

PROVIDER UPDATE

NOVEMBER 1, 2018

NEWS FOR THE NETWORK



This issue of *Provider Update* includes information for all Tufts Health Plan products: Commercial* products (including Tufts Health Freedom Plan), Senior Products* (Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options [SCO]), and Tufts Health Public Plans* products (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify).

***Note:** Throughout *Provider Update* articles, you will see products referenced as Commercial products, Senior Products and Tufts Health Public Plans products. Changes will apply to all those specified products, unless product exclusions apply for that particular change.

60-DAY NOTIFICATIONS

COVERAGE UPDATES

60-DAY NOTIFICATIONS

The following changes are effective for dates of service on or after January 1, 2019:

Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders

Tufts Health Plan may authorize osteotomy, anterior segment, maxilla for members younger than 18 years of age, when skeletal maturity is confirmed and when InterQual® criteria are met. This change applies to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether and Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and is documented in the Medical Necessity Guidelines for [Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders](#).

Custom Fabricated Oral Appliances for Obstructive Sleep Apnea

Tufts Health Plan will update the Medical Necessity Guidelines for [Custom Fabricated Oral Appliances for Obstructive Sleep Apnea \(OSA\)](#) to include Tufts Health RITogether.

Dental Procedures Requiring Hospitalization and Dental Procedures Requiring Hospitalization, Surgical Day Care or Requiring Anesthesia in the Office Setting: New Hampshire Products

Tufts Health Plan will clarify the number of noncosmetic restorations, extractions of teeth other than primary incisors, and endodontic procedures on posterior teeth (pulpotomies). This change is documented in the Medical Necessity Guidelines for [Dental Procedures Requiring Hospitalization](#) for Commercial products, Tufts Health Direct, Tufts Health RITogether, and Tufts Health Together - MassHealth MCO Plan and ACPPs, and in the Medical Necessity Guidelines for [Dental Procedures Requiring Hospitalization, Surgical Day Care or Requiring Anesthesia in the Office Setting: New Hampshire Products](#) for Tufts Health Freedom Plan.

BROWSER NOTE

If you are using an outdated or unsupported browser, certain features on Tufts Health Plan's websites may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.

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Preimplantation Genetic Diagnosis (PGD)

Tufts Health Plan will not cover preimplantation genetic diagnosis for hereditary mutations that manifest in adulthood (e.g., BRCA testing) and will update the Limitations section of the Medical Necessity Guidelines for [Preimplantation Genetic Diagnosis \(PGD\)](#) to reflect a change regarding substance use. This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

Infertility Services: Massachusetts and Rhode Island Products

Tufts Health Plan will update the “Evaluation of the Male” section regarding conditions requiring evaluation by a urologist and the “General Limitations of Infertility Services” section regarding substance use. This change applies to Commercial products and Tufts Health Direct, and is documented in the medical necessity guidelines for [Infertility Services – Massachusetts Products](#) and [Infertility Services – Rhode Island Products](#).

Devices for the Management of Diabetes

Tufts Health Plan will update the coverage guidelines for continuous glucose monitoring systems regarding required documentation of compliance with diet and treatment regimen. This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products and is documented in the Medical Necessity Guidelines for [Devices for the Management of Diabetes](#).

Noncovered Investigational Services

Tufts Health Plan will add certain electrical stimulation neurostimulator devices and biofeedback devices to the Medical Necessity Guidelines for [Noncovered Investigational Services](#). This change applies to Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs.

Tufts Health Plan will add cartilage transfer surgery (e.g., osteochondral allograft transplantation surgery, mosaicplasty) for all joints, with the exception of the knee joint, to the Medical Necessity Guidelines for [Noncovered Investigational Services](#). This change applies to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, and Tufts Health Together – MassHealth MCO Plan and ACPPs.

OTHER COVERAGE UPDATES

Bariatric Surgery

Tufts Health Plan has added a limitation regarding intragastric balloon procedures to the Medical Necessity Guidelines for [Bariatric Surgery](#). This change applies to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, and Tufts Health Together – MassHealth MCO Plan and ACPPs.

Maternal Tests for Fetal Trisomy

Tufts Health Plan will allow prenatal genetic counseling provided by an MD of appropriate expertise. This change applies to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, and Tufts Health Together – MassHealth MCO Plan and ACPPs, and is documented in the Medical Necessity Guidelines for [Genetic Testing: Maternal Tests for Fetal Trisomy](#).

Noncovered Investigational Services

These changes apply to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, and Tufts Health Together – MassHealth MCO Plan and ACPPs. Tufts Health Plan has added the following to the Medical Necessity Guidelines for [Noncovered Investigational Services](#):

- dermaPACE system (SANUWAVE Health Inc.) extracorporeal shock-wave system for treatment of chronic, full-thickness diabetic foot ulcers
- EDX110 nitrous oxide-emitting dressing
- GI-MAP™ - GI Microbial Assay Plus (Diagnostic Solutions Laboratory) for evaluation of gastrointestinal microbiome
- Breast/GYN Cancer Panel (GeneDx)
- LipiScan™ with Dynamic Meibomian Imaging™ (TearScience) for the evaluation of meibomian gland dysfunction
- Rapid Heme Panel (Dana-Farber Cancer Institute/Brigham and Women’s Hospital)
- Counsyl Reliant™ Cancer Screen
- The Morning Repositioner (SomnoMed)
- Genetic testing for inflammatory bowel disease

Preventive Services Policy

Tufts Health Plan has updated osteoporosis screening in the [Preventive Services Policy](#) to include all post-menopausal women younger than 65 years of age who are at increased risk of developing osteoporosis. A new recommendation has been added for falls prevention, which includes exercise interventions to prevent falls in community-dwelling adults 65 years of age or older who are at increased risk for falls and are not known to have osteoporosis or vitamin D deficiencies. This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

UPDATE TO MEDICAL NECESSITY GUIDELINES

Tufts Health Plan is working to align its policies used to define medical necessity criteria. As part of this change, documentation previously referred to as clinical criteria policies or coverage guidelines will be labeled as medical necessity guidelines, and each document will indicate whether or not prior authorization is required. At this time, coverage guidelines and medical necessity guidelines are available in the Resource Center on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites under Guidelines: Medical Necessity Guidelines. Once this change is implemented, all medical necessity guidelines will be clearly labeled as such and will be available in this section of the Resource Center.

NEW HEARING AID BENEFIT FOR TUFTS MEDICARE PREFERRED HMO

Effective January 1, 2019, Tufts Medicare Preferred HMO members* will be eligible for a new hearing aid benefit through Hearing Care Solutions. For services to be covered, members must see a provider participating in the Hearing Care Solutions network.

To learn more about this benefit or to join the Hearing Care Solutions provider network:

- Contact Hearing Care Solutions at 866.344.7756.
- Complete the [online application](#).
- Email the Hearing Care Solutions Recruiting Team at Applications@HearingCareSolutions.com or call 303.407.6862 for a paper copy.

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the [secure Provider website](#). This is documented in the [Audiology Professional Payment Policy](#).

*This benefit applies only to individual policy holders and does not apply to employer group coverage.

SCHEDULE CHANGE FOR WEEKLY CLAIMS PAYMENTS FOR TUFTS HEALTH PUBLIC PLANS

Effective January 1, 2019, Tufts Health Plan will release weekly claims payments to providers submitting claims for services rendered to members of Tufts Health Public Plans products on Thursdays instead of Wednesdays.

Note: Electronic payment is the fastest way for providers to receive payments. Providers who currently receive payments by check and would like to switch to electronic payments can do so by calling Change Healthcare Provider Enrollment Support at 866.506.2830.

ALL PATIENT REFINED DRGS 9550 AND 9560

This change applies to Tufts Health Public Plans products:

Effective for dates of service on or after January 1, 2019, Tufts Health Plan will deny claims assigned to either All Patient Refined (APR) DRGs 9550 or 9560. Corrected claims may be submitted in accordance with Tufts Health Plan's [Timely Filing of Claims and Claims Review Payment Policy](#). This change is documented in the [Diagnosis Related Group \(DRG\) Inpatient Facility Payment Policy](#).

MODIFIER 59 CHANGE

The following change applies to professional and facility claims for Tufts Health Public Plans products:

Effective for dates of service on or after January 1, 2019, Tufts Health Plan will change the way it processes modifier 59 (including subsets XE, XP, XS and XU) for Tufts Health Public Plans products to align more closely with Commercial products and Senior Products. As part of this change, Tufts Health Plan will compensate modifier 59 and these subsets at 50 percent of the otherwise allowed amount.

Modifier 59 is used to identify procedural services that are not normally reported together but are appropriate under certain circumstances. CMS established modifiers XE, XP, XS and XU to define subsets of modifier 59 and to provide greater reporting specificity in situations where modifier 59 was previously reported, and may be used in lieu of modifier 59 whenever possible. For more information, refer to the [CMS website](#).

This change is documented in the [Distinct Procedural Services Payment Policy](#).

CLAIM EDITS - ALL PRODUCTS

The following claim edits are effective for dates of service on or after January 1, 2019. These policies are derived from CMS, the AMA's Current Procedural Terminology Manual, the Healthcare Common Procedure Coding System, ICD-10, nationally accredited societies and Tufts Health Plan policy.

COMMERCIAL PRODUCTS (INCLUDING TUFTS HEALTH FREEDOM PLAN)

Tufts Health Plan will implement the following claim edits for Commercial products (including Tufts Health Freedom Plan):

- Anesthesia
- Evaluation and management
- ICD-10
- Laboratory
- Obstetrics/gynecology
- Orthopedic
- Place of service
- Radiology
- Vision

These edits are documented in the applicable [Commercial](#) payment policies.

