Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Member Enrollment Retroactivity

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)

Policy

Tufts Health Plan will make retroactive changes to member enrollment data based solely on information received from an applicable governing agency and will readjudicate claims affected by these changes.

A retroactive change to member enrollment data may consist of either a retro-enrollment or a retro-termination.

- Retro-enrollment: The governing agency identifies a member as covered by Tufts Health Public Plans for a specified previous time period.
- Retro-termination: The governing agency identifies a member as ineligible or covered by either the governing agency or another managed care organization for a specified previous time period.

Referral/Prior Authorization/Notification Requirements

Tufts Health Plan may require authorization for services rendered during the retroactive period. To obtain authorization, providers must submit medical documentation for services rendered during the retroactive period. To determine the authorization requirements for a specific claim, please refer to the relevant medical and behavioral health benefit summary grid.

Billing Instructions

Tufts Health Plan will identify and readjudicate any claims processed during the retroactive period. If another insurer has denied a claim for services rendered during the retroactive period, providers must submit the claim to Tufts Health Plan along with a copy of the other insurer's explanation of payment. Tufts Health Plan will only reimburse for services covered under the member's plan.

Publication History

- January 2024: Template updates
- February 2019: Removed reference to retired payment policy (Timely Filing of Claims policy)
- March 2018: Template updates
- October 2017: Updated to include RITogether
- February 2017: Template updates

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.