

# TUFTS Health Plan

# Update

NEWS FOR THE MARKETPLACE



FALL ■ 2011

## From the CEO

James Roosevelt Jr.  
President and  
Chief Executive Officer

Dear Valued Client:

I'm pleased to present our annual Benefit Update — giving you all the information you need from Tufts Health Plan to kick off 2012. At Tufts Health Plan, our focus remains working on innovative solutions to meet your needs.

In this issue, you'll read about:

- Benefit changes that will take effect on your Tufts Health Plan offerings in 2012.
- Our newly launched secure member website, [mytuftshealthplan.com](http://mytuftshealthplan.com), where members can use many self-service tools and more.
- Destination Wellness — Our website dedicated to encouraging healthy behavior in the workplace now has even more content. Use our do-it-yourself toolkits, program development guide, and monthly wellness information to help engage your members in healthy lifestyles.
- Our new Steward Community Choice Limited Network product, which, pending approval by the Division of Insurance, may offer employer groups a lower-cost health care coverage option.

We thank you for your business and look forward to our continued work together.

Sincerely,

James Roosevelt Jr.  
President and CEO

## New Limited Network Product Aims to Reduce Costs

As health care evolves, Tufts Health Plan strives to develop new products that offer quality coverage that remains affordable. We are working with Steward Health Care System, a network of community hospitals, to offer the new **Steward Community Choice** product, a limited network product.

“Through this agreement with Steward Health Care, we are introducing a product that offers a real choice for lower-cost coverage of high-quality healthcare,” said Tufts Health Plan CEO and President James Roosevelt. “This community-based solution to rising costs will provide significant savings to both employers and employees and is consistent with Tufts Health Plan’s history of being an innovative leader in the healthcare market.”

With the Steward Community Choice limited provider network plan, we expect the premiums to range 15 – 30% lower than full network product plan designs. For example, our Steward Community Choice plan with a \$1,000 deductible would see savings of approximately 16% compared to our Advantage HMO with a comparable full network plan design. Compared to our full network Value/Basic plan, that same Steward Community Choice plan could offer a price reduction of more than 20% and in some cases up to 30%.

Steward Community Choice will be offered as of January 1, 2012, subject to approval by the Massachusetts Division of Insurance (DOI). We filed the plan with the DOI in September, 2011. At this time, we are unable to quote rates for the new plan, but we will send an announcement when rates are available. Marketing materials will be available mid-October.

Tufts Health Plan remains committed to offering a comprehensive portfolio of products to meet the needs of our clients. We currently offer other limited network products and we develop new products as market needs become apparent.

If you have any questions, please speak with your Account Manager.

## Tufts Health Plan’s PPO is ranked highest in the nation by NCQA; Our HMO retains its number two ranking

Based on criteria that measured clinical performance and member satisfaction among 390 of the nation’s private health insurance plans, Tufts Health Plan today announced that it has been named top ranked among commercial PPO plans and fourth in the country overall by the National Committee of Quality Assurance (NCQA).<sup>\*</sup> In Rhode Island, Tufts Health Plan’s HMO and PPO plans are ranked first in the state by NCQA.

Moreover, Tufts Health Plan is ranked second in the nation for its commercial HMO/ POS combined product. This is the eighth consecutive year that Tufts Health Plan has been ranked among the top health plans by NCQA.

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## HEALTH MANAGEMENT

Tufts Health Plan's PPO is ranked highest in the nation by NCQA;  
Our HMO Plan retains its number two ranking *(Continued from page 1)*

Its Medicare Advantage HMO product, Tufts Medicare Preferred, was ranked eighth in the nation, maintaining its place among the top 10 highest ranked Medicare plans in the nation.

Since 1999, these products have achieved "Excellent" accreditation status from NCQA, which is the highest possible achievement for consumer protection, quality improvement, and clinical effectiveness. The rankings are based on a range of prevention, treatment, and customer experience scores that health plans voluntarily report to NCQA. The scores are compiled in NCQA's Quality Compass\*\* database.

The ongoing participation of the health plan in NCQA ranking illustrates Tufts Health Plan's commitment to improving quality and member satisfaction. The federal Agency for Healthcare Research and Quality (AHRQ) defines quality health care as doing the right thing at the right time for the right person, while achieving the best possible result.