SENIOR PRODUCTS

Tufts Health Plan will implement the following claim edits for Senior Products:

- Allergy
- Anesthesia
- Evaluation and management
- ICD-10
- Laboratory
- Obstetrics/gynecology
- Orthopedic
- Place of service
- Radiology
- Self-administered drugs
- Vision

These edits are documented in the applicable [Tufts Medicare Preferred HMO](#) and [Tufts Health Plan SCO](#) payment policies.

TUFTS HEALTH PUBLIC PLANS PRODUCTS

Tufts Health Plan will implement the following claim edits for Tufts Health Public Plans products:

- Allergy
- Anesthesia
- Evaluation and management
- ICD-10
- Laboratory
- Obstetrics/gynecology
- Orthopedic
- Place of service
- PT/OT/ST services
- Radiology
- Vision

These edits are documented in the applicable [Tufts Health Public Plans](#) payment policies or the [Tufts Health Public Plans Claim Edits](#).

CORRECT CODING REMINDER

As a routine business practice, claims are subject to payment edits that are updated at regular intervals and generally based on CMS (including the National Correct Coding Initiative [NCCI]), specialty society guidelines and drug manufacturers' package label inserts.

Procedure and diagnosis codes undergo periodic revision by CMS (including NCCI) and the AMA. As these revisions are made public, Tufts Health Plan will update its systems to reflect these changes.

Payment policies will also be updated to reflect the addition and replacement of procedure codes, where applicable.

ANNUAL UPDATES TO COMMERCIAL PHYSICIAN AND OUTPATIENT HOSPITAL FEE SCHEDULES

Effective January 1, 2019, Tufts Health Plan will update its Commercial physician and outpatient hospital fee schedules.

With a few exceptions, Tufts Health Plan will continue to base fees on the CMS fee schedules adjusted to achieve the contracted level of compensation.

OUTPATIENT HOSPITALS

- Consistent with prior years, compensation will be based on a combination of ancillary and surgical fee schedules.
- Drug pricing will continue to be set in relation to CMS.

PHYSICIANS

- Consistent with prior years, additional funding will continue to be directed toward the compensation of certain primary care services when provided by a PCP or PCP/SCP, as initially modeled by CMS.
- Tufts Health Plan will allocate a higher proportion of funds compared with CMS to the following services:
 - Pathology codes
 - Radiology codes
 - ED visits with emphasis on the lower-level codes
 - E&M codes 99201-99215 when performed in an office setting
- Tufts Health Plan will not implement the CMS-proposed changes to collapse E&M codes 99201-99215. Fees for these E&M procedures will be based on prior-year rates. In addition, the corresponding proposed add-on and podiatry codes for 2019 will not be compensated.
- Tufts Health Plan will continue to base vaccine and toxoid compensation on CMS Part B levels when these rates are at 95 percent of average wholesale price (AWP), as indicated on the CMS Part B drug quarterly notices. When a rate for a vaccine is not AWP-based, Tufts Health Plan will set the compensation at the wholesale acquisition cost (WAC). Compensation for vaccines and toxoids will continue to be updated on a quarterly basis.
- As in prior years, pricing for oncology and nononcology drugs will continue to be set in relation to CMS or AWP/WAC if no CMS pricing is available.
- Tufts Health Plan will continue to compensate for consultations, diverging from CMS.

Note: These changes do not apply to Allied Health providers.

Additional details on fee schedule changes and applicable 2019 fee schedules will be distributed to hospital and provider organization leadership. As a reminder, Tufts Health Plan maintains a comprehensive list of all nonreimbursable procedures in the [Resource Center](#) on the public Provider website.

Independent physicians who have questions about fee schedule changes should contact Tufts Health Plan's Network Contracting Department at 888.880.8699, ext. 52169.

PHARMACY COVERAGE CHANGES - COMMERCIAL

The following changes apply to Commercial products (including Tufts Health Freedom Plan):

LONG-ACTING COLONY STIMULATING FACTORS

Effective for fill dates on and after September 24, 2018, Tufts Health Plan now covers Fulphila™ (pegfilgrastim-jmdb) as an alternative to Neulasta® (pegfilgrastim). Fulphila (pegfilgrastim-jmdb) will have the same coverage as Neulasta (pegfilgrastim). Both agents will require prior authorization through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Pegfilgrastim Products \(Fulphila™, Neulasta®\)](#).

PRIOR AUTHORIZATION

Submitting Prior Authorization Requests to Tufts Health Plan

For information on which form to use when submitting a prior authorization request to Tufts Health Plan, refer to [Commercial Pharmacy Medication Prior Authorization Submission by State](#).

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2019, Tufts Health Plan will update its prior authorization criteria for [anti-inflammatory conditions](#), [antidepressant medications](#), [insomnia treatments](#) and [respiratory interleukins](#). These changes will apply to new requests for prior authorization for one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy necessity medical guidelines.

New Prior Authorization Program

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will require prior authorization for coverage of Belbuca™ (buprenorphine) buccal film, buprenorphine transdermal patch, [H.P. Acthar® \(corticotropin\)](#) and all [multisource brand hormonal contraceptives](#). These changes will apply to members currently utilizing one of these medications as well as members initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy necessity medical guidelines.

Note: Coverage of H.P. Acthar (corticotropin) will be authorized only under the pharmacy benefit.

SPECIALTY PHARMACY PROGRAM

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add Coagadex® (coagulation Factor X [Human]), H.P. Acthar® (corticotropin), Kanuma® (sebelipase alfa) and Zydelig® (idelalisib) to its specialty pharmacy program provided by CVS Specialty.

TIER CHANGES

Tufts Health Plan will implement tier changes for the following drugs effective for fill dates on or after January 1, 2019:

Drugs Moving to Tier 1

- lovastatin tablets

Drugs Moving to Tier 2

- amphetamine-dextroamphetamine ER capsules
- clomipramine 25mg, 50mg and 75mg capsules
- clonidine ER tablets
- desipramine 10mg, 25mg, 50mg, 75mg, 100mg and 150mg tablets
- dextroamphetamine ER capsules
- imipramine pamoate 100mg and 150mg capsules
- methylphenidate CD capsules
- methylphenidate ER capsules
- methylphenidate ER solution
- methylphenidate ER tablets
- nefazodone 50mg, 100mg, 150mg, 200mg and 250mg tablets
- paroxetine ER 12.5mg, 25mg and 37.5mg tablets
- tranlycypromine 10mg tablets

Drugs Moving to Tier 3

- methamphetamine tablets
- trimipramine 25mg and 100mg capsules
- venlafaxine 225mg ER tablets

QUANTITY LIMITATIONS

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add quantity limitations to all immediate-release opioid combination analgesic products containing opioids, acetaminophen, aspirin and ibuprofen. These added quantity limits are in line with FDA-approved prescribing limits for short-acting opioid combination products, limiting the maximum daily dose of each of the following to these amounts: 90 morphine milligram equivalent (MME) of immediate-release opioid, 4g acetaminophen or aspirin, or 3,200mg ibuprofen.

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The quantity limitations will apply to patients currently taking any of these medications, as well as to patients initiating a new course of treatment. In order for a member to receive coverage for quantities above the FDA-approved daily limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Drugs With Quantity Limitations](#).

VIVOTIF® ORAL TYPHOID VACCINE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will open access to Vivotif, the oral typhoid vaccine, at retail pharmacies. This change will allow members to fill a prescription for Vivotif at a retail pharmacy at no cost share.

Note: Despite Vivotif being available at retail pharmacies, the oral vaccine will be covered under members' medical benefit and not the pharmacy benefit.

DRUGS MOVING TO NONCOVERED STATUS

Tufts Health Plan will move the following drugs to noncovered status effective for fill dates on or after January 1, 2019:

- duloxetine 40mg DR capsules
- fluoxetine weekly 90mg capsules
- fluvoxamine ER 100mg and 150mg capsules
- Invokamet®
- Invokamet® XR
- Invokana®
- isotretinoin capsules
- Jentaduo®
- Jentaduo® XR
- Metrogel® 1% gel
- Otrexup®
- Praluent®
- Proventil® HFA
- Relistor®
- Surmontil® 25mg, 50mg and 100mg capsules
- Symproic®
- Tradjenta®
- venlafaxine ER 37.5mg, 75mg and 150mg tablets
- Ventolin® HFA

For a member to continue taking any of the above medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Noncovered Drugs With Suggested Alternatives](#).

DRUGS MOVING TO EXCLUDED STATUS

Tufts Health Plan will move the following drugs to excluded status effective for fill dates on or after January 1, 2019:

- Over-the-counter vitamin D supplements
- Prevident® 5000 fluoride toothpaste
- Renova® cream

INHALER COVERAGE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated in the [Review of Inhaler Coverage grid](#).

Note: Coverage varies by product and is indicated in the [Review of Inhaler Coverage grid](#).

LARGE GROUPS

The following changes apply to large-group Commercial formularies and are effective for fill dates on or after January 1, 2019:

Drugs Moving to Tier 3

- Ampyra®

Drugs Moving to Noncovered Status

- Butrans® Transdermal System
- Clindagel® 1% gel
- Dexpak® Dose Pak
- Eurax® 10% lotion
- Intermezzo® sublingual tablets
- Lunesta® tablets
- Sporanox® solution
- Uceris® 9mg tablets
- Welchol® 3.7gm Powder Packet
- Xopenex® HFA
- Zyclara® Pump 3.75% cream

For a member to continue taking any of the above medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Noncovered Drugs With Suggested Alternatives](#).

