PROVIDER
UPDATE
FEBRUARY 1, 2018
NEWS FOR THE NETWORK | TUFTS Health Plan

This issue of *Provider Update* includes information for Tufts Health Plan Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

For information about Tufts Health Public Plans products (including Tufts Health Direct, Tufts Health Together, Tufts Health RITogether and Tufts Health Unify), refer to the *Tufts Health Public Plans Provider Update* newsletter.

60-DAY NOTIFICATIONS

COVERAGE UPDATES FOR COMMERCIAL PRODUCTS

Infertility Services: MA and RI Products

Effective for dates of service on or after April 1, 2018, Tufts Health Plan will update the general limitations regarding the use of medications and substances known to negatively affect fertility. This change applies to Commercial products and is documented in the medical necessity guidelines for Infertility Services for both Massachusetts and Rhode Island products.

Note: This change does not apply to Tufts Health Freedom Plan.

60-DAY NOTIFICATIONS

The following changes apply to Commercial products (including Tufts Health Freedom Plan) and are effective for dates of service on or after April 1, 2018:

Lower Limb Prosthetic Devices (Including Microprocessor Controlled Knee)

Tufts Health Plan will no longer routinely cover the Genium® X2 microprocessor controlled knee prosthetic device or the Genium X3 waterproof microprocessor controlled knee prosthetic device and will add these to the Limitations section of the Medical Necessity Guidelines for Lower Limb Prosthetic Devices (Including Microprocessor Controlled Knee).

Hyperbaric Oxygen Therapy

Tufts Health Plan will add inflammatory bowel disease (Crohn's disease; ulcerative colitis) to the Limitations section of the Medical Necessity Guidelines for Hyperbaric Oxygen Therapy Treatment.

Noncovered Investigational Services

Tufts Health Plan will add cervical, thoracic and lumbar discography (62290, 62291, 72285, 72295) and microsurgery for lymphedema to the Medical Necessity Guidelines for Noncovered Investigational Services.

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BROWSER NOTE

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

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OTHER COVERAGE UPDATES

Hereditary Retinal Disorders

Tufts Health Plan requires prior authorization for CPT code 81434 (hereditary retinal disorders [e.g., retinitis pigmentosa, leber congenital amaurosis, cone-rod dystrophy], genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR and USH2A). This change is documented in the Medical Necessity Guidelines for Genetic and Molecular Diagnostic Testing.

Noncovered Investigational Services

The following have been added to the Medical Necessity Guidelines for Noncovered Investigational Services:

- Fecal calprotectin in assay for monitoring Crohn's disease (calprotectin, fecal: test includes stool calprotectin level reported in mcg/g)
- Percutaneous transcatheter coil embolization for pelvic congestion syndrome
- Comprehensive brain malformations panel (GeneDX)
- Neurodevelopment — Expanded (Ambry Genetics®)
- genTrue (True Health Diagnostics)
- Color Hereditary Cancer Test
- PAULA's Test (Protein Assays Utilizing Lung Cancer Analytes; Genesys BioLabs) for early detection of lung cancer

COMMERCIAL PHARMACY COVERAGE CHANGES

The following changes apply to all Commercial products (including Tufts Health Freedom Plan) and are effective for fill dates on or after April 1, 2018:

Drugs Moving to Noncovered Status

Tufts Health Plan will no longer routinely cover the following medications, as there are drugs with interchangeable generics or therapeutic alternatives available:

- Auryxia®
- Cardura® XL
- Doryx® MPC
- Fenortho™
- Fosrenol® powder packets
- Phoslyra®
- Prudoxin™
- Renagel®
- Retin-A Micro® 0.08% gel
- Velphoro®
- Zonalon®

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.

Tier Changes

All Commercial Formularies:

Tufts Health Plan will move Lexiva® 700mg tablets and dihydroergotamine nasal spray to Tier 3, and almotriptan tablets to Tier 2, for its Commercial formularies.

3-Tier Commercial Formularies:

Tufts Health Plan will move Zavesca® to Tier 3 for all its 3-tier Commercial formularies.

