

American Association of Healthcare Administrative Management (AAHAM)

All Payer Meeting

June 7, 2019

Tufts Health Freedom Plan

thfp.com/providers

TUFTS HEALTH FREEDOM PLAN

Contact Us About Us LOGIN Search

I am a ... Provider Our Plans Resource Center Pharmacy Behavioral Health News Condition Management Training Find a Doctor, Hospital and more

Home > Provider > Resource Center

Resource Center

Find all the information you need to do business with us, including prior authorization documents, payment policies, medical necessity guidelines, our provider manual, and more.

TUFTS Health Plan

You may notice the Tufts Health Plan logo on many of these documents...

LEARN WHY ▶

Get all the information you need to know about our [Office Managers Meetings, webinars, and webcasts.](#)

Division and Product Organization

To optimize use of our online resources, you must identify and select the Tufts Health Plan division in which your patient is enrolled:

- **Commercial**
- **Medicare**
- **Tufts Health Plan Senior Care Options (SCO)**
- **Tufts Health Public Plans**

Refer to the **Products Overview and Member ID Card Guide** for assistance in determining the member's plan and the division under which the plan falls.

I am a ... **Provider** ☰

Our Plans Pharmacy Resource Center Condition Management Behavioral Health News Training Find a Doctor, Hospital... ▾

Home > Provider

Welcome Providers

To assist in determining copays, cost-share amounts, and other plan-specific information, we developed a [Products Overview and Member ID Card Guide](#).

Tufts Health Plan distributes its *Provider Update** newsletter by email. In order to receive *Provider Update*, you must complete the online registration form. Click "Register Your Email" below to view the form.

*Copies of this information can be made available upon request by calling the appropriate Tufts Health Plan Provider call center.

REGISTER YOUR EMAIL ▶

Provider Account Login
(You must select a division to login.)

Select a Division ▾



LOGIN ▶

[Register For Access](#)