PHARMACY COVERAGE CHANGES - TUFTS HEALTH DIRECT

The following changes apply to Tufts Health Direct:

LONG-ACTING COLONY STIMULATING FACTORS

Effective for fill dates on and after September 24, 2018, Tufts Health Plan now covers Fulphila™ (pegfilgrastim-jmdb) as an alternative to Neulasta® (pegfilgrastim). Fulphila (pegfilgrastim-jmdb) will have the same coverage as Neulasta (pegfilgrastim). Both agents will require prior authorization through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Pegfilgrastim Products \(Fulphila™, Neulasta®\)](#).

PRIOR AUTHORIZATION

Submitting Prior Authorization Requests to Tufts Health Plan

For information on which form to use when submitting a prior authorization request to Tufts Health Plan, refer to [Tufts Health Public Plans Pharmacy Medication Prior Authorization Form by Product](#).

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2019, Tufts Health Plan will update its prior authorization criteria for [anti-inflammatory conditions](#), [antidepressant medications](#), [insomnia treatments](#) and [respiratory interleukins](#). These changes will apply to new requests for prior authorization for one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable [pharmacy medical necessity guidelines](#).

New Prior Authorization Program

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will require prior authorization for coverage of Belbuca™ (buprenorphine) buccal film, buprenorphine transdermal patch, [H.P. Acthar® \(corticotropin\)](#) and all [multisource brand hormonal contraceptives](#). These changes will apply to members currently utilizing one of these medications and members initiating a new course of treatment with one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable [pharmacy medical necessity guidelines](#).

Note: Coverage of H.P. Acthar (corticotropin) will only be authorized under the pharmacy benefit.

SPECIALTY PHARMACY PROGRAM

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add Coagadex® (coagulation Factor X [Human]), H.P. Acthar® (corticotropin), Kanuma® (sebelipase alfa) and Zydelig® (idelalisib) to its specialty pharmacy program provided by CVS Specialty.

TIER CHANGES

The following changes are effective for fill dates on or after January 1, 2019:

Drugs Moving to Tier 2

- amphetamine-dextroamphetamine ER capsules
- clomipramine 25mg, 50mg and 75mg capsules
- clonidine ER tablets
- desipramine 10mg, 25mg, 50mg, 75mg, 100mg and 150mg tablets
- dextroamphetamine ER capsules
- imipramine pamoate 100mg and 150mg capsules
- methylphenidate CD capsules
- methylphenidate ER capsules
- methylphenidate ER solution
- methylphenidate ER tablets
- nefazodone 50mg, 100mg, 150mg, 200mg and 250mg tablets
- paroxetine ER 12.5mg, 25mg and 37.5mg tablets
- tranlycypromine 10mg tablets

Drugs Moving to Tier 3

- methamphetamine tablets
- trimipramine 25mg and 100mg capsules
- venlafaxine 225mg ER tablets

QUANTITY LIMITATIONS

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add quantity limitations to all immediate-release opioid combination analgesic products containing opioids, acetaminophen, aspirin and ibuprofen. The added quantity limits are in line with FDA-approved prescribing limits for short-acting opioid combination products, limiting the maximum daily dose of each of the following to these amounts: 90 morphine milligram equivalent (MME) of immediate-release opioid, 4g acetaminophen or aspirin, or 3,200mg ibuprofen.

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The quantity limitations will apply to patients currently taking any of these medications, as well as to patients initiating a new course of treatment. In order for a member to receive coverage for quantities above the FDA-approved daily limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Drugs With Quantity Limitations](#).

VIVOTIF® ORAL TYPHOID VACCINE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will open access to Vivotif, the oral typhoid vaccine, at retail pharmacies. This change will allow members to fill a prescription for Vivotif at a retail pharmacy at no cost share.

Note: All vaccines are covered under members' medical benefit and not the pharmacy benefit.

DRUGS MOVING TO NONCOVERED STATUS

Tufts Health Plan will move the following drugs to noncovered status effective for fill dates on or after January 1, 2019:

- duloxetine 40mg DR capsules
- fluoxetine weekly 90mg capsules
- fluvoxamine ER 100mg and 150mg capsules
- Invokamet®
- Invokamet® XR
- Invokana®
- isotretinoin capsules
- Jentaduo®
- Jentaduo® XR
- Metrogel® 1% gel
- Otrexup®
- Praluent®
- Proventil® HFA
- Relistor®
- Surmontil® 25mg, 50mg and 100mg capsules
- Symproic®
- Tradjenta®
- venlafaxine ER 37.5mg, 75mg and 150mg tablets
- Ventolin® HFA

For a member to continue taking any of the above medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Noncovered Drugs With Suggested Alternatives](#).

DRUGS MOVING TO EXCLUDED STATUS

Tufts Health Plan will move the following drugs to excluded status effective for fill dates on or after January 1, 2019:

- Over-the-counter vitamin D supplements
- Prevident® 5000 fluoride toothpaste
- Renova® cream

DIABETIC AND RESPIRATORY SUPPLIES COVERED UNDER PHARMACY BENEFIT

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will update coverage of diabetic and select respiratory supplies to be available only from network pharmacies. These supplies will be subject to a Tier 2 copay, and quantity limits may apply for some supplies. These products include diabetic and respiratory supplies (excluding nebulizers). These products will no longer take a durable medical equipment (DME) cost share. Please instruct members that they can obtain a free preferred-brand glucometer (OneTouch®) every 365 days via CVS Caremark's Diabetic Free Meter Program, by calling 800.588.4456.

Note: Coverage of diabetic and select respiratory supplies will be authorized only under the pharmacy benefit.

INHALER COVERAGE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated in the [Review of Inhaler Coverage grid](#).

Note: Coverage varies by product and is indicated in the [Review of Inhaler Coverage grid](#).

PHARMACY COVERAGE CHANGES - TUFTS HEALTH RITOGETHER

The following changes apply to Tufts Health RITogether:

PRIOR AUTHORIZATION

Submitting Prior Authorization Requests to Tufts Health Plan

For information on which form to use when submitting a prior authorization request to Tufts Health Plan, refer to [Tufts Health Public Plans Pharmacy Medication Prior Authorization Form by Product](#).

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2019, Tufts Health Plan will update its prior authorization criteria for [acne/rosacea medications](#), [anti-inflammatory conditions](#), [antipsychotic medications](#), [fenofibrate medications](#), [gastrointestinal medications](#), [opioid analgesics](#), [respiratory interleukins](#) and [Sodium Oxybate \(Xyrem\)](#). These changes will apply to new requests for prior authorization for one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable [pharmacy medical necessity guidelines](#).

New Prior Authorization Program

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will require prior authorization for coverage of H.P. Acthar® (corticotropin). This change will apply to members currently utilizing H.P. Acthar (corticotropin) and members initiating a new course of treatment with H.P. Acthar (corticotropin). The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [H.P. Acthar® \(corticotropin\)](#).

Note: Coverage of H.P. Acthar (corticotropin) will be authorized only under the pharmacy benefit.

QUANTITY LIMITATIONS

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add quantity limitations to all immediate-release opioid combination analgesic products containing opioids, acetaminophen, aspirin, and ibuprofen. These added quantity limits are in line with FDA-approved prescribing limits for short-acting opioid combination products, limiting the maximum daily dose of each of the following to these amounts: 90 morphine milligram equivalent (MME) of immediate-release opioid, 4g acetaminophen or aspirin, or 3,200mg ibuprofen.

The quantity limitations will apply to patients currently taking these medications, as well as to patients initiating a new course of treatment. In order for a member to receive coverage for quantities above the FDA-approved daily limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Drugs With Quantity Limitations](#).

OVER-THE-COUNTER (OTC) MEDICATIONS

The following changes are effective for fill dates on or after January 1, 2019:

As a result of this change, some [OTC medications](#) will require prior authorization in certain circumstances, as outlined below:

- Brand-name OTC medication has a covered interchangeable generic version available.
Note: In these instances, providers are encouraged to switch patients to the generic version of the medication where appropriate.
- Brand-name OTC medication does not have an interchangeable generic version available. Prior authorization is required.
- Brand-name and generic versions of the same OTC medication require prior authorization.

For a member to continue taking any of these [OTC medications](#), the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Tufts Health RITogether: [Drugs Without Drug- or Drug Class-Specific Criteria](#).

As a reminder, Tufts Health Plan covers certain generic OTC medications with a prescription, when dispensed as a prescription at a pharmacy.

DRUGS MOVING TO NONCOVERED STATUS

Tufts Health Plan will move drugs in the classes listed below to noncovered status effective for fill dates on or after January 1, 2019. For a member to continue taking any of the medications moving to noncovered status, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Drugs Without Drug- or Drug Class-Specific Criteria](#).