Tufts Health Plan's consistently strong performance across the spectrum of measures used to rank the nation's health plans exemplifies these qualities and reflects the excellence of care delivered by its physicians and hospitals.

The NCQA accreditation survey process includes on-site and off-site evaluations of more than 60 standards and selected HEDIS\*\*\* performance measures conducted by a team of physicians and managed care experts. A committee of physicians analyzes the team's findings and assigns an accreditation level based on the performance level of the plan compared with NCQA's standards.

**About the National Committee for Quality Assurance**  
Celebrating its 22nd anniversary in 2011, NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. More information about NCQA is available on its website, [www.ncqa.org](http://www.ncqa.org).

\* *NCQA's Health Insurance Plan Rankings 2011-12 – Private*

\*\**The source for data contained in this publication is Quality Compass® 2011 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2011 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

\*\*\**HEDIS is a registered trademark of NCQA.*

### Member ID Card Change in 2012

On January 1, 2012, our pharmacy benefits manager, CVS Caremark, will undergo a systems upgrade. This process will be seamless to members.

As a result of the upgrade, the Caremark RXBIN number will change (this number appears at the bottom of members' ID cards). Although this number is changing, old Caremark RXBIN numbers will continue to operate at network pharmacies with no interruption.

In 2012, members of new groups and renewing groups with benefit changes that affect cards will receive ID cards that have the new Caremark RXBIN numbers.

Members of groups renewing without changes that affect member ID cards will not receive new cards. However, any member who requests a replacement ID card will receive a card that has a new Caremark RXBIN number.

## Pharmacy Benefit Changes — Effective January 1, 2012

### Drugs Moving to Non-Covered Drug List

Tufts Health Plan will no longer cover the following drugs due to the availability of generic alternative options:

- **Xalatan**
- **Avandia, Avandamet, and Avandaryl**
- **Crestor**

Members taking any of these drugs should speak with their prescribing doctor about which covered generic alternative option may be right for them. If a member's doctor feels that he or she should continue taking the non-covered drug, the doctor can submit a request for coverage through our Medical Review process.

### New Step Therapy Requirements

Step Therapy Prior Authorization (STPA) requires members to try alternative drugs before receiving coverage for certain high cost drugs. This program helps encourage the clinically proven use of first-line therapies and is designed to promote the utilization of the most therapeutically appropriate and cost-effective drugs first, before other treatments may be covered.

### Atypical Antipsychotics

STPA will be required for new prescriptions for the following Step 2 and Step 3 drugs:

#### Step 2

- olanzapine (Zyprexa®)
- olanzapine ODT (Zyprexa Zydis®)
- olanzapine/fluoxetine (Symbyax®)
- Geodon®
- Seroquel®

#### Step 3

- Abilify®
- Seroquel XR®
- Zyprexa®
- Symbyax®
- Zyprexa Zydis®

These medications will require a trial of **risperidone** before being covered. Members currently taking the Step 2 and Step 3 drugs listed above will be covered to continue their existing regimen.

Note: The drugs Zyprexa, Zyprexa Zydis, Symbyax, Seroquel, and Seroquel XR will move to Tier 3 on January 1, 2012.

### Glaucoma Drugs

STPA will be required for new prescriptions for the following Step 2 medications:

- Lumigan®
- Travatan Z®

These medications will require a trial of **latanoprost** before being covered. Members currently taking the Step 2 medications listed above will be covered to continue their existing regimen.

Note: Travatan Z will move to Tier 3.

### New Prior Authorization Requirement

When a drug is appropriate only for certain medical conditions or only after other drugs have been tried, Tufts Health Plan may require Prior Authorization for that drug. If a member's doctor feels that the drug is right for the member, he or she may submit a request for coverage through our Medical Review Process.

### Vytorin 10/80 mg

**Vytorin 10/80 mg** tablets will require Prior Authorization for members who have been using this strength for less than 12 months. All other strengths will remain covered with Step Therapy Prior Authorization.



### 2012 Benefit Changes

Tufts Health Plan will be implementing the following benefit changes upon renewal beginning January 1, 2012.