Products Overview and Member ID Card Guide

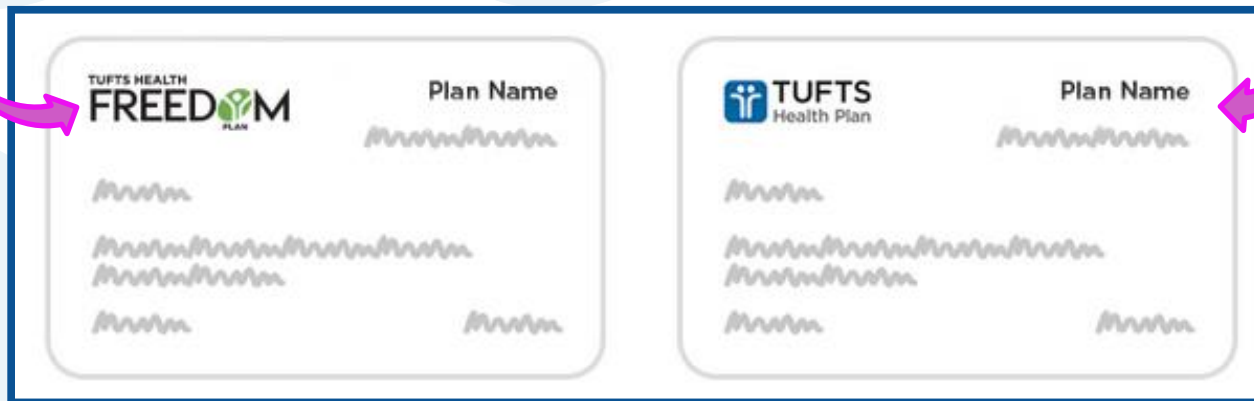
- tuftshealthplan.com/provider

Commercial Plans

Product	PCP/ Referrals Required	Description	Network Coverage	Coverage	Member Cost Share
<p>Tufts Health Freedom Plan EPD</p> 	Yes	<p>This plan covers preventive and medically necessary health care services and supplies.</p> <p>Members must choose a PCP in either Tier 1 or Tier 2.</p>	<p>Tier 1 - Granite Health Care network</p> <p>Tier 2 - Tufts Health Plan network</p>	<p>Tier 1 - Services covered in full or with the lowest copayment</p> <p>Tier 2 - Services covered, subject to a higher copayment</p>	<p>Preventive services are covered in full</p> <p>Tier 1 - PCP office visits are subject to a \$20 copayment, Specialist visits are subject to a \$35 copayment</p> <p>Tier 2 - PCP office visits are subject to a \$35 copayment, Specialist visits are subject to a \$45 copayment</p>
<p>Tufts Health Freedom Plan PPD</p> 	No	<p>This plan covers preventive and medically necessary health care services and supplies.</p>	<p>Tier 1 - Granite Health Care network</p> <p>Tier 2 - Tufts Health Plan network</p>	<p>Tier 1 - Services covered in full or with a copayment</p> <p>Tier 2 - Services covered, subject to a higher copayment</p>	<p>Preventive services are covered in full</p> <p>Tier 1 - PCP office visits are subject to a \$20 copayment, Specialist visits are subject to a \$35 copayment</p> <p>Tier 2 - PCP office visits are subject to a \$35 copayment, Specialist visits are subject to a \$45 copayment</p>

Tufts Health Freedom Plan and Tufts Health Plan Commercial Plans

Commercial providers may see Tufts Health Freedom Plan members. Tufts Health Freedom Plan members will have a Tufts Health Freedom Plan member ID card, and Tufts Health Plan Commercial members will have a Tufts Health Plan member ID card.



Reminder: Use Tufts Health Plan's secure Provider website to verify member eligibility, determine the member's plan type and access benefit information: tuftshealthplan.com/provider.

Plan Information for Providers - thfp.com/providers/plans

The screenshot displays the website's navigation bar with the 'Our Plans' link highlighted in a pink box. Below the navigation bar, the breadcrumb trail reads 'Home > Provider > Our Plans'. The main heading is 'Plan Information for Providers', followed by a sub-heading: 'Tufts Health Freedom Plan offers a variety of plan options. To learn more about a plan - including cost sharing, pharmacy benefits, referrals, and more - select it from the table below.' Two pink callout boxes are present: one pointing to the 'EPO' tab and another pointing to the 'PPO' tab. The 'View:' section shows two grid icons. The main content area is divided into two columns: 'EPO' and 'PPO'. Each column contains a list of plan options, each with a green arrow icon.

Our Plans

Contact Us About Us LOGIN Search

I am a ... Provider Our Plans Resource Center Pharmacy Behavioral Health News Condition Management Training Find a Doctor, Hospital and more

Home > Provider > Our Plans

Plan Information for Providers

Tufts Health Freedom Plan offers a variety of plan options.

To learn more about a plan - including cost sharing, pharmacy benefits, referrals, and more - select it from the table below.