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Rapid-Acting Insulins Moving to Noncovered Status

- Apidra® vial (insulin glulisine 100 units/mL)
- Apidra® SoloStar® pens (insulin glulisine 100 units/mL)
- Fiasp® vial (insulin aspart 100 units/mL)
- Fiasp® FlexTouch® pen (insulin aspart 100 units/mL)
- Fiasp® PenFill® cartridge (insulin aspart 100 units/mL)
- Humalog® U-100 vial (insulin lispro 100 units/mL)
- Humalog® U-100 KwikPen® (insulin lispro 100 units/mL)
- Humalog® U-200 KwikPen® (insulin lispro 200 units/mL)
- Humalog® U-100 Junior KwikPen® (insulin lispro 100 units/mL)
- Humalog® U-100 cartridge (insulin lispro 100 units/mL)
- NovoLog® vial (insulin aspart 100 units/mL)
- NovoLog® cartridge (insulin aspart 100 units/mL)
- NovoLog® FlexPen® (insulin aspart 100 units/mL)
- NovoLog® FlexTouch® pen (insulin aspart 100 units/mL)

Admelog® vial (insulin lispro 100 units/mL) and Admelog® SoloStar® (insulin lispro 100 units/mL) will continue to be covered without prior authorization. Any patients currently on one of the rapid-acting insulin preparations listed above will require a new prescription for Admelog or Admelog SoloStar, as Admelog is not interchangeable with other rapid-acting insulins at the pharmacy.

Long-Acting Beta-Agonists Moving to Noncovered Status

- Arcapta® Neohaler® (indacaterol)
- Foradil® (formoterol)
- Serevent® Diskus® (salmeterol)

Striverdi® Respimat® (olodaterol) will continue to be covered without prior authorization.

Long-Acting Anticholinergic Inhaler Moving to Noncovered Status

- Spiriva® Respimat® (tiotropium bromide)

Incruse® Ellipta® (umeclidinium) will continue to be covered without prior authorization.

Pancreatic Enzymes Moving to Noncovered Status

- Pancreaze® (pancrelipase) delayed-release capsules
- Pertzye® (pancrelipase) delayed-release capsules

Effective for fill dates on or after January 1, 2019, Viokace™ (pancrelipase) tablets will be covered without prior authorization. Creon® (pancrelipase) delayed-release capsules and Zenpep® (pancrelipase) delayed-release capsules will continue to be covered without prior authorization.

Oral Inflammatory Bowel Disease Agents Moving to Noncovered Status

- Dipentum® (olsalazine sodium capsules)
- Giazio® (balsalazide disodium tablets)
- Pentasa® (mesalamine controlled-release capsules)

Apriso® (mesalamine extended-release capsules) will continue to be covered without prior authorization, as will several generic products, including balsalazide 750mg capsules, mesalamine delayed-release 800mg tablets, sulfasalazine 500mg tablets and sulfasalazine delayed-release 500mg tablets.

Additional Drugs Moving to Noncovered Status

The following changes are effective for fill dates on or after January 1, 2019:

- Makena® (hydroxyprogesterone caproate injection) autoinjector and vials
- Praluent® (alirocumab)

INHALER COVERAGE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated in the [Review of Inhaler Coverage grid](#).

Note: Coverage varies by product and is indicated in the [Review of Inhaler Coverage grid](#).

PHARMACY COVERAGE CHANGES - TUFTS HEALTH TOGETHER

The following changes apply to Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs):

PRIOR AUTHORIZATION

Submitting Prior Authorization Requests to Tufts Health Plan

For information on which form to use when submitting a prior authorization request to Tufts Health Plan, refer to [Tufts Health Public Plans Pharmacy Medication Prior Authorization Form by Product](#).

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2019, Tufts Health Plan will update its prior authorization criteria for [acne/rosacea medications](#), [anti-inflammatory conditions](#), [gastrointestinal medications](#), [opioid analgesics](#), [pediculocide medications](#), [respiratory interleukins](#), [sodium-glucose co-transporter 2 \(SGLT2\) inhibitors](#) and [Xyrem® \(sodium oxybate\)](#). These changes will apply to new requests for prior authorization for one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable [pharmacy medical necessity guidelines](#).

New Prior Authorization Program

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will require prior authorization for coverage of H.P. Acthar® (corticotropin). This change will apply to members currently utilizing H.P. Acthar (corticotropin) and members initiating a new course of treatment with H.P. Acthar (corticotropin). The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [H.P. Acthar® \(corticotropin\)](#).

Note: Coverage of H.P. Acthar (corticotropin) will be authorized only under the pharmacy benefit.

SPECIALTY PHARMACY PROGRAM

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add Coagadex® (Coagulation Factor X [Human]), Kanuma® (sebelipase alfa) and Zydelig® (idelalisib) to its specialty pharmacy program provided by CVS Specialty.

QUANTITY LIMITATIONS

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will add quantity limitations to all immediate-release opioid combination analgesic products containing opioids, acetaminophen, aspirin and ibuprofen. These added quantity limits are in line with FDA-approved prescribing limits for short-acting opioid combination

products, limiting the maximum daily dose of each of the following to these amounts: 90 morphine milligram equivalent (MME) of immediate-release opioid, 4g acetaminophen or aspirin, or 3,200mg ibuprofen.

The quantity limitations will apply to patients currently taking these medications, as well as to patients initiating a new course of treatment. In order for a member to receive coverage for quantities above the FDA-approved daily limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Drugs With Quantity Limitations](#).

OVER-THE-COUNTER (OTC) MEDICATIONS

The following changes are effective for fill dates on or after January 1, 2019:

As a result of this change, some [OTC medications](#) will require prior authorization in certain circumstances, as outlined below.

- Brand-name OTC medication has a covered interchangeable generic version available.
Note: In these instances, providers are encouraged to switch patients to the generic version of the medication where appropriate.
- Brand-name OTC medication does not have an interchangeable generic version available. Prior authorization is required.
- Brand-name and generic versions of the same OTC medication require prior authorization.

For a member to continue taking any of these [OTC medications](#), the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Noncovered Medications](#).

As a reminder, Tufts Health Plan covers certain generic OTC medications with a prescription, when dispensed as a prescription at a pharmacy.

DRUGS MOVING TO NONCOVERED STATUS

Tufts Health Plan will move drugs in the following classes to noncovered status effective for fill dates on or after January 1, 2019. For a member to continue taking any of the medications moving to noncovered status, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Noncovered Medications.

Rapid-Acting Insulins Moving to Noncovered Status

- Apidra® vial (insulin glulisine 100 units/mL)
- Apidra® SoloStar® pens (insulin glulisine 100 units/mL)
- Fiasp® vial (insulin aspart 100 units/mL)
- Fiasp® FlexTouch® pen (insulin aspart 100 units/mL)
- Fiasp® PenFill® cartridge (insulin aspart 100 units/mL)
- Humalog® U-100 vial (insulin lispro 100 units/mL)
- Humalog® U-100 KwikPen® (insulin lispro 100 units/mL)
- Humalog® U-200 KwikPen® (insulin lispro 200 units/mL)
- Humalog® U-100 Junior KwikPen® (insulin lispro 100 units/mL)
- Humalog® U-100 cartridge (insulin lispro 100 units/mL)
- NovoLog® vial (insulin aspart 100 units/mL)
- NovoLog® cartridge (insulin aspart 100 units/mL)
- NovoLog® FlexPen® (insulin aspart 100 units/mL)
- NovoLog® FlexTouch® pen (insulin aspart 100 units/mL)

Admelog® vial (insulin lispro 100 units/mL) and Admelog® SoloStar® (insulin lispro 100 units/mL) will continue to be covered without prior authorization. Any patients currently on one of the rapid-acting insulin preparations listed above will require a new prescription for Admelog or Admelog SoloStar, as Admelog is not interchangeable with other rapid-acting insulins at the pharmacy.

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors Moving to Noncovered Status

- Farxiga® (dapagliflozin)
- Invokana® (canagliflozin)
- Invokamet® (canagliflozin/metformin)
- Invokamet® XR (canagliflozin/metformin extended-release)
- Jardiance® (empagliflozin)
- Synjardy® (empagliflozin/metformin)
- Synjardy® XR (empagliflozin/metformin extended-release)
- Xigduo® XR (dapagliflozin/metformin extended-release)

Effective for fill dates on or after January 1, 2019, Steglatro™ (ertugliflozin) and Segluromet™ (ertugliflozin/metformin) will require step therapy with metformin. Requests for Steglatro and Segluromet will be reviewed through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Sodium-Glucose Co-Transporter 2 Inhibitors](#).

Glucagon-Like Peptide-1 (GLP-1) Receptor Moving to Noncovered Status

- Trulicity® (dulaglutide)

Effective for fill dates on or after January 1, 2019, Ozempic® (semaglutide) will be available without prior authorization, and Victoza® (liraglutide) will continue to be covered without prior authorization.

Long-Acting Beta-Agonists Moving to Noncovered Status

- Arcapta® Neohaler® (indacaterol)
- Foradil® (formoterol)
- Serevent® Diskus® (salmeterol)

Striverdi® Respimat® (olodaterol) will continue to be covered without prior authorization.

Long-Acting Anticholinergic Inhaler Moving to Noncovered Status

- Spiriva® Respimat® (tiotropium bromide)

Incruse® Ellipta® (umeclidinium) will continue to be covered without prior authorization.

Oral Inflammatory Bowel Disease Agents Moving to Noncovered Status

- Delzicol® (mesalamine delayed-release 400mg capsules)
- Dipentum® (olsalazine sodium capsules)
- Giazol® (balsalazide disodium tablets)
- Pentasa® (mesalamine controlled-release capsules)

Apriso® (mesalamine extended-release capsules) will continue to be covered without prior authorization, as will several generic products, including balsalazide 750mg capsules, mesalamine delayed-release 800mg tablets, sulfasalazine 500mg tablets and sulfasalazine delayed-release 500mg tablets.

