

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RItogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

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

The following information applies to Tufts Health Plan Senior Care Options (SCO) and Tufts Health One Care skilled nursing facilities (SNFs). For more information on SNF claim submission and coverage, refer to the applicable payment policies:

- [Skilled Nursing Facility](#) (Tufts Health Plan SCO)
- [Skilled Nursing Facility](#) (Tufts Health Public Plans)

Level of Care	Facility Responsibilities
Skilled Care (member will be returning home)	
Less than two months	<p>Inpatient Notification form - complete and fax to Tufts Health Plan's Precertification Operations Department</p> <ul style="list-style-type: none"> • 617-673-0705 (Tufts Health Plan SCO) • 857-304-6304 (Tufts Health One Care)
Custodial Care (short-term/non-skilled stay; member will be returning home)	
Upon admission and discharge from short term stay	<p>Inpatient Notification form - complete and fax to Tufts Health Plan's Precertification Operations Department</p> <ul style="list-style-type: none"> • 617-673-0705 (Tufts Health Plan SCO) • 857-304-6304 (Tufts Health One Care) <p>Send the following documents to the MassHealth Enrollment Center:</p> <ul style="list-style-type: none"> • Status Change Form (SC-1) – required upon admission and any level of care changes • Minimum Data Set (MDS) 3.0 <p>MDS 3.0 – complete and submit to:</p> <ul style="list-style-type: none"> • MassHealth Enrollment Center • Tufts Health Plan SCO (upon request) <ul style="list-style-type: none"> – SCO Clinical Department fax: 617-673-0781 • Tufts Health One Care (upon request) <ul style="list-style-type: none"> – Fax: 617-673-0926, Attn: Membership Accounting Department
Long-term Stay (SNF will be member's residence)	
Upon admission	<p>Inpatient Notification form - complete and fax to Tufts Health Plan's Precertification Operations Department</p> <ul style="list-style-type: none"> • 617-673-0705 (Tufts Health Plan SCO) • 857-304-6304 (Tufts Health One Care) <p>Send the following documents to the MassHealth Enrollment Center:</p>

Level of Care	Facility Responsibilities
	<ul style="list-style-type: none"> • Status Change Form (SC-1) • Permission to Share Information (PSI) form • Conversion packet received from MassHealth (complete and fax back within established timeframe) <p>Status Change Form (SC-1) – send a copy to:</p> <ul style="list-style-type: none"> • Tufts Health Plan SCO <ul style="list-style-type: none"> – Fax: 617-673-0926, Attn: Membership Accounting Department or – Email: MembershipaccountingSCOreconciliation@point32health.org – SCO Clinical Department fax: 617-673-0781 (upon request only) • Tufts Health One Care <ul style="list-style-type: none"> – Fax: 617-673-0926, Attn: Membership Accounting Department or – Email: THP_One_Care_SC-1_Submission@point32health.org
Status changes	<p>Status Change Form (SC-1) – submit completed form within 5 business days to:</p> <ul style="list-style-type: none"> • MassHealth Enrollment Center • Tufts Health Plan SCO <ul style="list-style-type: none"> – Fax: 617-673-0926, Attn: Membership Accounting Department or – Email: MembershipaccountingSCOreconciliation@point32health.org • Tufts Health One Care <ul style="list-style-type: none"> – Fax: 617-673-0926, Attn: Membership Accounting Department or – Email: THP_One_Care_SC-1_Submission@point32health.org <p>MDS 3.0 – complete and submit to:</p> <ul style="list-style-type: none"> • MassHealth Enrollment Center • Tufts Health Plan SCO (upon request) <ul style="list-style-type: none"> – SCO Clinical Department fax: 617-673-0781 • Tufts Health One Care (upon request) <ul style="list-style-type: none"> – Fax: 617-673-0926, Attn: Membership Accounting Department

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.