



AUTHORIZATION FOR SERVICES

November 19, 2021

ADVUMM

Member information:

Member name:
Member ID number:
Member DOB:

Provider information:

Provider name:
Provider fax:

Dear

We reviewed your request and authorized the services listed below to be provided by
This approval only authorizes the listed services.

Authorization information:

Reference #:
Dates of service: 11/12/2021 - 11/12/2022
Diagnosis: J449
Description: Chronic obstructive pulmonary disease, unspecified

Approved as requested:

Procedure	Description	From	To	Unit(s)
E0570	NEBULIZER WITH COMPRESSOR	11/12/2021	11/12/2022	1
A7003	ADMN SET SM VOL NONFILTR NEB DISPBL	11/12/2021	11/12/2022	1
A7015	AREO MASK USED W/ DME NEB	11/12/2021	11/12/2022	1
A7013	FILTER DISP W/AREO COMPRESS/US GEN	11/12/2021	11/12/2022	1



705 Mount Auburn Street
Watertown, MA 02472-1508

This authorization is not a guarantee of payment. It is your provider's responsibility to check eligibility for each date of service and to follow our current payment policy guidelines.

If you have any questions or would like more information, please call us at **855-393-3154** (TTY: 888-391-5535), seven days a week, from 8 a.m. to 8 p.m., or visit us at TuftsHealthUnify.org.

Sincerely,

Clinical Care Team

cc:

Tufts Health Unify is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call **855-393-3154**. The call is free.

Usted puede obtener este documento en español o hablar con alguien sobre esta información en otros idiomas, en forma gratuita. Llame al **855-393-3154**. La llamada es gratuita.

Precert UOP

Tufts Health Unify (Medicare-Medicaid Plan) Notice of Adverse Action
Denial or Modification of a Requested Service

Date: December 09, 2021**Member number:** ID #**Name:****Service:** Durable Medical Equipment**Authorization requested:**

Tufts Health Unify received a request on November 30, 2021, made on your behalf by out-of-network provider for the coverage of durable medical equipment (DME).

The request for authorization of the services/items listed above was denied or changed.

We've denied the request for payment of medical services/items listed above from your health care provider. Our decision is:

Tufts Health Unify is unable to approve your request at this time.

Why did we deny or change your request?

We denied the request for medical services/items listed above because:

is not in the Tufts Health Unify network and is not uniquely qualified to treat your condition.

Tufts Health Unify must follow Medicare and Medicaid regulations and coverage policies in determining coverage for Tufts Health Unify members, or follow our own member handbook language (Chapter 1, Section J2) for benefits provided by Tufts Health Unify. Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states in part that no Medicare payment shall be made for items or services that are not reasonable and medically necessary.

You or your physician have not provided clinical information to indicate the services you are requesting cannot be provided by an in-network provider.

Although diabetic shoes are available to you, this equipment can be received from providers in the Tufts Health Unify network, including Paul Cournoyer, DPM at 123 Summer Street Suite 550 in Worcester, MA (508-363-6868), Robert Greene, DPM of Central Mass Foot Specialists at 255 Park Avenue, Suite 803 in Worcester, MA (508-757-3803), and Frances Lagna, DPM of UMASS Memorial Medical Group at 55 Lake Avenue North in Worcester, MA (888-244-6094).

Because you are able to see a provider within the network: (i) that would meet your needs; (ii) would not be detrimental to your health; and (iii) it is not medically necessary for you to see a specialist/subspecialist outside of the network, Tufts Health Unify is unable to approve your request.