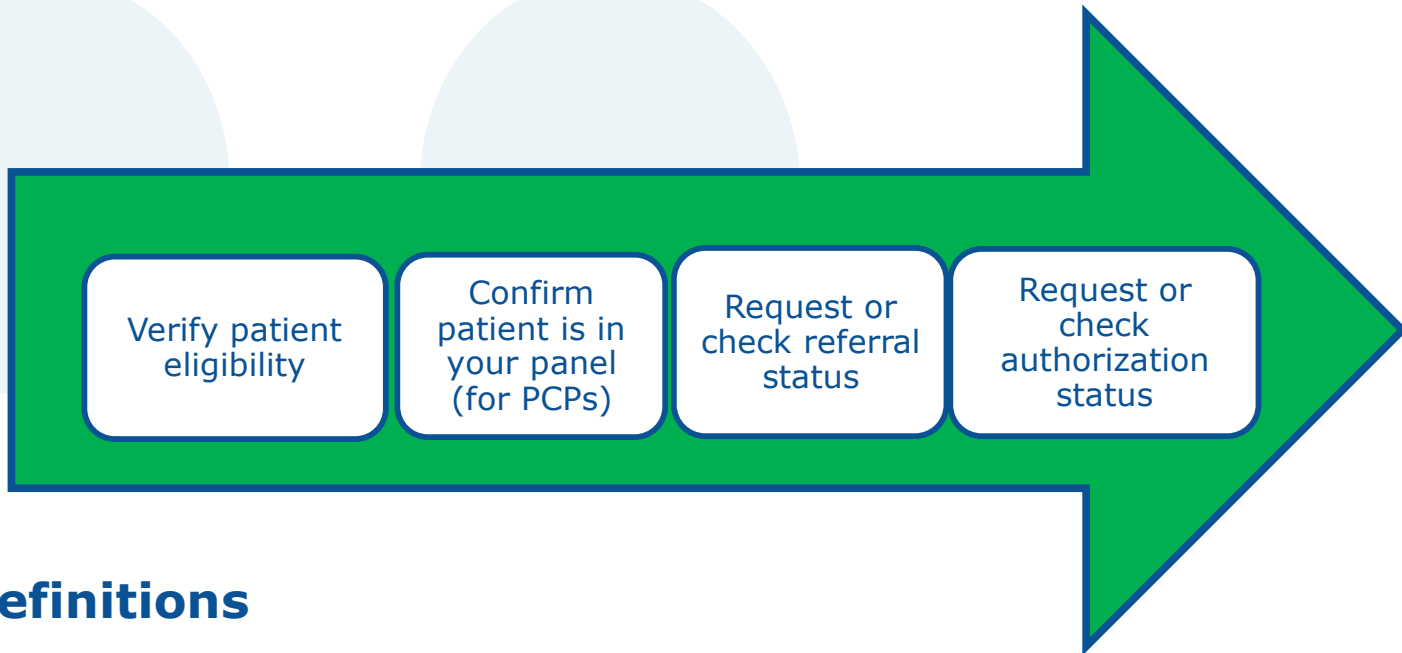
Exclusive Provider Option (EPO) Plans

Preferred Provider Organization (PPO) Plans

View: [Grid Icon] [Grid Icon]

EPO	PPO
Granite EPO	Granite Advantage PPO
Granite Premier Choice EPO	Granite PPO
Granite Advantage EPO	Granite Premier Choice PPO
Granite Advantage EPO Saver	Granite Advantage PPO Saver

Prior to patient care...



Key Definitions

Referral:

A referral verifies that the PCP has approved the member's care to that provider. It is the responsibility of the PCP to indicate the number of visits and type of specialty care service approved.

Prior Authorization:

Assists the health plan to determine medical necessity and appropriateness of health care services under the applicable health care benefit plan.

Referral Overview

- Primary care providers (PCPs) coordinate the referral management process for all HMO, EPO, and POS members utilizing their authorized level of benefits.
- It is the responsibility of the PCP to ensure that the member is directed to the appropriate specialty care provider. A referral verifies that the PCP has authorized the member's care to that provider.
- Referrals should be issued prior to services being rendered.

Referral Overview (continued)

- It is the responsibility of the PCP to indicate the number of visits and type of specialty care service authorized.
- A referral is valid in the Tufts Health Plan system until one or all of the following criteria are met:
 - The approved number of visits is used
 - A specified time frame up to one year from the date of referral
 - The member's benefit limit has been met
 - The member is no longer eligible

Note: In some instances, the PCP may indicate a specific date range for the member to receive specialty care services. In these instances, the referral is only valid for the specified date range indicated on the referral. The date range specified may not exceed one year from the date of issuance.

Referral Submission and Inquiry

- tuftshealthplan.com/provider

Referral Submission

- Providers are encouraged to submit referrals and notifications through Tufts Health Plan's secure website. Refer to the Electronic Services section of our website for information regarding additional self-service options.

Referral Inquiry

- Providers may check the status of an existing referral by using referral status inquiry on the Tufts Health Plan secure Provider website.
- The referral status inquiry tool provides the status of any referral submitted to Tufts Health Plan regardless of how the referral was submitted.

Tufts Health Freedom Plan Referral Process

This information applies only to Tufts Health Freedom Plan products for which referrals are required.

Tufts Health Plan requires specialists seeing members of Tufts Health Freedom Plan products (for which referrals are required) to add the name and NPI of the member's referring provider to Box 17a and 17b of the CMS-1500 claim form.

Tufts Health Plan accepts the referring provider's name and NPI populated in Box 17a and 17b as evidence of an in-network referral from the provider whose referral is required.

Prior Authorization Overview

- Tufts Health Plan requires prior authorization for certain services, drugs, devices and equipment as a condition of payment.
- While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.
- Refer to the Guidelines section of the Resource Center to determine which services require prior authorization and which department is responsible for review.
- Medical Necessity Guidelines and InterQual criteria are used in conjunction with the member's benefit plan document and in coordination with the provider recommending the service, drug, device or supply.

Medical Necessity Guidelines

I am a ... **Provider** Our Plans Pharmacy Resource Center Condition Management Behavioral Health News Training Find a Doctor...