Irritable Bowel Syndrome - Constipation Agents Moving to Noncovered Status

- Amitiza® (lubiprostone) capsules
- Linzess® (linaclotide) capsules

Effective for fill dates on or after January 1, 2019, Trulance® (plecanatide) tablets will be covered with prior authorization.

Pancreatic Enzymes Moving to Noncovered Status

- Pancreaze® (pancrelipase) delayed-release capsules
- Pertzye® (pancrelipase) delayed-release capsules

Effective for fill dates on or after January 1, 2019, Viokace™ (pancrelipase) tablets will be covered without prior authorization. Creon® (pancrelipase) delayed-release capsules and Zenpep® (pancrelipase) delayed-release capsules will continue to be covered without prior authorization.

Additional Drugs Moving to Noncovered Status

The following changes are effective for fill dates on or after January 1, 2019:

- Makena® autoinjector and vials
- Praluent® (alirocumab)

INHALER COVERAGE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated in the [Review of Inhaler Coverage grid](#).

Note: Coverage varies by product and is indicated in the [Review of Inhaler Coverage grid](#).

PHARMACY COVERAGE CHANGES - TUFTS HEALTH UNIFY

The following changes apply to Tufts Health Unify:

NONCOVERED DRUGS

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will no longer routinely cover a number of drugs, including drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through December 31, 2018.

For brand-name drugs moving to noncovered status, the generic equivalent, if available, will remain covered.

For a member to continue taking one of these noncovered drugs, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Noncovered Drugs With Suggested Alternatives.

INHALER COVERAGE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated in the [Review of Inhaler Coverage grid](#).

Note: Coverage varies by product and is indicated in the [Review of Inhaler Coverage grid](#).

PHARMACY COVERAGE CHANGES - SENIOR PRODUCTS

The following changes apply to Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP and Tufts Health Plan Senior Care Options (SCO):

NONCOVERED DRUGS

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will no longer routinely cover a number of drugs, including drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through December 31, 2018.

For brand-name drugs moving to noncovered status, the generic equivalents, if available, will remain covered.

For a member to continue taking one of these noncovered drugs, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Noncovered Drugs With Suggested Alternatives.

INHALER COVERAGE

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated in the [Review of Inhaler Coverage grid](#).

Note: Coverage varies by product and is indicated in the [Review of Inhaler Coverage grid](#).

2018–2019 SEASONAL FLU VACCINE

WHO SHOULD BE VACCINATED?

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends universal seasonal flu vaccination for anyone age six months and older who does not have contraindications. For these individuals, a licensed, recommended and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recumbent influenza vaccine (RIV) and live attenuated influenza vaccine (LAIV) are expected to be available for the 2018–2019 season.

Following the past two flu seasons, during which ACIP recommended LAIV4 not be used, ACIP voted in February 2018 to recommend that for the 2018–2019 season, providers may choose to administer any licensed, age-appropriate influenza vaccine (IIV, RIV4 or LAIV4). LAIV4 is an option for those for whom it is appropriate. For more information on the new flu vaccine recommendations for the 2018–2019 flu season, refer to the CDC's [Morbidity and Mortality Weekly Report](#).

PEOPLE AT HIGH RISK FOR DEVELOPING FLU-RELATED COMPLICATIONS

- [Children younger than five years old, but especially children younger than two years old](#)
- [Adults age 65 and older](#)
- [Pregnant women \(and women up to two weeks postpartum\)](#)
- [Residents of nursing homes and other long-term care facilities](#)
- [American Indians and Alaska Natives](#)
- People who have medical conditions including:
 - [Asthma](#)
 - Neurological and neurodevelopmental conditions, such as disorders of the brain, spinal cord, peripheral nerve and muscle, such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury
 - Chronic lung disease, such as COPD and cystic fibrosis
 - [Heart disease](#), such as congenital heart disease, congestive heart failure and coronary artery disease
 - Blood disorders, such as sickle cell disease
 - Endocrine disorders, such as [diabetes](#) mellitus
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders, such as inherited metabolic disorders and mitochondrial disorders
 - Weakened immune system due to disease or medication, such as [HIV/AIDS](#) or [cancer](#), or those on chronic steroids
 - People younger than age 19 who are receiving long-term aspirin therapy
 - People who are morbidly obese: [body mass index \(BMI\)](#) of 40 or greater

CDC RECOMMENDATIONS FOR WHEN TO START IMMUNIZING

Balancing considerations regarding unpredictable influenza season onset and concerns that vaccine-induced immunity might wane over the course of a season, the CDC recommends people be vaccinated by the end of October.

Children ages six months through eight years who require two doses should receive their first dose as soon as possible after the vaccine becomes available, to allow the second dose to be administered by the end of October.

Note: The two doses must be given at least four weeks apart.

WHERE TO GET IMMUNIZED

- Provider offices
- CVS MinuteClinics® located in MA, NH, RI, CT and NY
- CVS/pharmacy stores in MA, RI and NH

Note: MA and RI have an age restriction of 18 years and older, whereas NH has an age restriction of nine years and older. These restrictions are state regulations specific to pharmacy administration.

- Participating pharmacies within the Caremark network; this expanded network is for members who receive their pharmacy benefit through Tufts Health Plan
- At any other self-pay clinic/vaccination site (member reimbursement would apply)

Note: Age restrictions may apply for vaccines administered outside the provider office.

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COVERAGE FOR SEASONAL FLU VACCINE

For most plans, there is no cost to the member, and copayment and deductible do not apply. If members pay out of pocket for the flu vaccine, they can submit for reimbursement from Tufts Health Plan. If members are unsure whether their plan covers flu vaccination in full and where they can get a flu vaccination, they may call a Members Services representative at the number listed on their member ID card.

PROVIDER REIMBURSEMENT FOR SEASONAL FLU VACCINE ADMINISTRATION

Refer to Tufts Health Plan's [Immunization Payment Policy](#).

REPORTING ADVERSE EVENTS FOLLOWING VACCINATION

Refer to the [VAERS](#) website or call 800.822.7967.

CDC INFORMATION

- [Information for Health Professionals](#)
- [What You Should Know for the 2018-2019 Flu Season](#)
- [Free Flu Resources](#): Messaging (available in multiple languages) to address flu recommendations (free for download)
- [Flu Activity & Surveillance](#)

Reference: [CDC](#)

CHANGES TO THE HOME CARE AUTHORIZATION NOTIFICATION PROCESS

Tufts Health Plan's Precertification Operations Department has modified its process to notify home care providers when services are authorized for Commercial products (including Tufts Health Freedom Plan).

Tufts Health Plan will now fax back a standardized authorization letter instead of returning faxes that are received with authorization annotations. This change should address issues with legibility due to compressed font and resolution when documents are repeatedly exchanged via fax.

For questions, call Commercial Provider Services at 888.884.2404.

INPATIENT NOTIFICATION FORM NOW AVAILABLE FOR TUFTS HEALTH PUBLIC PLANS

TUFTS HEALTH PUBLIC PLANS PRODUCTS

Providers that render services to Tufts Health Public Plans members may now use the [Inpatient Notification Form](#) to notify Tufts Health Plan of emergent and urgent admissions. Tufts Health Public Plans Behavioral Health admissions must continue to submit the [Emergency Service Program \(ESP\) Notification Form](#). Providers for Tufts Health Public Plans products should continue to submit the [Standardized Prior Authorization Form](#) for inpatient and outpatient elective (scheduled) medical/surgical procedures.

COMMERCIAL PRODUCTS (INCLUDING TUFTS HEALTH FREEDOM PLAN) AND SENIOR PRODUCTS

All requests (elective, emergent and urgent) for Commercial products (including Tufts Health Freedom Plan) and Senior Products should continue to be submitted via the [Inpatient Notification Form](#) per the existing process. Scheduled medical/surgical procedures for Commercial products should continue to be submitted via the appropriate prior authorization request form or InterQual® SmartSheets™. Providers are reminded to refer to the appropriate medical necessity guidelines and, if indicated, the [Inpatient Notification Form](#).

REMINDER FOR SUBMITTING REQUESTS FOR ALL PRODUCTS

If a request is submitted with incomplete or insufficient information, Tufts Health Plan will be unable to process the request and will return it to the provider to be resubmitted with all required information. To prevent delays in processing requests for coverage, providers are reminded [to fill out forms completely](#) (and, when indicated, [to attach any pertinent clinical information to support each request for coverage](#)).

RHODE ISLAND MASTECTOMY COVERAGE

Due to a change in Rhode Island law, effective for dates of service on or after January 1, 2019, Tufts Health Plan will cover the following services without cost share* to members.

- Mastectomy
- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications at all stages of mastectomy, as determined by the member's treating physician, physician assistant or nurse practitioner

This change applies to members of fully insured, Rhode Island-based Commercial products.

*Saver (HDHP) is excluded per IRS rules that state cost share can be waived only after deductible is met, with few exceptions (e.g., preventive care services).

NEW HAMPSHIRE MEMBER WAIT TIME STANDARDS

The following change applies to Tufts Health Freedom Plan products:

New Hampshire rules specify standards for member wait times for appointments and access to after-hours care with behavioral health providers and PCPs. The maximum wait times for members of these fully insured plans are as follows:

For Behavioral Health Services:

- Six hours for a non-life-threatening emergency
- Forty-eight hours for urgent care
- Ten business days for an initial evaluation/visit

For Primary Care Services:

- Forty-eight hours for urgent care
- Thirty days for other routine care, including an initial evaluation/visit

For more information, click [here](#).

