if you have the following:

- Asthma
- Chronic heart failure
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Coronary artery disease/cholesterol management
- Diabetes
- End-stage renal disease
- Morbid obesity

To learn more about these and other health programs and initiatives, log in to your secure online account at tuftshealthplan.com.
Member Discounts

Leading a healthy lifestyle can empower you every day and have an impact on everything you do. Tufts Health Plan encourages members to pursue fitness, nutrition, and wellness goals. That’s why we offer discounts on the following products, treatments, and services:

• Acupuncture
• Appalachian Mountain Club
• Boys & Girls Clubs
• ChooseHealthy.com — health and wellness online shopping
• Curves® fitness and weight-loss centers
• Eyewear
• Fitness clubs
• Fitness Together personal training
• Home Instead Senior Care
• Massage therapy
• Nutrition counseling
• The Original Healing Threads™
• Tufts University Health & Nutrition Letter
• Wellness programs

To learn more about the programs described here, as well as new discount programs, visit tuftshealthplan.com.
Your Right to Make Medical Treatment Decisions

You have the right to make your own medical treatment decisions. But what happens if you become too sick to determine the medical treatment that’s best for you?

Patient rights legislation allows you to choose an adult relative or friend to speak for you if this should occur. This person is called your health care agent.

Your Right to Information and to Make Medical Decisions

Tufts Health Plan respects your right to make informed decisions about your medical care and to appoint a health care agent. Your legal rights as a patient to make decisions about your medical care include the right to:

• Obtain from your doctor information you need to make an informed and voluntary decision about whether to agree to a procedure or treatment your doctor recommends

• Agree to any recommended treatment you want and refuse any treatment you don’t want, even if it might help keep you alive longer

• Receive information in a manner that is clear and understandable

When You Can’t Speak for Yourself

Massachusetts, New Hampshire, and Rhode Island (and many other states) make it possible for you to choose a health care agent if you are at least 18 years of age and competent.

• Massachusetts recognizes a completed health care proxy form.

• New Hampshire and Rhode Island recognize a durable power of attorney for health care.
Your health care agent may act for you only if your doctor determines that you are unable to make or communicate your own health care decisions. Your health care agent would then have legal authority to make health care decisions for you, including decisions about life-sustaining treatment.

Both health care proxy forms and durable powers of attorney allow you to set specific limits on your agent’s authority.

Please note: You are not required to complete a health care proxy or durable power of attorney form to receive medical care from any health care provider. You have the right to receive the same type and quality of health care, whether or not you have selected a health care agent.

If You Have Completed a Form

If you have filled out a health care proxy or a durable power of attorney, be sure to give copies to:

• Your health care provider to put in your medical record
• Family members
• Your health care agent

Please do not send a copy to Tufts Health Plan.
If You Have Not Completed a Form

If you need a form, contact:

Massachusetts Executive Office of Elder Affairs
John W. McCormack Building
1 Ashburton Place, Room 517
Boston, MA 02108
617-727-7750

New Hampshire and Rhode Island residents should contact the appropriate office:

New Hampshire Hospital Association
125 Airport Road
Concord, NH 03301
603-225-0900

Rhode Island Department of Health
Canon Building
3 Capitol Hill
Providence, RI 02908
401-222-2231

Living Wills

If you have not selected a health care agent, you can write specific instructions about how you wish to be treated should you become unable to make your own health care decisions. This is sometimes called a living will. For legal advice about a living will, consult your attorney.
Frequently Asked Questions

What if I need to be hospitalized?

HMO and EPO members: When you choose your Tufts Health Plan-participating PCP, in most cases you are also choosing the hospital where your PCP admits his or her patients. If you need to be hospitalized, it’s likely you’ll be admitted to your PCP’s hospital, unless the treatment you need is unavailable there. If you are hospitalized, be sure to identify yourself as a Tufts Health Plan member. Your doctor will preregister you for an inpatient admission or transfer. You do not need to call Tufts Health Plan.

POS members: If you are seeking care at the authorized level of benefits, your Tufts Health Plan-participating PCP will provide or authorize your care. He or she will preregister you for your inpatient admission or transfer. You don't have to call Tufts Health Plan.

If your Tufts Health Plan-participating PCP is not providing or authorizing your care, you must preregister for an inpatient admission or transfer. If you do not preregister, you may pay a penalty and your coverage may be reduced. Please refer to the following preregistration guidelines:

- Emergency admissions: Direct admissions to the hospital from the emergency room require you to notify Tufts Health Plan within 48 hours following the hospitalization.

- Urgent admissions: Admissions that require prompt medical attention, but provide reasonable opportunity to preregister before or at the time of admission. You must preregister just before or at the time of hospitalization.

- Elective hospitalizations or transfers: These must be preregistered at least five days before the hospitalization or transfer.

PPO members: If a doctor in the network is providing your care, you do not have to preregister inpatient admissions or transfers. Your network doctor will take care of preregistering for you. PPO members whose care...
is directed by a provider who is not in our network are responsible for preregistering their inpatient admissions or transfers. If you do not preregister, you may pay a penalty in addition to your deductible and applicable coinsurance. Please review the following preregistration guidelines:

- **Emergency admissions**: If you are admitted to the hospital from the emergency room, you must notify Tufts Health Plan within 48 hours.

- **Urgent admissions**: Admissions that require prompt medical attention, but provide reasonable opportunity to preregister before or at the time of admission must be preregistered just before or at the time of hospitalization.

- **Elective hospitalizations or transfers** must be preregistered at least five days before the hospitalization or transfer.

Always check your member benefit document for more detailed information.

**What if I need urgent medical attention while traveling?**

Tufts Health Plan covers urgent care. An urgent condition is one that requires immediate care, but isn’t life-threatening. If you seek urgent care while traveling, you or someone acting on your behalf should notify your doctor within 48 hours of the onset of the urgent condition.

**How can I get care when my provider’s office is closed?**

After office hours, your provider's telephone should be answered either by an answering machine or an answering service.

For urgent problems, your provider’s answering service should offer to contact your provider or a covering physician. If an answering machine is used by your provider’s office, it should provide a telephone number you can call to contact a covering physician.