Tufts Health Public Plans Locate Division on Member ID Card

Search: GO View: [Grid Icon] [List Icon]

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Search By Category

- Provider Manuals
- Guidelines
 - Online + Electronic Services
 - Clinical Resources
 - Behavioral Health
 - Clinical Practice Guidelines
 - Medical Necessity Guidelines**
 - Pharmacy Medical Necessity Guidelines
- Payment Policies
- Provider Pharmacy
- Behavioral Health
- Forms

Blepharoplasty, Upper Eyelid, and Brow and/or Eyelid Ptosis Repair
Medical Necessity Guidelines View/Download

Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair
Effective: April 1, 2019
Medical Necessity Guidelines View/Download

Showing 2 of 2 Related Items

Medical Necessity Guidelines (continued)



Medical Necessity Guidelines: Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair

Effective: April 1, 2019

Prior Authorization Required

If REQUIRED, submit supporting clinical documentation pertinent to service request.

Yes No

Applies to:

COMMERCIAL Products

- Tufts Health Plan Commercial products; Fax: 617.972.9409
- Tufts Health Freedom Plan products; Fax: 617.972.9409

TUFTS HEALTH PUBLIC PLANS Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607

*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products

- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the [Tufts Health Plan SCO Prior Authorization List](#)
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the [Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List](#)

To obtain InterQual® SmartSheets™:

- **Tufts Health Plan Commercial products and Tufts Health Freedom Plan products:** If you are a registered Tufts Health Plan provider [click here](#) to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404.
- **Tufts Health Public Plans products:** InterQual SmartSheet(s) available as part of the prior authorization process.

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.



Inpatient Notification

- As a condition of payment, Tufts Health Plan requires notification for any member who is being admitted for inpatient care regardless of whether Tufts Health Plan is the member's primary or secondary coverage.
- Inpatient notification is required for all medical and behavioral health inpatient services.
- Inpatient notification is the responsibility of admitting providers and hospital admitting departments.
- Inpatient notification does not take the place of a referral or prior authorization requirements for a service.
- Refer to the Referral, Authorization and Notification Policy for additional information about the inpatient notification process.

Inpatient Notification Requirements

Admitting providers and hospital admitting departments share the responsibility for notifying Tufts Health Plan in accordance with the following timelines:

- **Elective admissions**: Notify Tufts Health Plan five business days prior to admission.
- **Emergency/urgent admissions**: Notify Tufts Health Plan within the next business day.

Providers can submit an inpatient notification by:

- Logging in to the secure Provider website at **tuftshealthplan.com/provider**
- EDI transaction: Batch 278 Inpatient Notification files are accepted.
- Faxing an Inpatient Notification Form to the Precertification Operations Department at **617.972.9590** or **800.843.3553**

Helpful Definitions

Referral:

A referral verifies that the PCP has approved the member's care to that provider. It is the responsibility of the PCP to indicate the number of visits and type of specialty care service approved.

Prior Authorization:

Assists the health plan to determine medical necessity and appropriateness of health care services under the applicable health care benefit plan.

Inpatient Notification:

An inpatient notification is notification to CarePartners of Connecticut that a member is being admitted for inpatient care. Inpatient notification is completed by the facility where the member is scheduled to be admitted or may be completed by the specialist provider.

Recommended Browsers

- Tufts Health Plan recommends using the latest versions of one of the following Internet browsers for the public and secure Provider websites:

- Mozilla Firefox



- Google Chrome



- Internet Explorer is not optimal for working on the public and secure Provider websites.

Navigating Tufts Health Plan's Website

tuftshealthplan.com/provider

Tufts Health Plan's Provider website has two distinct sections:

- **Public Provider website**

- Medical necessity guidelines
- Payment policies
- Pharmacy programs
- Provider manuals
- Training and education

- **Secure Provider website (registration required)**

Tufts Health Provider Connect (Tufts Health Public Plans only)

Tufts Health Plan Provider Portal (Commercial and Senior Products)

- Claims status inquiry
- Eligibility and benefits
- Referral inquiry and submission
- Inpatient notification request submission
- Online claim adjustments (Commercial and Senior Products)

Access the Secure Provider Website

- Login or Register at thfp.com/login

The screenshot shows the Tufts Health Freedom Plan website. At the top left is the logo for Tufts Health Freedom Plan. To the right are links for 'Contact Us' and 'About Us', and a 'LOGIN' button with a person icon, which is highlighted by a pink arrow. A search bar is also visible. Below the navigation bar is a green banner with the text 'Account Login' overlaid on a background image of two children. Underneath the banner, the text 'Login/Register As A...' is displayed. Below this text are four options: 'Member' (with a family icon), 'Provider' (with a stethoscope icon and highlighted by a pink box), 'Broker' (with a handshake icon), and 'Employer' (with a group of people icon).