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Large Groups

Effective for fill dates on or after April 1, 2018, Tufts Health Plan will no longer cover the following medications, as there are drugs with interchangeable generics or therapeutic alternatives available:

- Amerge®
- Axert®
- Cafergot®
- Cardura®
- Copaxone®
- Frova®
- Imitrex®
- Istalol® ophthalmic solution 0.5%
- Jalyn®
- Maxalt®
- Maxalt-MLT®
- Migranal®
- PhosLo®
- Relpax®
- Renvela®
- Sarafem®
- Strattera®
- Tamiflu® oral suspension
- Uroxatral®
- Vagifem®
- Zomig® tablets
- Zomig-ZMT® tablets

This change applies to large group Commercial formularies only, as these medications were previously moved to noncovered status for small groups.

OTHER COVERAGE CHANGES

Hepatitis C Medications

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

As previously communicated and effective for new prescriptions filled on or after January 1, 2018, Tufts Health Plan has considered changes to coverage of drugs used for the treatment of hepatitis C. As a result, Tufts Health Plan covers Epclusa® (sofosbuvir/velpatasvir), Harvoni® (ledipasvir/sofosbuvir) and Vosevi® (sofosbuvir/velpatasvir/voxilaprevir) for the treatment of hepatitis C.

Effective for prior authorization requests submitted on or after January 1, 2018, Tufts Health Plan has updated Medical Necessity Guidelines for Medications for the Treatment of Hepatitis C. The updated prior authorization criteria apply to new prescriptions only. For a member to start a new course of treatment on one of these medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Medications for the Treatment of Hepatitis C.

Effective for fill dates on or after January 1, 2018, Tufts Health Plan no longer routinely covers Sovaldi® (sofosbuvir) or Viekira Pak/XR™ (dasabuvir/ombitasvir/paritaprevir/ritonavir). For a member to initiate a new course of treatment on one of these 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 FOR SENIOR PRODUCTS

Effective for fill dates on or after January 1, 2018, Tufts Health Plan covers the medications listed below for the treatment of hepatitis C for Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP and Tufts Health Plan Senior Care Options (SCO). There is no preferred drug. Providers should follow current American Association for the Study of Liver Diseases (AASLD) guidelines when prescribing the medications below for the treatment of hepatitis C:

Drug	Tufts Medicare Preferred HMO Individual and Tufts Health Plan SCO	Tufts Medicare Preferred HMO Employer Groups and PDP
Epclusa®	T5 PA	T3 PA
Harvoni®	T5 PA	T3 PA
Mavyret™	T5 PA	T3 PA
Sovaldi®	T5 PA	T3 PA
Vosevi®	T5 PA	T3 PA
Zepatier®	T5 PA	T3 PA

GENERIC OSELTAMIVIR MOVING TO TIER 2

Due to an intense flu season, Tufts Health Plan has moved generic oseltamivir from Tier 3 to Tier 2 for members of Tufts Medicare Preferred HMO products. Read the full article in the Provider News section on Tufts Health Plan's public Provider website.

CLAIM EDITS EFFECTIVE APRIL 1

The following claim edits are effective for dates of service on or after April 1, 2018. These policies are derived from CMS, the AMA CPT Manual, HCPCS, ICD-10, nationally accredited societies and Tufts Health Plan policy.

COMMERCIAL AND SENIOR PRODUCTS

Tufts Health Plan will implement the following claim edits for Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) products:

- Pulmonary
- Orthopedics
- Ob-gyn
- ICD-10
- Durable medical equipment
- Evaluation and management
- Drugs and biologicals
- Outpatient
- Laboratory
- Radiology
- Ophthalmology
- Podiatry

These edits are documented in the applicable Commercial, Tufts Medicare Preferred HMO and Tufts Health Plan SCO payment policies.

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SENIOR PRODUCTS

Ambulance

Tufts Health Plan will implement additional claim edits for ambulance services. These edits are documented in the Tufts Medicare Preferred HMO/Tufts Health Plan SCO Emergency Ambulance and Transportation, and the Nonemergency Ambulance and Transportation payment policies.

Cardiology

Tufts Health Plan will implement additional claim edits for cardiology services. These edits are documented in the Tufts Medicare Preferred HMO/Tufts Health Plan SCO Cardiology Services Professional Payment Policy.