#### High-Tech Imaging — *Massachusetts only*

Upon plan renewal of all **HMO**, **POS**, and **PPO** plans, Tufts Health Plan will increase the copayment by \$25 for the following high-tech imaging procedures when they are performed in the outpatient setting:

- CT/CTA Scan
- MRI/MRA
- PET Scan
- Nuclear Cardiology

Important Note: Members will be exempt from paying the high-tech imaging copay when the imaging is required as part of an active treatment plan for a cancer diagnosis.

#### Emergency Room Copayment — *Massachusetts only*

For **ALL PLANS**, with the exception of Advantage and Advantage Saver plans, the emergency room copayment will increase by \$50.

#### Assisted Reproductive Technology (ART) Cycles — *Massachusetts only*

For **all fully insured plans that do not include an in-network deductible**, a day surgery copayment will apply for ART cycles (partial and complete).

#### Emergency Room Deductible — *Massachusetts and Rhode Island*

For all **Advantage HMO** and **Advantage PPO** plans (excluding Advantage Saver plans), emergency room visits will be subject to the plan's deductible. Note: Advantage Saver plans already have an emergency room deductible.

#### Chiropractic Services Clarification — *Massachusetts*

For **all fully insured plans**, members will be covered (as a standard) for a limit of 12 visits per year for outpatient spinal manipulation from any type of provider who renders these services, including chiropractors, osteopaths, or other providers. Previously, the limitation was only in place for services billed by chiropractors.

### Changes to Pharmacy Benefits

#### Mail Order Pharmacy Copayments — *Massachusetts only*

For all fully insured plans, the copayment for a 90-day supply of a Tier 3 medication will increase to three times the copayment of a 30-day supply. (The current standard benefit until December 31, 2011, for a 90-day supply of a Tier 3 medication is two times the copayment of a 30-day supply.)

#### Large Group Tier-1 Pharmacy Copayment — *Massachusetts only*

For all fully insured groups with 51 or more employees that offer HMO and PPO plans, the copayment for a 30-day supply of a Tier-1 drug will increase as follows:

- Tier-1 copayment of \$5 will increase to \$10
- Tier-1 copayment of \$10 will increase to \$15

## Small Group Pharmacy Copayments — Massachusetts only

For all small groups (50 or fewer employees), pharmacy copayments will increase as follows:

Product	Plan Name	Current Benefit (Valid until renewal) (\$Tier-1/\$Tier-2/\$Tier-3)	New Benefit (\$Tier-1/\$Tier-2/\$Tier-3)
HMO, POS, and PPO	Premium (Closed Plan)	\$10/\$25/\$45	\$15/\$30/\$50
	Value 250	\$10/\$25/\$45	\$15/\$30/\$50
	Value 250	\$100/\$200 pharmacy deductible, then \$10/\$25/\$45	\$100/\$200 pharmacy deductible, then \$15/\$30/\$50
	Basic 20	\$10/\$30/\$45	\$15/\$30/\$50
	Basic 35	\$100/\$200 pharmacy deductible, then \$10/\$30/\$45	\$100/\$200 pharmacy deductible, then \$15/\$30/\$50
	Basic 50	\$250/\$500 pharmacy deductible, then \$10/\$30/\$45	\$250/\$500 pharmacy deductible, then \$15/\$30/\$50
HMO and POS	Choice Copay 15-25 Plan (Closed)	\$10/\$30/\$45	\$15/\$30/\$50
	Choice Copay 25-50 Plan (Closed)	\$10/\$30/\$45	\$15/\$30/\$50
HMO and PPO	Advantage Saver 1500	Deductible, then \$10/\$30/\$45	Deductible, then \$15/\$30/\$50
	Advantage Saver 2000	Deductible, then \$10/\$30/\$45	Deductible, then \$15/\$30/\$50
	Advantage Saver 2500	Deductible, then \$10/\$30/\$45	Deductible, then \$15/\$30/\$50
HMO	Value 350 (Intermediary Value)	\$10/\$25/\$45	\$15/\$30/\$50
	Basic 25 w/1000 IP copay	\$10/\$30/\$45	\$15/\$30/\$50
	HMO Select 15 (Non-Connector Select Plan)	\$10/\$25/\$45	\$15/\$30/\$50
	HMO Select 20 (Non-Connector Select Plan)	\$100/\$200 pharmacy deductible, then \$10/\$25/\$45	\$100/\$200 pharmacy deductible, then \$15/\$30/\$50
	Advantage HMO Select 750 (Non-Connector Select Plan)	\$250/\$500 pharmacy deductible, then \$10/\$30/\$45	\$250/\$500 pharmacy deductible, then \$15/\$30/\$50