Secure Provider Website Registration

- tuftshealthplan.com/provider/electronic-services/provider-self-service



[About Us](#) [Contact](#) [English](#) [Login](#) [Site Search](#)

I am a ...
Provider

[Our Plans](#)

[Pharmacy](#)

[Resource Center](#)

[Condition Management](#)

[Behavioral Health](#)

[News](#)

[Training](#)

[Find a Doctor, Hospital...](#)

[Home](#) > [Provider](#) > [Electronic Services](#) > [Provider Self Service](#)

[Electronic Services](#)

[Provider Self Service](#)

Registration

Registering a contracting provider ID allows you to access information containing that provider ID number, such as claims and referrals.

To register:

Go to the secure Provider website log-in page and click "Register here". Determine the type of registration you need to complete. To add an additional provider or providers to your existing account, click "I need additional access" or to register a new account, click "Continue with registration".

You will need the following information to add additional providers or create a new account:

- NPI (National Provider Identification)
- One of the following:
 - Tax ID number (group registrations)
 - Social Security Number (individual registrations)
- Information from two recent claims submitted by the provider

Select your role:

If you are registering to be the SAA of the NPI entered and there is already an NPI in place, you must select "Replace current SAA" or "Cancel to start over" and select a different role.

Are you registering **as the provider** or **on behalf of the provider**?

Secure Provider Website



[ELIGIBILITY & BENEFITS](#) [CLAIMS](#) [REFERRALS](#) [AUTHORIZATIONS](#) [NOTIFICATIONS](#) [BEHAVIORAL HEALTH](#)

Coverage Updates for Commercial Products

Coverage Updates for Commercial Products

The latest changes to Commercial products (including Tufts Health Freedom Plan) are now in effect. Be sure to read about the change to ensure timely billing and payment.

[Membership Report](#)

[Reporting Tools](#)

[Restricted Drug List](#)

Claims Status Inquiry



[Go to tuftshealthplan.com](#) | [Contact Us](#) |

[Log Out](#)

ELIGIBILITY & BENEFITS **CLAIMS** REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH

Claims Status Inquiry

The Claims Status Inquiry tool allows you to search for a claim for a specific member. To search for a claim, you can search by member ID, procedure code or just about any other piece of information associated with the claim.

Claims Inquiry, Rationale, & Adjustments

Electronic Payment Services

Electronic Claims Submission

provider
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Frequently Asked Questions

Are all claims eligible to be adjusted or disputed?

How many claims can I view?

Where can I find Tufts Health Plan's payment policies?

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO SERVICE PERIOD

You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. [Click here to learn more.](#)

Search for any information related to claim or claims

CLEAR

SEARCH



Claims Status Inquiry - Free Form Search

- **You can search with any information related to the claims that you are looking for.** For example, if you are looking for a claim from July, just type “July” in to the search box, and claims associated with the month of July will be returned.
- **You can search for multiple pieces of information at once.** For example, you can enter many claim numbers returning multiple results. You can also enter multiple pieces of information related to a single claim in order to refine search results.
- **When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items.**

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO SERVICE PERIOD

You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. [Click here to learn more.](#)

Claim Adjustments

- Commercial and Senior Products



Go to tuftshealthplan.com | [Contact Us](#) | [Log Out](#)

[ELIGIBILITY & BENEFITS](#) [CLAIMS](#) [REFERRALS](#) [AUTHORIZATIONS](#) [NOTIFICATIONS](#) [BEHAVIORAL HEALTH](#)

Claims Adjustment

[Frequently Asked Questions](#)

[Provider Payment Dispute Guidelines](#)

Claim Number	Pay Date	Check Number	Process Type	EFT	Claim Type

Change Information on this Claim

I want to change information on this claim.