PRECERTIFICATION FAX NUMBER CHANGES FOR TUFTS HEALTH PLAN SCO

Effective for dates of submission on or after May 1, 2018, Tufts Health Plan will change the fax numbers used to submit inpatient notifications and outpatient prior authorization requests for Tufts Health Plan Senior Care Options (SCO) members to the following:

Inpatient Notifications: 617.673.0705

Outpatient Prior Authorizations: 617.673.0955

To ensure that your requests are processed, please be sure to use the correct fax number when submitting requests for coverage for Tufts Health Plan SCO members.

Note: As of May 1, 2018, any inpatient notification request faxed to the incorrect fax number will be returned to the submitting provider/facility. These returned requests must be resubmitted to the correct fax number within one business day following the return of the incorrectly faxed inpatient notification, or the event may be subject to a late notification penalty.

COMMERCIAL PHYSICIAN, OUTPATIENT HOSPITAL FEE SCHEDULES TO BE UPDATED

Tufts Health Plan reviews its Commercial physician and outpatient hospital fee schedules quarterly to ensure that they are current, comprehensive and consistent with industry standards to the extent supported by its systems. In most cases, changes involve adding fees for new or existing codes to supplement the fees already on the fee schedule.

Changes will occur on or before April 1, 2018. Changes may involve both new and existing CPT and HCPCS codes, and will include the planned quarterly update to physician immune globulin, vaccine and toxoid fees.

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

Detailed information about changes to existing fee schedules will be distributed to provider organization and hospital leadership. Independent physicians who have questions about fee schedule changes should contact Tufts Health Plan's Network Contracting Department at 888.880.8699, ext. 52169.

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.

REMINDER: SUBMITTING PRIOR AUTHORIZATION REQUESTS TO TUFTS HEALTH PLAN

As previously communicated, Tufts Health Plan now accepts the following standard forms for pharmacy prior authorization requests:

- New Hampshire Uniform Prior Authorization Form for Prescription Drug Requests
- Standard Form for Hepatitis C Medication Prior Authorization Requests
- Standard Form for Synagis Prior Authorization Requests
- Massachusetts Standard Form for Medication Prior Authorization Requests

Prior to submitting these standard forms to Tufts Health Plan, providers should refer to:

- Tufts Health Plan's coverage policies and pharmacy medical necessity guidelines (**Note:** Supporting documentation relevant to the prescription drug request may be included with or attached to the applicable standard form, as indicated on each form, and should be submitted using the existing mail and fax channels.)
- The Commercial Pharmacy Medication Prior Authorization Submission Guide to determine which form to use based on the state and product
- Member benefits and cost-share amounts on Tufts Health Plan's secure Provider website or other self-service channels, even for members seen on a regular basis

Coverage policies, pharmacy medical necessity guidelines and standard forms are available in the Provider Resource Center on both the Tufts Health Plan and the Tufts Health Freedom Plan public Provider websites.

Note: To avoid delays for your patients, providers must complete and sign the standard form, and must also include all relevant supporting documentation with the request. Incomplete, blank or unsigned forms cannot be accepted.

For questions, please contact Provider Services at 888.884.2404.

TUFTS HEALTH FREEDOM PLAN ONLY

As previously communicated and effective for dates of submission on or after January 1, 2018, Tufts Health Plan now accepts only the New Hampshire Uniform Prior Authorization Form for Prescription Drug Requests for members of Tufts Health Freedom Plan products. This change applies to members of fully insured Tufts Health Freedom Plan products only, regardless of the member's state of residence or whether services are rendered in MA, RI or NH.

Note: Prescription drugs are defined by the New Hampshire Insurance Department (NHID) as any drug dispensed by prescription only from a pharmacy directly to the consumer.

HEPATITIS C MEDICATION AND SYNAGIS®

As previously communicated and effective for dates of submission on or after March 11, 2018, Tufts Health Plan will accept only the standard forms for Synagis and Hepatitis C Medication for members of fully insured, MA-based Commercial products, regardless of the member's state of residence or whether services are rendered in MA, RI or NH.

