Mass General Brigham
Health Plan

Reset

Tier 1 Cost Sharing Request

What is a request for Tier 1 cost sharing?

Mass General Brigham Employees and/or their covered family member(s) enrolled in Plus PPO and Select EPO may submit a request to pay at the Tier 1 Preferred cost sharing level for treatment/services rendered by a Tier 2 Non-Preferred provider and/or facility. Requests may be approved under defined circumstances for a limited time, with the understanding that employees and/or their covered family member(s) will work to transition care into the Tier 1 network.

How do I initiate a request for Tier 1 cost sharing?

You may initiate a request by completing this Tier 1 cost sharing request form in full. Please provide as much detail as possible to explain specifically why you are requesting Tier 1 cost sharing. This will help facilitate a timely review.

Where do I obtain a Tier 1 cost sharing request form?

The Tier 1 cost sharing request form will be available through the secure member portal at **Member.MassGeneralBrighamHealthPlan.org** You may also request the form by reaching out to Mass General Brigham Health Plan Customer Service at **1-800-432-9449.**

Where do I submit my request for Tier 1 cost sharing?

Please return this form to Mass General Brigham Health Plan by fax **617-526-1985** or email **HealthPlanMGBSupport@mgb.org.**

What does the review process entail?

Once submitted, this request for Tier 1 cost sharing will go through a review process, depending on the request reason, to determine if the described circumstances fall within standard approvable criteria. If all necessary information is provided, the review will be completed typically within 12 calendar days of submission. Please note: these requests are considered on a prospective submission basis if you find that you and/or your covered family member(s) could not establish care at the Tier 1 level for any of the reasons identified on page 2 of this request form.

What happens if my request for Tier 1 cost sharing is approved?

If eligible, your Tier 1 cost sharing approval will begin with the submission date of your request, and account for any upcoming planned care with a Tier 2 Non-Preferred provider for a defined period of time. You will receive a letter outlining the details of the approval. Please note: approval of this Tier 1 cost sharing request will only apply to cost sharing incurred for covered services under your benefit plan and as defined in your approval notification. Prior authorization may apply to covered services with a Tier 2 Non-Preferred provider and/or facility. If your existing approval has expired or is nearing expiration, you may submit a new request for consideration of Tier 1 cost sharing.

What happens if my request for Tier 1 cost sharing is denied?

If denied, you will receive a letter outlining the details of the denied request.

How will Tier 1 cost sharing be applied?

Approved requests will apply a Tier 1 cost sharing in the form of a member reimbursement for the difference between Tier 1 and Tier 2 cost sharing after the claim for treatment/services has been submitted and processed by Mass General Brigham Health Plan. You should pay the applicable Tier 2 cost sharing at the time of treatment/ service, and then submit a medical claim reimbursement request post service to have Tier 1 cost sharing applied.

What do I do if I have questions about my request for Tier 1 cost sharing?

If you have questions about the Tier 1 Cost Sharing Request submission and/or review process or feel this request should be reviewed because of an urgent circumstance, please contact Mass General Brigham Health Plan Customer Service at **1-800-432-9449** or email Customer Service at **HealthPlanMGBSupport@mgb.org**.

Note: The details of this request may be shared with the plan sponsor upon their request.

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Tier 1 Cost Sharing Form

***denotes sections that need to be completely filled out**

*Section 1: Subscriber and/or Covered Dependent Information

Your Name (Subscriber)	Phone	E-Mail	Member ID

Name of individual receiving care (if not you)	Phone	Relationship to employee	Member ID

(**Note**: For members over the age of 18, the subscriber will NOT be contacted unless otherwise identified as a documented authorized personal representative)

*Section 2: Provider Information

Complete this section with the names of the Provider(s) you or your covered dependent are receiving care from.

Servicing Provider/Facility Name	Office contact phone	Address	City, State, Zip
Servicing Provider/Facility Name	Office contact phone	Address	City, State, Zip

1. What is the servicing provider type?

☐ PCP ☐ Specialist Specialty Type: _____

2. Approximately, when was the last time you or your dependent saw this provider(s) for services/treatment?

*Section 3: Service/Procedure Information

1. **What service are you requesting Tier 1 cost sharing be applied to? (check all that apply)**

- ☐ Office visit for primary care or specialist
- ☐ Outpatient surgery/procedure (SDC) in office
- ☐ Outpatient surgery/procedure (SDC) in facility
- ☐ High-tech radiology (MRI, CT, PET Scan, Nuclear Cardiac Imaging)
- ☐ Inpatient medical care
- ☐ Inpatient care in skilled nursing facility
- ☐ Inpatient care in a rehabilitation facility

2. **What is your reason for requesting Tier 1 cost sharing be applied? (check all that apply)**

- ☐ Too far distance from Tier 1 provider
- ☐ Availability of appointment with Tier 1 provider
- ☐ Specialty/Service not available from Tier 1 provider
- ☐ Complexity of condition/adverse potential outcome
- ☐ Other reason not listed above (Please use the space below to provide additional information on your specific request [e.g. diagnosis, treatment plan details, any other helpful details])

Please sign and date this form below prior to submission.

*Member (or parent/guardian) signature Date