Dispute a Denial and/or Payment

Return Funds to Tufts Health Plan

GO BACK

CONTINUE



Provider Payment Dispute Overview

- Providers have the right to file a payment dispute if they disagree with a decision regarding the denial or compensation of a claim.
- **The Online Claim Adjustment Tool on the secure Provider website is the primary means of submitting Commercial and Senior Products claim adjustment requests and payment disputes.**
- When submitting a payment dispute by mail, the Request for Claim Review Form, along with any supporting documentation, is required. The form can be found in the Forms section of the Resource Center at tuftshealthplan.com/provider.
 - A separate dispute form must be submitted for each claim adjustment.
 - All incomplete submissions will be returned.
- For complete information, refer to the **Provider Payment Dispute Policy** found in the Payment Policy section of the Resource Center on the public Provider website.

Request for Claim Review Form

Reset Form

COMPLETE ALL INFORMATION REQUIRED ON THE "REQUEST FOR CLAIM REVIEW FORM".
INCOMPLETE SUBMISSIONS WILL BE RETURNED UNPROCESSED.

Please direct any questions regarding this form to the plan to which you submit your request for claim review.

Today's Date (MM/DD/YY):	Health Plan Name:
<i>*Denotes required field(s)</i>	
Provider Information	
*Provider Name:	*Contact Name:
*National Provider Identifier (NPI):	*Contact Phone Number:
Contact Fax Number:	Contact E-mail Address:
*Contact Address:	
Member / Claim Information	
*Member ID:	*Member Name:
*Date(s) of Service (MM/DD/YY):	
*Claim Number:	*Denial Code:
*Review Type	
Enter X in one box, and/or provide comment below, to reflect purpose of review submission.	
<input type="checkbox"/>	Contract term(s): The provider believes the previously processed claim was not paid in accordance with negotiated terms.
<input type="checkbox"/>	Coordination of Benefits: The requested review is for a claim that could not fully be processed until information from another insurer has been received.
<input type="checkbox"/>	Corrected Claim: The previously processed claim (paid or denied) requires an attribute correction (e.g., units, procedure, diagnosis, modifiers, etc.). Please specify the correction to be made:
<input type="checkbox"/>	Duplicate Claim: The original reason for denial was due to a duplicate claim submission.
<input type="checkbox"/>	Filing Limit: The claim whose original reason for denial was untimely filing.
<input type="checkbox"/>	Payer Policy, Clinical: The provider believes the previously processed claim was incorrectly reimbursed because of the payer's clinical policy.
<input type="checkbox"/>	Payer Policy, Payment: The provider believes the previously processed claim was incorrectly reimbursed because of the payer's payment policy.
<input type="checkbox"/>	Pre-Certification/Notification or Prior-Authorization or Reduced Payment: The request for a claim whose original reason for denial or reimbursement level was related to a failure to notify or pre authorize services or exceeding authorized limits.
<input type="checkbox"/>	Referral Denial: The claim whose original reason for denial was invalid or missing primary care physician (PCP) referral.
<input type="checkbox"/>	Request for additional information: The requested review is in response to a claim that was originally denied due to missing or incomplete information (NOC Codes, Home Infusion Therapy).
<input type="checkbox"/>	Retraction of Payment: The provider is requesting a retraction of entire payment or service line (e.g., not your patient, service not performed, etc.).
<input type="checkbox"/>	MassHealth: The MassHealth provider has received a Final Deadline Exceeded error message. MassHealth providers must only use this review type to submit claims for review to MassHealth. Use of this form for submission of claims to MassHealth is restricted to claims with service dates exceeding one year and that comply with regulation 130CMR 450.323.
Other:	
Comments (Please print clearly below):	

Reminders:

- When filling out the form, do not highlight any content, as text may appear blacked out when scanned in to the system.
- Make sure to list a valid claim number and message code. This information must match what is listed online or on the Explanation of Payment.
- The appropriate review reason must be chosen to avoid unnecessary rejections.
- A separate dispute form must be submitted for each adjustment along with any supporting documentation.
- 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.
- New/original claims may not be included with your payment dispute forms.
- Disputes of claims denied for receipt past the filing deadline must include acceptable proof of timely submission.

Register to Receive *Provider Update* by Email

- The registration form can be accessed on the public Provider website at thfp.com/providers. Click "Register Your Email" below to complete and submit the short registration form.