USFHP CHANGES

Tufts Health Plan is the third-party administrator for US Family Health Plan (USFHP), a TRICARE program serving eligible military families in southern New England. The recent changes to the larger TRICARE system that are applicable to USFHP are:

- Change in plan year: January 1 through December 31 (**Note:** As a result of this change, some referrals for benefits tied to the plan year, e.g., physical therapy, occupational therapy, may need to be renewed.)
- Increased copayments for some military retirees

In addition, USFHP will continue to operate independently of the regional TRICARE contractors, despite changes to the TRICARE regions and contractors that occurred in January 2018.

REMINDER: REGISTER TO RECEIVE *PROVIDER UPDATE* ONLINE

As previously announced, beginning August 1, 2016, Tufts Health Plan began distributing 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 website for updates and who prefer not to receive *Provider Update* by email are given the opportunity to indicate that preference on the online registration form.

Note: Providers are responsible for keeping their contact information updated. To make updates to information that was previously submitted through the online registration form, providers should resubmit the form with the updated information.

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

Note: If you have registered to receive *Provider Update* by email but are still not receiving it, please check your spam folder or check with your system administrator to ensure your firewall is not preventing *Provider Update* from being delivered.

Current and recent past issues of *Provider Update* are also available in printable format in the Provider 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 this issue can be mailed upon request by calling 888.884.2404 for Tufts Health Plan Commercial products (including Tufts Health Freedom Plan) and 800.279.9022 for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

UPDATE YOUR PRACTICE INFORMATION

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.

Providers are reminded to notify Tufts Health Plan of any changes to their contact or panel information, such as a change in the provider's 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 patients. For Tufts Health Plan to remain compliant with the CMS regulatory requirements, changes must be communicated in writing as soon as possible so that members have access to the most current information in the 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), Tufts Medicare Preferred HMO and Tufts Health Plan SCO

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 the Tufts Health Plan's Provider Information Change Form (available in the Provider Forms section of the Resource Center) and returning it by fax or mail, as noted on the form.

Tufts Health Public Plans

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 either for Medical Providers or for Behavioral Health Providers (available in the Provider Forms section of the Resource Center) and returning it by fax or mail, as noted on the form.

TUFTS HEALTH PLAN MEDICARE PLAN OPTIONS

Original Medicare May Not Be Enough

Patients may remain solely on Original Medicare because they are:

- Struggling with finances or other areas of life (e.g., health, family)
- Confused and overwhelmed by their options
- Unaware of additional Medicare plan choices

Patients may not be aware that Original Medicare:

- Has no limit on out-of-pocket costs for members
- Requires the beneficiary to pay an annual deductible for Part B services (e.g., doctor visits) before coverage begins, and 20 percent coinsurance once the Part B deductible is met
- Does not cover:
  - Annual physicals
  - Routine eye exams or eyewear
  - Routine hearing exams or hearing aids
  - Weight management assistance
  - Routine dental exams
  - Worldwide emergent and urgent care

Enroll in a Tufts Health Plan Medicare Plan at Any Time

If you have patients who rely solely on Original Medicare for their health care coverage needs, Tufts Health Plan may have a Medicare Advantage HMO or Medicare Supplement plan to help cover certain health care services that are not covered by Original Medicare.

Because Tufts Health Plan received 5 out of 5 stars from Medicare for 2018,* Medicare beneficiaries can enroll in one of Tufts Health Plan's Medicare plans anytime through November 30, 2018, for coverage beginning the first day of the following month.

Patients can choose from a range of plan options that cater to different needs and budgets, including plans that begin at $0 monthly premium for both medical and drug coverage, cover annual physicals at $0 copay, offer routine eye and hearing exams, and include worldwide emergent care.

To learn more about how Tufts Health Plan can help your Medicare-eligible patients, call Peter Lacombe at 617.972.9400, ext. 58177 or email peter_lacombe@tufts-health.com.

**Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next. Tufts Health Plan received 5 out of 5 stars for Tufts Medicare Preferred HMO plans for 2016, 2017 and 2018 contract years. For more information on plan ratings, refer to the Medicare website.*

NEW MEDICARE DIABETES PREVENTION PROGRAM

As CMS requires, effective for dates of service on or after April 1, 2018, Tufts Health Plan will cover Medicare Diabetes Prevention Program (MDPP) services without coinsurance, copayment or deductible, for eligible members of Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Plan Medicare Supplement plans.

