

UTILIZATION MANAGEMENT



To help you receive quality health care in an appropriate treatment setting, we provide utilization management (UM).

We use up-to-date medical standards and medical necessity guidelines for making coverage decisions about medically needed services through our UM activities. Standards and guidelines are updated each year—or more often—as new treatments, new uses for treatments, and new technologies are adopted as generally accepted professional practices.

We may check utilization of health care services before (prospective review), during (concurrent review), or after members get them (retrospective review).

- ▶ **Prospective (Before Treatment):** We determine whether a treatment is medically necessary before it begins.
- ▶ **Concurrent (During Treatment):** We review treatment during the course of care to determine medical necessity.
- ▶ **Retrospective (After Treatment):** We review treatment for medical necessity after treatment is complete. You have the right to appeal coverage decisions.

For services and prescriptions that require pre-authorization, we conduct pre-service reviews. If you are hospitalized, we review all available information in order to facilitate the transition from hospital to home, or hospital to another health care environment. Reviews are also conducted post-service, to review prescriptions and other medical needs.

For clinical coverage decisions regarding medical services, denials are made only by board-certified physicians. For clinical coverage decisions regarding medications, denials are made only by board-certified physicians or registered pharmacists.

If you have any questions about what your specific plan covers, please read your Benefit Document or access your secure member account at mytuftshealthplan.com.

Supporting Members With Complex Medical Conditions

If you suffer from a severe illness or sustain a severe injury, or if you have an ongoing chronic condition like diabetes or asthma, you may be able to get valuable help by working with a nurse in Tufts Health Plan's Complex and Chronic Care Management programs.

The goal of our care management is to help you:

- ▶ Manage your health interests and goals
- ▶ Implement your doctor's plan of care

If you find you might need complex or chronic care management, contact us. A Tufts Health Plan nurse care manager will then get in touch with you to discuss health interests and goals, as well as any issues that might prevent you from being as healthy as possible, and from getting any health care you might need.

During the program, you and the nurse will work together to help you:

- ▶ Learn about your illness and learn how to best take care of yourself
- ▶ Manage symptoms of your illness
- ▶ Learn about your medicines
- ▶ Arrange care, including any community services that might be needed

Taking part in the program is always up to you. Your decision to take part or not take part in the program has no effect on your health care coverage or health benefits.