TUFTS HEALTH PUBLIC PLANS PRODUCTS PAYMENT POLICIES

Providers can now find payment policies for [Hospice](#) and [Outpatient Facility](#), as well as new payment policies for [Diagnosis Related Group \(DRG\) Inpatient Facility](#) and [Non-Diagnosis Related Group \(DRG\) Inpatient Facility](#) (which have replaced the information previously included in the Acute Inpatient Hospital Admissions Payment Policy) in the [Resource Center](#) on Tufts Health Plan's public Provider website. These payment policies are applicable to all Tufts Health Public Plans products.

CHANGES TO SLEEP RESUPPLY DME FREQUENCY ALLOWANCES

Effective October 19, 2018, Tufts Health Plan Commercial products (including Tufts Health Freedom Plan) now align with CMS for sleep resupply durable medical equipment (DME) frequency allowances.

For more information, refer to the [eviCore resupply guidelines](#).

USFHP TRICARE REGULATIONS

While Tufts Health Plan works to align US Family Health Plan (USFHP) policies and procedures with Tufts Health Plan policies, some TRICARE reimbursement policies and regulations may differ. The following are two recently reviewed TRICARE regulations that differ from Tufts Health Plan policy and must be followed for USFHP members:

- In order for providers to provide applied behavioral analysis (ABA) services to USFHP members, providers are required to attest to the level of oversight of nonprofessional caregivers. When prior authorization is requested for ABA services, USFHP will work with providers directly to meet this requirement.
- In the event of an adverse medical necessity determination, peer-to-peer discussions are not available for USFHP members. In such instances, members have the option to file an expedited appeal with Tufts Health Plan.

Note: As of October 1, 2018, [Tufts Health Plan's Spinal Conditions Management Program through NIA](#) was expanded to also include USFHP.

2019 BENEFIT CHANGES FOR TUFTS MEDICARE PREFERRED HMO

The following [changes](#) apply to Tufts Medicare Preferred HMO members and are effective on or after January 1, 2019, upon the member's plan's effective or renewal date:

- HMO Saver Rx offered at \$0 premium in Hampden and Hampshire counties
- Premium decreases on select products
- Introduction of coinsurance for Medicare Part B drugs on Basic and Basic Rx (**Note:** Diabetic supplies, Medicare Part B vaccines and home infusion excluded)
- Cost-share changes to existing benefits in both medical and prescription coverage, including the following:
 - New hearing aid benefit
 - New preventive dental allowance included in some plans
 - Reduced cost shares for drugs on Tiers 1, 2 and 3 for HMO Saver Rx, and on Tier 3 for most other Rx plans
 - Reduced mental health office visit copays on select plans
 - Expanded eyewear allowance
- Custom Care Program will continue to be offered in 2019; members with CHF and/or COPD who are enrolled in care management will receive access to reduced copayments:
 - \$0 copay for PCP visits
 - Reduced copay to PCP level for specialist visits with cardiologists and pulmonologists (specialist copay will apply to all other specialist visits)
- Tufts Medicare Preferred Dental Option (an optional supplemental rider, formerly known as Delta Dental Option) will continue to be available for an additional \$54 a month

Note: This is a summary of changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using Tufts Health Plan's [secure Provider website](#) or other self-service channels, even for members seen on a regular basis.

MEDICARE ANNUAL ELECTION PERIOD: OCT 15-DEC 7* FOR SENIOR PRODUCTS

Now is the time to ensure your patients are enrolled in a health insurance plan that fits their health care needs. Many adults are unaware that Medicare alone covers only 80 percent of their health care costs, which leaves them vulnerable to additional deductibles and coinsurance. Financial constraints may then prevent your patients from seeking care or keeping scheduled appointments. For more comprehensive coverage, your patients may consider a Medicare plan offered by Tufts Health Plan.

Tufts Health Plan offers several high-quality Medicare health plans, including:

- Medicare Advantage (HMO) plans with monthly premiums as low as \$0 (includes Part D prescription drug coverage)
- Senior Care Options plans** with \$0 monthly premium and \$0 cost share for medical services and prescription drugs
- Medicare Supplement plans (for access to any doctor nationwide who accepts Medicare)

Should your patients look to you for advice, please advise them that the Medicare plan enrollment deadline is December 7, 2018. For additional questions or plan materials, contact peter_lacombe@tufts-health.com.

*Since this plan is rated 5 out of 5 stars, your patients may be eligible to elect one of Tufts Health Plan's plans and begin coverage prior to January 1, 2019. For additional information, including online plan selection, refer to thpmp.org.

**For adults age 65 and older who are also eligible for MassHealth Standard.

2019 BENEFIT CHANGES FOR TUFTS HEALTH PLAN SCO

The following [changes](#) apply to Tufts Health Plan Senior Care Options (SCO) members and are effective on or after January 1, 2019, upon the member's plan's effective or renewal date:

- Coverage for Rx benzonatate now included
- Instant Savings over-the-counter (OTC) Quarterly Allowance: Increased to \$105 from \$72 for use toward the purchase of Medicare-approved OTC items; newly approved items for 2019 include, but are not limited to, pedometers, activity trackers, assistive devices (pill crushers, pill cutters, pill bottle openers), vaporizers/humidifiers, and night/safety lights

- Transportation: Coverage of one round-trip ride per month for nonmedical transportation to grocery stores, religious services, community services, etc.
- Enhanced Fitness Benefit: Use of \$200 wellness reimbursement toward the purchase of one activity tracker (Fitbit®, Apple Watch, etc.) per year
- Diabetic shoes: Coverage for two additional pairs of therapeutic custom-molded shoes for diabetic members who meet criteria

Note: This is a summary of changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using Tufts Health Plan's [secure Provider website](#) or other self-service channels, even for members seen on a regular basis.

BEHAVIORAL HEALTH

PRIOR AUTHORIZATION REQUIREMENTS FOR CBHI SERVICES FOR TUFTS HEALTH TOGETHER

The following changes apply to Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs):

Effective for dates of service on or after January 1, 2019, Tufts Health Plan will no longer require prior authorization for the following Children's Behavioral Health Initiative (CBHI) services:

- Therapeutic mentoring (TM) services when in conjunction with all hubs
- Family support and training (FS&T) services when in conjunction with in-home therapy (IHT) and outpatient hubs

Note: The authorization process for intensive care coordination (ICC) services, which is inclusive of FS&T, will not change.

As part of this change for services provided on or after January 1, 2019, providers will no longer be required to fax the prior authorization form for TM or FS&T services to Tufts Health Plan, but will be able to submit claims for these services.

For questions, call Tufts Health Public Plans Provider Services at 888.257.1985 or your assigned CBHI reviewer at Tufts Health Plan.

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTIC MEDICATIONS

According to various sources,* antipsychotic medications may increase a child's risk for developing serious metabolic health complications. Use of these medications in children and adolescents has been shown to cause an increase in weight gain and diabetes, an increase in LDL cholesterol and triglyceride levels, and a decrease in HDL cholesterol levels.

Given these risks and the potential lifelong consequences, baseline screening and ongoing metabolic monitoring of blood glucose level and LDL cholesterol are important for children and adolescents on antipsychotic medications. It is recommended that children and adolescents age 1-17 who are prescribed two or more antipsychotic medications have at least one test for blood glucose level and one test for LDL cholesterol level each year.

Tufts Health Plan encourages all providers who are prescribing antipsychotic medications to children and adolescents to collaborate with one another to ensure that metabolic monitoring is being done on a regular basis for this population.

*American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists and the North American Association for the Study of Obesity (at a [consensus development conference](#))

ADDITIONAL SUBSTANCE USE DISORDER TREATMENT SERVICES

RECOVERY SUPPORT NAVIGATOR SERVICES AND RECOVERY COACHES

Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members with substance use disorders (SUDs) have access to recovery support navigator services and recovery coaches as part of their benefit. Effective January 1, 2019, this benefit will also be available to members of Tufts Health Plan Senior Care Options (SCO) and Tufts Health Unify. Recovery support navigator services are staffed by paraprofessionals who provide care management and system navigation support to members with a diagnosis of an SUD and/or co-occurring mental health disorder(s). The purpose of recovery support navigator services is to engage members as they present in the treatment system and support them in accessing treatment services and community resources.

Recovery coaches are individuals currently in recovery who have personal experience with addiction and/or co-occurring mental health disorder(s) and who have been trained to help others with similar experiences gain hope, explore recovery and achieve their life goals. Their primary focus is to establish a relationship that is nonclinical and focus on removing obstacles to recovery, linking members to the recovery community and serving as a personal guide and mentor. The recovery coach will work with the member to develop a wellness plan that orients the activities of the recovery coach services.

Clinical Process for Recovery Support Navigator Services and Recovery Coaches

Tufts Health Plan will require a notification within one week of the initiation of these services (except in January 2019, during which time two weeks will be allowed). Upon timely notification to Tufts Health Plan, an authorization for 60 days will be entered in order for providers to bill for these services. If a provider believes additional time beyond the initial 60 days is medically necessary, the provider must submit a request for continued services. This request can be submitted one week prior to or one week following the end date of the initial authorization period. This new process applies to Tufts Health Together – MassHealth MCO Plan and ACPPs, Tufts Health Plan SCO and Tufts Health Unify.

Tufts Health Plan will use the medical necessity guidelines and performance specifications posted on its website for clinical review. Notification and clinical review forms, coverage information regarding these services, and additional FAQs are expected to be available in the [Resource Center](#) on Tufts Health Plan's public Provider website in December 2018.