The screenshot displays the Tufts Health Plan website's provider portal. At the top left is the logo for 'TUFTS HEALTH FREEDOM PLAN'. To the right are links for 'Contact Us', 'About Us', a 'LOGIN' button with a person icon, and a search bar. A green navigation bar contains several menu items: 'I am a ... Provider' (highlighted with a pink box), 'Our Plans', 'Resource Center', 'Pharmacy', 'Behavioral Health', 'News', 'Condition Management', 'Training', and 'Find a Doctor, Hospital and more'. Below the navigation bar, the main content area features a 'Welcome Providers' heading and a paragraph explaining that the 'Provider Update' newsletter is distributed by email and requires registration. A green button labeled 'Register Your Email' with a right-pointing arrow is positioned at the bottom left of this section, with a pink arrow pointing to it from the right. On the right side of the page, there is a white box titled 'Provider Account Login' containing a green 'LOGIN' button and a link for 'Register For Access'. The background of the page is a blurred image of a desk with a stethoscope and a stethoscope.

Note: This email address will be used only for required notifications and other pertinent business communications. It will not change or grant login credentials to the secure Provider website.

Provider Update

- tuftshealthplan.com/provider/news

The screenshot shows the 'Provider News' section of the Tufts Health Plan website. The navigation bar at the top includes links for 'I am a ... Provider', 'Our Plans', 'Resource Center', 'Pharmacy', 'Behavioral Health', 'News' (highlighted with a pink box), 'Condition Management', 'Training', and 'Find a Doctor...'. The main content area features a large image of a doctor and a 'Provider News' section with a pink arrow pointing to the 'REGISTER FOR PROVIDER NEWS' link. To the right, there is a 'Provider Update' box with a pink box around the 'Current Issue: May 1, 2019' text and a 'Past Issues' dropdown menu. At the bottom, there is a search bar with a pink arrow pointing to it, and a 'View:' section with two icons. Below the search bar, there is a 'Newest to Oldest' dropdown menu and a 'Coverage Updates' section with a 'Search By Year' list on the left and a table of updates on the right.

I am a ... **Provider** Our Plans Resource Center Pharmacy Behavioral Health **News** Condition Management Training Find a Doctor...

Provider News

The latest news for our providers, including coverage updates, coding reminders, mandates, plan changes, requirements and more.

[REGISTER FOR PROVIDER NEWS](#)

Provider Update

Register to receive *Provider Update* by email for the latest news and information from Tufts Health Plan.

Current Issue:
May 1, 2019

Past Issues

Search the Resource Center

View:

Newest to Oldest

Coverage Updates

Search By Year

- 2019
- 2018
- 2017

Commercial (including Tufts Health Freedom Plan), Tufts Health Public Plans April 30, 2019

Provider Education and Training - Guides and Resources

thfp.com/providers/training/guides-resources

The screenshot shows the Tufts Health Plan website interface. At the top left is the logo for Tufts Health Freedom Plan. The top navigation bar includes links for 'Contact Us', 'About Us', 'LOGIN', and a search function. Below this is a green navigation bar with categories: 'I am a ... Provider', 'Our Plans', 'Resource Center', 'Pharmacy', 'Behavioral Health', 'News', 'Condition Management', 'Training', and 'Find a Doctor, Hospital and more'. The 'Training' link is highlighted with a pink box. On the left sidebar, under the 'Training' section, 'Guides + Resources' is also highlighted with a pink box. The main content area shows a breadcrumb trail: 'Home > Provider > Training > Guides + Resources'. The title 'Guides + Resources' is displayed. Under the heading 'Secure Provider Website', there is a list of links: 'Authorization Inquiry', 'Claim Status Inquiry', 'Eligibility and Benefits Inquiry', 'Inpatient Notification Inquiry', 'Inpatient Notification Submission', 'Referral Inquiry', and 'Referral Submission'. Two pink arrows point to 'Eligibility and Benefits Inquiry' and 'Inpatient Notification Submission'. Below this is the 'Other Resources' section with links for 'Commercial Provider Resource Guide' and 'Guide to Tiered Network Plans for Hospitals and Professionals'. A pink arrow points to 'Commercial Provider Resource Guide'. On the right side, there is a featured article titled 'Why Am I Seeing the Tufts Health Plan Logo?' with a sub-headline 'You may have noticed the Tufts Health Plan logo on many of our documents' and a button labeled 'Here's Why'. An image of a document and a pen is shown above the article.