## WHAT'S NEW?

### Reminder: Form MA 1099-HC Mailing

By January 31, 2012, Tufts Health Plan will issue Form MA 1099-HC, indicating Minimum Creditable Coverage (MCC) compliance. We will mail forms to all subscribers who are Massachusetts residents and all subscribers covered under a Massachusetts employer. Forms will contain information on all of the dependents covered under the subscriber's plan, and will be mailed to the subscriber's most current home address in our records. Tufts Health Plan will use enrollment data on file for all subscribers to produce these forms automatically. **It is crucial that the address information we have on file for your Tufts Health Plan subscribers is current and correct prior to the end of November, 2011.**

#### MCC Requirements

As part of the Massachusetts Health Care Reform Act (Chapter 58 of the Acts of 2006) mandate, for Tax Year 2011, all residents age 18 and older must have health insurance as of January 1, 2011, that meets the state's criteria for MCC or face tax penalties.

MCC defines the minimum health insurance coverage each Massachusetts resident age 18 and older must have. You may receive additional questions from your employees about a plan's MCC status. For more information, please visit the Department of Revenue's website at [mass.gov/dor](http://mass.gov/dor), or the Massachusetts Health Insurance Connector Authority's website at [mahealthconnector.org](http://mahealthconnector.org).

#### Form MA 1099-HC Available Online

Members who are registered for an online account at [tuftshealthplan.com](http://tuftshealthplan.com) can print extra copies of Form MA 1099-HC. Please encourage employees who are not registered to do so for instant access to their accounts.

**Note to Rhode Island Employers:** Tufts Health Plan will generate Form MA 1099-HC for all subscribers, but only current residents of Massachusetts will receive forms by mail. If you have any employees who are required to file Massachusetts state income taxes because they lived in Massachusetts during part of 2011, they will be able to print a copy of Form MA 1099-HC online through their secure online accounts at [tuftshealthplan.com](http://tuftshealthplan.com).

For questions, please contact your Account Manager.

### Our Member Website — [mytuftshealthplan.com](http://mytuftshealthplan.com)

We empower members with the information and tools they need to make informed health care choices. [Mytuftshealthplan.com](http://Mytuftshealthplan.com) is the new name of our secure member website—designed to help members effectively manage their plan benefits, lead a healthy lifestyle, and make informed decisions about care and treatment.

Members who are registered at [mytuftshealthplan.com](http://mytuftshealthplan.com) can:

- Review benefits and covered services
- Check copayment information
- Review up to two years of claims history, including claims status (paid, in process, denied), to whom the claim was paid (provider's name), and any applicable member payment responsibility
- Check status of referrals and authorizations
- Check their accumulated balances for deductible and out-of-pocket requirements
- Select/Change PCP (HMO and POS plans)
- Select/Change Fitness Center
- Order ID cards
- Find contact information and email questions to Member Services
- Read about member discounts on fitness club memberships, acupuncture, weight loss programs, and nutritional counseling

Members who are registered for an online account already have automatic access to [mytuftshealthplan.com](http://mytuftshealthplan.com). Members who haven't yet registered can get instant access in a few simple steps:

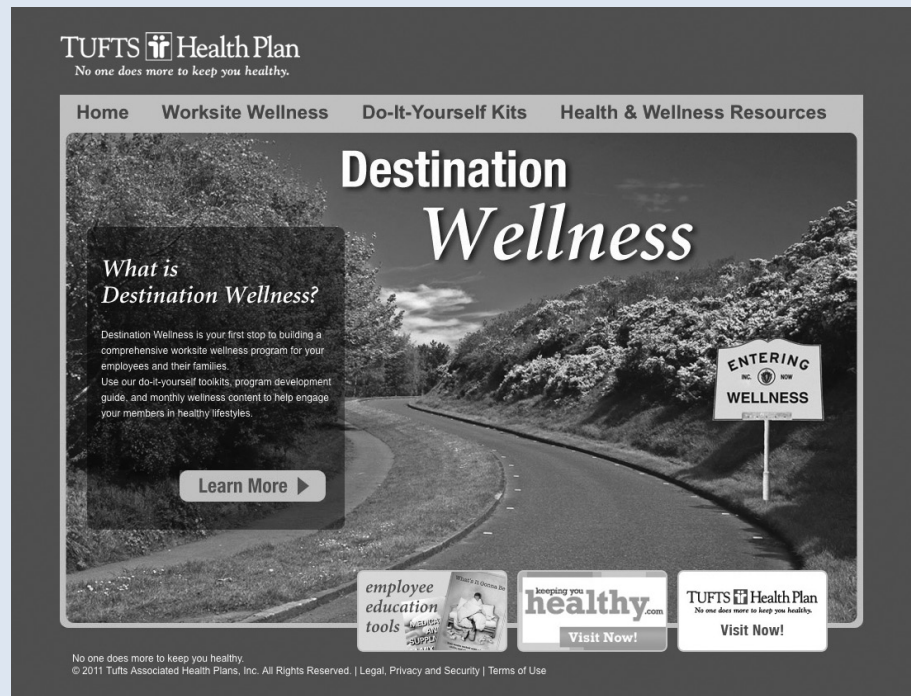
- 1. Go to [mytuftshealthplan.com](http://mytuftshealthplan.com).**
- 2. Click on Get Started Now!**
- 3. Enter the requested information to create a new username and password.**

If you have any questions, please contact your Account Manager.

## Destination Wellness: New Tools Available Online

Destination Wellness, Tufts Health Plan's guide to workplace wellness, is the first step to building a comprehensive and successful wellness program for you and your employees.

Created with your health and wellness goals in mind, Destination Wellness offers employers a step-by-step approach to building a wellness program that seeks to promote employee health. Launched in 2010, Destination Wellness includes an online do-it-yourself website, including information on our Wellness Consulting services.



We are excited to announce new features added to Destination Wellness this year:

### Redesigned Website:

Now it's easier than ever to access our wellness materials in this clear, easy-to-navigate format.

### Do-It-Yourself Toolkits:

Destination Wellness includes a complete guide to starting a company wellness program. We have included a variety of sample communication materials you can use to communicate the new program throughout the organization. There is also information on how to start a company Walking Program, and we have plans to add additional guides throughout the year.

### Wellness Content:

Destination Wellness includes a selection of health communication materials that you can download by topic, and/or mix and match to meet your needs. We will be updating the content to include resources for various wellness activities that you can implement at your worksite.

Please visit [tuftshealthplan.com/destinationwellness](http://tuftshealthplan.com/destinationwellness) today or call your Account Manager to learn how you can benefit from our Wellness programs.

## MEMBER SERVICES

HMO/POS/EPO/PPO

**800.462.0224**

Tufts Health Plan Medicare Preferred

**800.701.9000**

## SALES OFFICES

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Fax: 617.923.5880

1441 Main Street, Suite 925  
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Fax: 413.746.8300

102 Shore Drive, Suite 402  
Worcester, MA 01605  
Phone: 800.208.9545  
Fax: 508.757.8311

One West Exchange Place  
Providence, RI 02903  
Phone: 800.455.2012  
Fax: 401.272.1233

## Rhode Island Large Group Autism Mandate

Rhode Island passed a mandate to cover medically necessary Applied Behavior Analysis (ABA) services. This coverage is required for all large fully insured employer groups (51 or more subscribers) based in Rhode Island. It is effective upon renewal beginning January 1, 2012. Self-funded clients may opt in.

### Important Coverage Information

- Physical therapy, occupational therapy, and speech therapy have already been covered for the diagnosis of autism. For these services, the same benefit maximums now apply as for all other diagnoses.
- For ABA services, coverage is available until the autistic child reaches the age of 15 years old up to a maximum dollar amount of \$32,000 per year.

- To qualify for services under the mandate, the member must have a diagnosis of an autism disorder documented by one of the following providers: child psychiatrist, developmental pediatrician, child neurologist, or licensed psychologist with training in child psychology.
- All services must be rendered by a licensed provider. ABA services must be provided by a Board Certified Behavior Analyst who is licensed by the Rhode Island Department of Health as a health care provider/clinician.

If you have any questions, please contact your Account Manager.