Below are standard billing codes for these services:

Service	Billing Code	Modifier	Billing Units
Recovery Coach	H2016	HM	Per diem
Recovery Support Navigator	H2015	HF	Per 15-minute unit

RESIDENTIAL REHABILITATION SERVICES

Per a mandate from the Massachusetts Executive Office of Health and Human Services (EOHHS), effective January 1, 2019, Tufts Health Plan will begin covering clinical services (i.e., individual and group counseling) for members in a residential rehabilitation services (RRS) setting for Tufts Health Together – MassHealth MCO Plan and ACPPs and Tufts Health Unify members with SUDs. As part of this mandate, Tufts Health Plan will cover such clinical services for these members, and the Bureau of Substance Abuse Services (BSAS) will cover room and board.

Residential Rehabilitation Services (RRS) for Substance Use Disorders (ASAM Level 3.1) consist of a structured and comprehensive rehabilitative environment that supports members' independence, resilience and recovery from use of alcohol and/or other drugs. Scheduled, goal-oriented clinical services are provided in conjunction with ongoing support and assistance for developing and maintaining the interpersonal skills necessary to lead an alcohol- and/or drug-free lifestyle.

CONTINUED ON PAGE 21

The following MassHealth levels of care should be indicated when billing and submitting notifications:

- Residential Rehabilitation Services (RRS) for Adult Members (18+)
- Residential Rehabilitation Services (RRS) for Pregnant and Post-Partum Women
- Residential Rehabilitation Services (RRS) for Youth (ages 13-17)
- Residential Rehabilitation Services (RRS) for Transitional Age Youth (ages 16-21) or Young Adults (ages 18-25)
- Family Residential Rehabilitation Services (RRS)
- Co-occurring Enhanced RRS

Clinical Process for RRS

Tufts Health Plan will require notification within one week of the initiation of these services (except in January 2019, during which time two weeks will be allowed). Upon timely notification to Tufts Health Plan, an authorization for 90 days will be entered in order for providers to bill for these services. If a provider believes additional time beyond the initial 90 days is medically necessary, the provider must submit a request for continued stay. This request can be submitted one week prior to or one week following the end date of the initial authorization period. This process applies to Tufts Health Together – MassHealth MCO Plan and ACPPs and Tufts Health Unify.

Tufts Health Plan will use the American Society of Addiction Medicine (ASAM) criteria for clinical review. ASAM criteria may be purchased through the [ASAM website](#).

Notification and clinical review forms, coverage information regarding these services and performance specifications, and additional FAQs are expected to be available in the [Resource Center](#) on Tufts Health Plan’s public Provider website in December 2018.

Below are standard billing codes for the services:

Service	Billing Code
Residential Rehabilitation Services (RRS)	H0019
RRS for Transitional Age Youth and Young Adults	H0019-HF
RRS for Youth	H0019-HA
RRS for Families	H0019-HR
RRS for Pregnant and Post-Partum Women	H0019-TH
Co-occurring Enhanced RRS	H0019-HH

CONTRACTING

For more information about whether your contract supports providing recovery coach and recovery support navigator services for Tufts Health Plan SCO, email AHCBehavioralHealth@tufts-health.com. To learn more about how to contract with Tufts Health Plan to provide RRS to Tufts Health Together – MassHealth MCO Plan and ACPPs, and Tufts Health Unify, email THPP_BH_Contracting@tufts-health.com.

PERFORMANCE SPECIFICATIONS

Providers should refer to the service-specific performance specifications, which are expected to be available in the [Resource Center](#) on Tufts Health Plan’s public Provider website in December 2018.

REMINDERS

NEW COMBINED *PROVIDER UPDATE* NEWSLETTER FOR ALL PRODUCTS

Tufts Health Plan now has one combined *Provider Update* newsletter for all products, so providers no longer need to review two separate newsletters.

The combined *Provider Update* includes 60-day notifications and other important business communications applicable to Commercial products (including Tufts Health Freedom Plan), Senior Products (Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options [SCO]), and/or Tufts Health Public Plans products (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify), and will continue to be released on the existing schedule: February 1, May 1, August 1 and November 1.

Provider Update will continue to be delivered by email to those who registered to receive the newsletter electronically prior to the release date, and articles featured in *Provider Update* will continue to be posted in the Provider News sections of the [Tufts Health Plan](#) and the [Tufts Health Freedom Plan](#) public Provider websites.

To register to receive *Provider Update* by email, refer to the [Reminder: Register to Receive *Provider Update* by Email](#) article.

TUFTS HEALTH FREEDOM PLAN: A COMMERCIAL PRODUCT

Tufts Health Freedom Plan is a New Hampshire-based Commercial product offered by Tufts Health Plan and Granite Health.

As a reminder, Tufts Health Plan Commercial providers are required to render services to members of Tufts Health Freedom Plan products as they would to other Tufts Health Plan Commercial members. Compensation for services rendered to members of Tufts Health Freedom Plan products is determined by the provider's Commercial fee schedule.

Before services are rendered, providers are reminded to check member benefit and cost-share amounts using Tufts Health Plan's [secure Provider website](#) or other self-service channels, even for members seen on a regular basis.

REGISTER TO RECEIVE *PROVIDER UPDATE* BY EMAIL

This reminder applies to all Tufts Health Plan products.

As previously announced, Tufts Health Plan now distributes its *Provider Update* newsletter by email. Providers who have not yet registered to receive *Provider Update* by email must complete the [online registration form](#), available in the News* section of the [Tufts Health Plan](#) and the [Tufts Health Freedom Plan](#) public Provider websites.

Providers who routinely visit the public Provider websites for updates and who prefer not to receive *Provider Update* by email will have the opportunity to indicate that preference on the [online registration form](#).

Note: Providers are responsible for keeping their email addresses and contact information updated. To update information that was previously submitted through the online registration form, providers should resubmit the form with updated information.

Please let all providers in your organization know about this process, and encourage each provider to register to receive future issues by email. Office staff may also register providers on their behalf by using the provider's name, email address and NPI, and indicating the divisions of Tufts Health Plan with which the provider contracts or would like to receive updates.

Note: If you have registered to receive *Provider Update* by email but are still not receiving it, you must check your spam folder or check with your organization's system administrator to ensure the organization's firewall is adjusted to allow for receipt of *Provider Update* (SENDER: providerupdate@tufts-health.com).

Current and recent past issues of *Provider Update* are also available in printable format in the News section of the [Tufts Health Plan](#) and the [Tufts Health Freedom Plan](#) public Provider websites.

*If you do not register to receive *Provider Update* by email, copies of the full issue can be mailed upon request by calling 888.884.2404 for Commercial products (including Tufts Health Freedom Plan), 800.279.9022 for Senior Products, and 888.257.1985 (Massachusetts) or 844.301.4093 (Rhode Island) for Tufts Health Public Plans products.

UPDATE YOUR PRACTICE INFORMATION - ALL PRODUCTS

Members use Tufts Health Plan's online provider directory, i.e., Find a Doctor search, to locate physicians, specialists and Allied Health providers who fit their health care needs. To ensure your practice is accurately represented in the Find a Doctor search, it is critical to regularly update your provider demographic information as changes occur.

Providers are reminded to notify Tufts Health Plan of any changes to their contact or panel information, such as a change in their ability to accept new patients, a change in street address (including suite number, if applicable) or phone number, and any other change that affects their availability to see patients. For Tufts Health Plan to remain compliant with CMS's regulatory requirements, changes must be communicated in writing as soon as possible so that members have access to the most current information in the online provider directory.

Providers are also reminded to update their covering provider list as needed.

Note: Tufts Health Plan does not automatically add providers new to your practice to the list of covering providers; it is the provider's responsibility to update this information as needed.

HOW TO UPDATE YOUR INFORMATION

Commercial (Including Tufts Health Freedom Plan) and Senior Products

Providers can confirm current practice information using the [Find a Doctor](#) search. If the information listed is incorrect, please update it as soon as possible by completing either the [Standardized Provider Information Change Form](#) or Tufts Health Plan's [Provider Information Change Form](#) (available in the Forms section of the Resource Center on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites) and returning it to Tufts Health Plan, as noted on the form.

Tufts Health Public Plans Products

Providers can confirm current practice information using the [Find a Doctor](#) search. If the information listed is incorrect, please update it as soon as possible by completing the Provider Information Form for [medical providers](#) or [behavioral health providers](#) (available in the [Provider Forms](#) section of the Resource Center) and returning it to Tufts Health Plan by fax (857.304.6311) or email (provider_data_request@tufts-health.com), as noted on the form.

SUBMIT TRANSACTIONS ELECTRONICALLY USING TUFTS HEALTH PLAN'S ONLINE SELF-SERVICE CHANNELS

As a reminder, Tufts Health Plan's online self-service tools enable providers to submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information, etc., electronically.

Commercial and Senior Products

[Secure Provider website](#): Transactions and information for Commercial products (including Tufts Health Freedom Plan) and Senior Products

Tufts Health Public Plans Products

[Tufts Health Provider Connect](#): Transactions and information for Tufts Health Public Plans products

Not Yet Registered?

Information on how to [register for secure access](#) is available on Tufts Health Plan's public Provider website.

US FAMILY HEALTH PLAN BILLING INFORMATION

When billing services for US Family Health Plan (USFHP) members, providers are reminded not to bill Medicare for services covered by USFHP.

Medicare may be billed only for services not covered by USFHP (e.g., end-stage renal disease). For such instances, Medicare should be billed first, followed by USFHP. For a list of noncovered services, refer to the [TRICARE Guidelines](#).