Please refer to the Tufts Health Plan Medical Necessity Guidelines: Out-of-Network Coverage at the In-Network Level of Benefits (All Plans), which states:

"Tufts Health Plan will only grant prior authorization requests for coverage of medically necessary services with an out-of-network provider at the In-Network Level of Benefits in the following limited circumstances:

1. The clinical expertise required to address the specific health care needs of the member is not available from any in-network provider, as evidenced by any of the following:
 - The member has a rare medical condition or requires a specialized medical procedure for which there is no in-network provider with the necessary specialization, training, or expertise to provide treatment or perform the procedure. Tufts Health Plan will consider the opinion and recommendation of an in network specialty provider that it is medically necessary for the member to receive such services by an out-of-network specialist provider.
 - The member's primary language is one that the treating in-network provider does not speak, and no in-network provider speaks, and it is the treating provider's opinion that treatment is highly likely to be compromised due to the language barrier and the insufficiency of translation services available in the service area.
 - The member is a resident in a nursing home, or inpatient in a skilled nursing facility and cannot travel and in-network providers are not available to treat the member in that setting.
 - In-network providers with the clinical expertise required to address the member's diagnosis or medical condition are not reasonably available within Tufts Health Plan's geographic access standards or within the availability standards of the member's plan:

- The geographic access standard is 30 miles from the member's primary residence or at a reasonable distance based on member's condition or clinical need.

Note: Availability standards may differ according to clinical acuity and plan/product. These may be found in applicable plan payment policies on tuftshealthplan.com.

2. A member, who was treated by an out-of-plan specialist provider in an emergency department and including an inpatient admission as a direct result of that emergency department treatment, will be permitted up to two follow-up visits with the treating out-of-network specialist provider.
3. Prior to enrolling in Tufts Health Plan, a Tufts Health Plan Member initiated outpatient psychotherapy treatment with a licensed out-of-plan provider and that out-of-plan provider attests that failure to continue treatment with that out-of-plan provider is highly likely to lead to significant harm to the Member as evidenced by, but not limited to, recent psychiatric hospitalization and/or suicidal or homicidal intent, or life threatening clinical destabilization. All out of network outpatient psychotherapy treatment will be subject to ongoing medical necessity review to determine if these coverage guidelines continue to be met.
4. Members may be allowed transition visits in specific continuity of care scenarios. Please see the member's benefit document for applicable continuity of care provisions."

You should share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

You have the right to appeal our decision

You have the right to ask Tufts Health Unify to review our decision by asking us for a Level 1 Appeal (sometimes called an "internal appeal" or "plan appeal").

You must ask for a Level 1 Appeal within **60 calendar days** of the date of this notice. We may give you more time if you have a good reason for missing the deadline. See section titled "How to ask for a Level 1 Appeal with Tufts Health Unify" for information on how to ask for a Level 1 Appeal.

If you are appealing because we told you that a service you currently get will be changed or stopped, you have a right to keep getting that service while your appeal is processing. If you want the service to continue, you must ask for an appeal **within 10 days of the date of this notice or before the service is changed or stopped**, whichever is later.

If you want someone else to request an appeal for you

Your provider can request the appeal on your behalf. If you want a relative, friend, attorney, or someone besides your provider to make the appeal for you, you must first complete an Appointment of Representative form. The form gives the other person permission to act for you.

To get an Appointment of Representative form, call Member Services at **1.855.393.3154** (TTY: 711) and ask for one, or visit www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207 or our website at TuftsHealthUnify.org. We must get the completed Appointment of Representative form before we can review your request if the appeal comes from someone besides you or your provider.

Important Information About Your Appeal Rights

There are two kinds of Level 1 Appeals with Tufts Health Unify

Standard Appeal – We must give you a written decision on a standard appeal within **30 calendar days** after we get your appeal. Our decision might take longer if you ask for an extension or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.

Fast (Expedited) Appeal – We must give you a decision on a fast (expedited) appeal within **72 hours** after we get your appeal request. You can ask for a fast appeal if you or your health care provider believe your health, life, or ability to regain maximum function may be put at risk by waiting up to **30 calendar days** for a decision.

We'll automatically give you a fast appeal if your health care provider asks for one for you or if your provider supports your request. If you ask for a fast appeal without support from your health care provider, we'll decide if your health requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within **30 calendar days**.