While you may not offer these CDC-approved MDPP services in your practice, you may have patients who are eligible for and who may benefit from the MDPP. The MDPP helps members with a prediabetes diagnosis prevent the progression to type 2 diabetes. The program educates members on how to eat healthy, manage stress, increase physical activity and develop skills to maintain weight loss and a healthy lifestyle.

For questions about MDPP certification and becoming a recognized organization, as well as information about the MDPP, including member eligibility criteria and program exclusions, refer to the CMS website.

A payment policy with more information on the MDPP will also be available in the Resource Center on Tufts Health Plan's public Provider website on or before April 1, 2018.

TUFTS HEALTH FREEDOM PLAN: A COMMERCIAL PRODUCT

Tufts Health Freedom Plan is a 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. Reimbursement 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.

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 services covered by USFHP, 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 questions, contact Provider Services at 800.818.8589.

QUALITY

TUFTS HEALTH PLAN WEB RESOURCES

For the most current pharmacy benefit information, including tier changes, online formularies and descriptions of pharmacy management programs, refer to the Pharmacy section of Tufts Health Plan's public Provider website at tuftshealthplan.com/provider. For pharmacy information pertaining to Tufts Health Freedom Plan products, refer to the Tufts Health Freedom Plan Pharmacy section at thfp.com/providers. Pharmacy information is updated regularly. Check pharmacy updates for postings of formulary changes, notification of new pharmacy programs, and important information about drug recalls and alerts from the FDA or drug manufacturers.

Also available online is other important business information, such as updates to our Quality Improvement Program and progress toward meeting goals; complex case management (CCM) information including access to CCM, disease management programs and services; clinical practice guidelines; utilization management criteria/guidelines; Provider Manuals; and member's rights and responsibilities.

Copies of the above information can also be mailed upon request by calling Provider Services at 888.884.2404 for Commercial products (including Tufts Health Freedom Plan) or Provider Relations at 800.279.9022 for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

PRESCRIBING STATINS

Members with Diabetes

American College of Cardiology (ACC)/American Heart Association (AHA) research indicates that the risk of an initial myocardial infarction (MI) occurring in a patient with diabetes is as high a risk as an MI occurring in a nondiabetic patient with a history of a prior MI. As such, Tufts Health Plan supports ACC/AHA guidelines, which recommend statin therapy for primary prevention of cardiovascular events for patients ages 40–75 with diabetes, regardless of the patient's cholesterol levels.

CMS has identified inconsistent statin therapy to be a potential gap in care in patients ages 40–75 with diabetes, and as a result, has added Statin Use in Persons with Diabetes (SUPD) as a display measure for 2018 and as a Star Ratings measure for 2019, based on 2017 data.

Members with Cardiovascular Disease

ACC/AHA research indicates that cardiovascular disease (CVD) is the leading cause of death in the United States. According to ACC/AHA guidelines, adherence to statin medications in patients with CVD is required to reduce the risk for cardiovascular-related mortality. Because of this, ACC/AHA guidelines recommend that adults (age 75 and younger) with known clinical atherosclerotic CVD be treated with high-intensity statin therapy, or with moderate-intensity statin therapy if high-intensity statin therapy is contraindicated or causes adverse effects.

As a result, CMS has incorporated Statin Therapy for Patients with Cardiovascular Disease as an area of focus, adding it as a display measure for 2018 and as a Star Ratings measure for 2019.

To support providers prescribing statins to members with diabetes and/or CVD, Tufts Health Plan will provide Independent Practice Association (IPA)-level* reporting that identifies:

- Members with a diagnosis of diabetes but no record of a filled statin therapy prescription on file
- Members with CVD who are not prescribed a high- or moderate-intensity statin
- Members with CVD who did not remain on high- or moderate-intensity statin therapy for at least 80 percent of the measurement year

*Reporting is available for Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP and Tufts Health Plan Senior Care Options. Providers interested in receiving this reporting should contact their IPA medical director.

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FOR MORE INFORMATION

- tuftshealthplan.com/provider
- Provider Services
  888.884.2404
- Provider Relations
  800.279.9022

WHAT'S INSIDE ...

TUFTS Health Plan

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