USFHP cannot compensate for claims that have been billed to and compensated by Medicare. Providers must first reimburse Medicare for any previous payment made in error, and must then bill USFHP for compensation of those services.

Any private health insurance, with the exception of Medicare Supplement plans, should be billed prior to billing USFHP. This includes federal and state employee insurances.

Providers are reminded to check the member's ID card to identify USFHP members.

For more information, refer to the [Uniformed Services Family Health Plan \(USFHP\)](#) information on Tufts Health Plan's public Provider website, or call 800.818.8589.

REIMBURSEMENT OFFERED FOR PROOF OF BUPRENORPHINE CERTIFICATION

This program applies to Commercial products (including Tufts Health Freedom Plan) and Senior Products.

As previously communicated, as part of an ongoing effort to address substance use disorders (SUDs), Tufts Health Plan is offering reimbursement to providers who become certified to prescribe buprenorphine to eligible members with SUDs.

This Behavioral Health SUD Quality Improvement Strategy (QIS) Program will run through the 2018 calendar year. As part of this program, Tufts Health Plan is offering up to \$100 reimbursement to the first 100 eligible providers who become certified to prescribe buprenorphine.

In order to receive reimbursement, providers must:

- Be a credentialed MD, DO, nurse practitioner or physician assistant, and be contracted with Tufts Health Plan on the date of training
- Be one of the first 100 providers to complete the training within the 2018 calendar year and submit a completed [Buprenorphine Training Reimbursement Form](#) to Tufts Health Plan along with all required documentation (as noted on the form)
- Respond within five business days should Tufts Health Plan request clarification

Note: Providers may not seek reimbursement for costs associated with maintaining an existing waiver or a request to increase patient limits.

Tufts Health Plan neither requires nor endorses a specific training course. To find a training course, visit the [Substance Abuse and Mental Health Services Administration website](#).

Tufts Health Plan is offering this incentive to providers who have a full, unrestricted license with the Massachusetts Board of Registration in Medicine, New Hampshire Board of Medicine, or Rhode Island Board of Medical Licensure and Discipline, are in good standing with all regulatory requirements related to their license, and are to the best of their knowledge not under investigation by Tufts Health Plan or law enforcement agencies for prescribing practices.

FRAUD, WASTE AND ABUSE HOTLINE

Have you ever seen indications that a patient might be using a Tufts Health Plan ID card fraudulently? Have patients reported receiving excessive, nonordered, or unnecessary medications or medical supplies? Have patients ever given you information about questionable billing practices by other providers? Have you been made aware or do you suspect that a patient may be seeking a prescription for a nonlegitimate medical purpose, or abusing the pharmacy benefit?

Tufts Health Plan has a hotline for you to report concerns about possible health care fraud. The hotline was established to help Tufts Health Plan's providers, members and vendors who have questions, concerns and complaints related to possible wasteful, fraudulent or abusive activity.

You can call the Tufts Health Plan Hotline to report your concerns 24 hours a day, 7 days a week at 877.824.7123. You may identify yourself or report anonymously. Tufts Health Plan promptly and thoroughly investigates all reports. If allegations are verified, Tufts Health Plan will take action to resolve the issue.

CULTURAL COMPETENCY TRAINING FOR TUFTS HEALTH PUBLIC PLANS PRODUCTS

As an element of the online provider directory, Tufts Health Plan includes whether a participating provider rendering services for Tufts Health Public Plans products has completed cultural competency training. This inclusion is based in part on CMS's requirements for Tufts Health RItogether, Tufts Health Together (MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs]), and Tufts Health Unify. Providers are asked to complete the [Cultural Competency Attestation form](#) to have their completed cultural competency training status reflected in the online provider directory, or to learn more about suggested cultural competency training options.

What Is Cultural Competence?

The Commonwealth Fund's *Cultural Competence in Health Care Report* provides this definition:

Cultural competence in health care describes the ability of systems and health care professionals to provide high-quality care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet each individual's social, cultural and linguistic needs.

MASSHEALTH COMMUNITY PARTNERS PROGRAM NOW LIVE

The MassHealth Community Partners (CP) Program went live on July 1, 2018. To date, approximately 5,000 Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members have been referred to either a behavioral health (BH) or a long-term supports and services (LTSS) CP, and the number continues to grow. The CP Program is designed to use community resources and services to coordinate care, promote independence and improve health outcomes for MassHealth members with complex, long-term medical and/or BH needs. As critical participants of the member care team, PCPs will receive comprehensive assessments and care plans from CP agencies for their CP-referred members for review and approval. For more information, refer to the [Community Partners Program webpage](#).

MASSHEALTH OUTPATIENT CARE COORDINATION TRAINING MODULE

Per MassHealth's request, Tufts Health Plan is sharing its online training module, [An Interactive Resource for Coordinating Care for MassHealth Youth in Outpatient Therapy](#), with its provider network.

This training provides outpatient providers with important information regarding their responsibility to coordinate care for members of Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) who are under 21 years of age.

EYEMED VISION CARE FOR TUFTS HEALTH PUBLIC PLANS

Tufts Health Plan would like to remind providers that EyeMed Vision Care is the administrator for all routine eye services for Tufts Health Direct, Tufts Health RITogether and Tufts Health Unify. Ophthalmologists and optometrists must be contracted with EyeMed Vision Care (Select Network) in order to provide routine eye services or dispense eyewear to these members. Ophthalmologists and optometrists may provide nonroutine, medical eye services to members according to their Tufts Health Public Plans agreement.

All claims for routine eye services should be submitted to EyeMed Vision Care. For questions, providers should contact Tufts Health Public Plans Provider Services at 888.257.1985 (Massachusetts) or 844.301.4093 (Rhode Island).

This is documented in the [Vision Services Payment Policy](#).

Note: Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) is excluded.

CONTACT INFORMATION FOR PROVIDERS CALLING TUFTS HEALTH PLAN

In order for Tufts Health Plan to properly handle provider calls, it is important that calls be routed to the appropriate provider call center at Tufts Health Plan. Providers are reminded to refer to the [Contact Us page](#) on Tufts Health Plan's public website to identify the appropriate provider call center. Phone numbers are listed by product and state (if applicable), so the information is easily identifiable.

QUALITY

TUFTS HEALTH PUBLIC PLANS DISEASE MANAGEMENT PROGRAMS

Tufts Health Public Plans disease management programs are designed to assist with coordination and care, and to provide education and coaching for members with asthma, diabetes, COPD and/or congestive heart failure. These programs are available to members of Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs). A diabetes program is available for Tufts Health Unify members.

For more information, refer to [Tufts Health Public Plans Disease Management](#), available in the [Condition Management](#) section on Tufts Health Plan's public Provider website.

Tufts Health Direct members may be eligible to receive a \$25 supermarket gift card for completing five routine diabetes screenings. More information about this member incentive is available on Tufts Health Plan's public Member [website](#).

DIAGNOSING DEPRESSION IN TUFTS HEALTH PUBLIC PLANS MEMBERS

The following information applies to Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify:

According to various clinical sources, screening for depression in the primary care setting is crucial, as depression is often first diagnosed and treated by a member’s PCP. Because depression can be confused with a “normal response” to managing significant health problems, diagnosis of depression as a separate significant health issue is often overlooked in the primary care setting, with detection rates reaching only as high as 10 percent. As a result, models that integrate behavioral health services into the primary care setting are becoming best practice.

Tufts Health Plan has adopted the American Psychiatric Association’s [Practice Guideline for the Treatment of Patients With Major Depressive Disorder](#), which can assist providers with treatment decisions.

Patients with coronary artery disease, stroke, cancer, chronic pain, diabetes and other medical conditions, and patients experiencing additional psychosocial challenges, are at a higher risk for developing depression. Significant rates of substance use can also be found in those who are depressed, and depression left untreated can lead to exacerbation of chronic illness and hospitalization.

Research indicates that more than 80 percent of patients diagnosed with depression can be treated successfully with medication, psychotherapy or both, and that early treatment of co-occurring depression may improve a patient’s medical condition, compliance with their medical care and quality of life.

The Tufts Health Plan Care Management Department consists of trained and experienced clinicians who work with PCPs and other behavioral health providers in the Tufts Health Public Plans network, including to assist Tufts Health Public Plans members in receiving treatment for depression. For questions, call Tufts Health Public Plans Provider Services.

UPDATE TO CLINICAL QUALITY MANAGEMENT (CQM) REPORTS PLATFORM

The following information applies to Commercial products (including Tufts Health Freedom Plan) and US Family Health Plan (USFHP):

Tufts Health Plan has updated the platform behind the Clinical Quality Management (CQM) reports, which are available on the [secure Provider website](#). The login process should not change, but providers may notice changes to report layout and navigation. More information about these changes is explained in the updated User Guide, which can be accessed by selecting the “Documentation” button on the new Clinical Quality Management report page.

CQM reports help providers track and monitor patient care, and also include membership data and service dates for a number of quality metrics, including preventive care, chronic disease management and medication management. Data are updated monthly and include national and plan-specific benchmarks.

These reports are available at the Supergroup, Provider Unit and PCP level depending on the individual user’s security access. Providers who do not already have access to CQM reports should contact their organization’s Access Administrator.

FOR MORE INFORMATION

WEBSITES

- tuftshealthplan.com/provider
- thfp.com/providers

CONTACT INFORMATION

- tuftshealthplan.com/contact-us/providers

PROVIDER UPDATE

NEWS FOR THE NETWORK | 

705 Mount Auburn Street, Watertown, MA 02472