How to ask for a Level 1 Appeal with Tufts Health Unify

You or your authorized representative must ask for a Level 1 Appeal within **60 calendar days** of the date on this notice.

To ask for a standard Level 1 Appeal, you can call, send a letter, or fax us or ask your provider or representative to ask us for a decision. If you ask for a standard appeal by phone, we will repeat your request back to you to be sure we have documented it correctly. We will also send you a letter to confirm the facts of your appeal. The letter will tell you how to make any corrections.

For a Standard Appeal:

Mailing Address:	Tufts Health Plan Attn: Appeals and Grievances Department P.O. Box 9193 Watertown, MA 02471-9193
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In Person Delivery Address:	Tufts Health Plan
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Attn: Appeals and Grievances Department
705 Mount Auburn St.
Watertown, MA 02471-9193

Phone: **1.855.393.3154**
Fax: 1.857.304.6321

TTY Users Call: 711

To ask for a fast Level 1 Appeal, you or your provider or representative can call, or fax your request to us.

For a Fast Appeal:

Phone: **1.855.393.3154**
Fax: 1.857.304.6321

TTY Users Call: 711

When you make your appeal, you should give us the following information:

- Your name
- Address
- Member number
- Primary language (let us know if you need an interpreter, including American Sign Language or other languages such as Spanish)
- Reason for appealing
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).

Any evidence you want us to review, such as medical records, health care providers' letters (such as a doctor's supporting statement if you request a fast appeal), or other information that explains why you need the medical services/items. Call your health care provider if you need this information.

We recommend keeping a copy of everything you send us for your records.

You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

What happens next?

If you asked for a Level 1 Appeal, you will get a written notice from us that tells you our decision about your appeal. If we continue to deny your request for a medical service/item, you have other options:

- If the service is covered by Medicare, we will automatically send your case to an independent reviewer. If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.
- If the service is covered by MassHealth, you will have the right to ask for a Level 2 Appeal from the MassHealth Board of Hearings. If the Board of Hearings denies your request, the written decision will explain your additional appeal rights.
- If the service could be covered by both Medicare and MassHealth, we will automatically send your case to the independent reviewer. You can also ask for a Level 2 Appeal from the MassHealth Board of Hearings.

Please refer to Chapter 9 of your Tufts Health Unify Member Handbook for more information about the Level 2 Appeals process.

Get help & more information

- **Tufts Health Unify:** If you need any help or additional information about our decision and the appeal process, call Member Services at: **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. You can also visit our website at TuftsHealthUnify.org.
- **My Ombudsman:** If you need more help or information, you can also contact My Ombudsman. My Ombudsman is an independent program. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process. My Ombudsman services are free. Here are the ways to get help from My Ombudsman:
 - Call 1.855.781.9898, Monday through Friday from 9:00 a.m. to 4:00 p.m. People who are deaf, hard of hearing, or speech disabled should use MassRelay at 711 to call 1.855.781.9898.
 - Email info@myombudsman.org.
 - Write to or visit the My Ombudsman office at 11 Dartmouth Street, Suite 301, Malden, MA 02148.
 - Visit by appointment, or
 - During walk-in hours:
 - Mondays: 1:00 p.m. - 4:00 p.m.
 - Thursdays: 9:00 a.m. - 12:00 p.m.
 - Visit My Ombudsman online at www.myombudsman.org

- **Medicare:** 1.800.MEDICARE (1.800.633.4227 or TTY: 1.877.486.2048)
- **Medicare Rights Center:** 1.888.HMO.9050 (1.888.466.9050)
- **MassHealth Customer Service:** 1.800.841.2900 (TTY: 1.800.497.4648)

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ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.

Atención: Si habla *español*, tiene disponible los servicios de asistencia de idioma gratis. Llame al **1.855.393.3154** (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.

You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call **1.855.393.3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.