Provider Education and Training - Webinars

thfp.com/providers/training/webinars

The screenshot shows the Tufts Health Freedom Plan website. At the top left is the logo with 'TUFTS HEALTH' above 'FREEDOM PLAN' and a green leaf icon. To the right are links for 'Contact Us', 'About Us', and a 'LOGIN' button with a user icon. Below this is a green navigation bar with menu items: 'I am a ... Provider', 'Our Plans', 'Resource Center', 'Pharmacy', 'Behavioral Health', 'News', 'Condition Management', 'Training' (highlighted with a pink box), and 'Find a Doctor, Hospital and n'. A left sidebar contains 'Training', 'Office Managers Meetings', 'Guides and Resources', 'Training Videos', and 'Webinars' (highlighted with a pink box). The main content area has a breadcrumb trail 'Home > Provider > Training > Webinars', a title 'Webinars', and a sub-header 'Register to Attend an Informational Webinar'. A paragraph describes the webinars. Below is a section 'Upcoming Webinars' with four items: 'Navigating the Provider Website' (highlighted with a pink arrow), 'Submitting Provider Payment Disputes', 'Referral, Prior Authorization and Inpatient Notification Overview', and 'Limited Network and Tiered Plans'.

TUFTS HEALTH
FREEDOM
PLAN

Contact Us About Us LOGIN

I am a ... Provider Our Plans Resource Center Pharmacy Behavioral Health News Condition Management **Training** Find a Doctor, Hospital and n

Training
Office Managers Meetings
Guides and Resources
Training Videos
Webinars

Home > Provider > Training > Webinars

Webinars

Register to Attend an Informational Webinar

Our webinars allow you to participate in interactive training sessions with Tufts Health Plan's Provider Education Team without traveling away from your office.

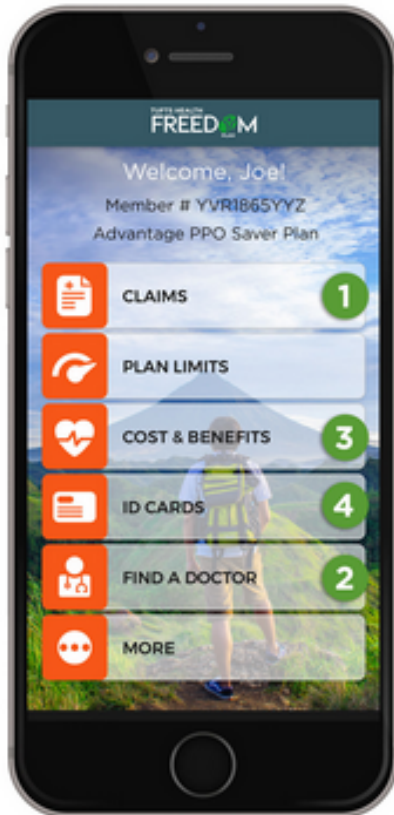
Upcoming Webinars

- Navigating the Provider Website**
Wednesday, June 19, 2019 | 12-1 p.m.
- Submitting Provider Payment Disputes
Tuesday, June 25, 2019 | 1-2 p.m.
- Referral, Prior Authorization and Inpatient Notification Overview
Thursday, July 11, 2019 | 10-11 a.m.
- Limited Network and Tiered Plans
Wednesday, July 24, 2019 | 11 a.m.-12 p.m.

Tufts Health Freedom Plan

- Mobile App for Members

- With the free Tufts Health Freedom Plan mobile app, members can check claims, benefits, search for providers and view their ID card - anytime, anywhere!



Find it Fast

The touch-ID enabled app makes it easy to find the information you need without having to remember your login information each time.

1. Check your claims

Keep track of all the covered services you've received and your cost-share responsibility.

2. Find estimated costs for services under "Find a Doctor"

You can shop for care using our Treatment Cost Estimator tool to find high-quality, affordable services.

3. View your costs and benefits

Know your coverage and cost-share responsibilities for different services so you're prepared when you see your health care provider.

4. View your ID card

Have it handy to show at doctor's visits.

Contact List

- **Tufts Health Freedom Plan Website:** thfp.com/providers
- **Provider Services:** **888.884.2404**
 - Call with claim, benefit, and policy inquiries for Commercial members
- **Behavioral Health:** **800.547.5186**
- **Technical Inquiries:** 888.884.2404, option 6 or network_tech@tufts-health.com
- **EDI Operations:** 888.880.8699 ext. 54042 or EDI_Operations@tufts-health.com
- **Provider Education:** provider_education@tufts-health.com