

PROVIDER UPDATE

FEBRUARY 1, 2019

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).

*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 are specified for that particular change.

Note: 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.

60-DAY NOTIFICATIONS

COVERAGE UPDATES

60-DAY NOTIFICATIONS

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

Dorsal Root Ganglion Stimulation

Tufts Health Plan will add dorsal root ganglion stimulation as a limitation to the Medical Necessity Guidelines for [Spinal Cord Stimulator \(SCS\) Insertion](#). This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products, and is also documented in the Medical Necessity Guidelines for [Noncovered Investigational Services](#), as it is considered investigational.

Updates to Medical Necessity Guidelines

Tufts Health Plan will retire the following medical necessity guidelines and replace them with applicable 2018.2 InterQual® criteria:

Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products:

- Procedures for the Treatment of Symptomatic Varicose Veins Not Available From InterQual: Stab Phlebectomy will be replaced by Ambulatory Phlebectomy, Varicose Vein InterQual criteria.
- Blepharoplasty of the Lower Eyelid will be replaced by Blepharoplasty Lower Eyelid InterQual criteria.

Tufts Health RITogether, Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify:

- Outpatient Physical Therapy for the Treatment of Pelvic Floor Dysfunction will be replaced by Pelvic Floor: Rehabilitation InterQual criteria.

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.

WHAT'S INSIDE

60-Day Notifications	1
Behavioral Health	6
Plans	7
Reminders	7

OTHER COVERAGE UPDATES

Noncovered Investigational Services

Tufts Health Plan has added the following to the Medical Necessity Guidelines for [Noncovered Investigational Services](#):

Commercial (including Tufts Health Freedom Plan) and Tufts Health Public Plans products:

- Amniotic allografts for tendon and ligament injuries
- HLA-DQ2/DQ8 genotyping for celiac disease
- INTRACEPT® Intraosseous Nerve Ablation System
- MNG Transcriptome™ (MNG Laboratories)
- Noninvasive cardiac radioablation for ventricular tachycardia
- Osseointegrated prostheses
- ProstateNext (Ambry Genetics)

Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs:

- Cranial electrical stimulation (CES) for the treatment of migraine/headaches
- CES for the treatment of chronic pain

Orthoses Upper Extremity – Tufts Health Public Plans Products

The following change applies to Tufts Health Public Plans products:

Tufts Health Plan has added THP Modification to InterQual criteria to the Medical Necessity Guidelines for Orthoses Upper Extremity. Tufts Health Plan does not require that InterQual criterion 20.2.B: ‘repairs >60% of replacement cost’ be met for replacement orthosis.

Symptomatic Varicose Veins

The following change applies to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct and Tufts Health Unify:

Tufts Health Plan has added Polidocanol Endovenous Microfoam (Varithena) for Treatment of Varicose Veins to the Limitations section of the Medical Necessity Guidelines for Procedures for the Treatment of Symptomatic Varicose Veins. Refer to the Medical Necessity Guidelines for Noncovered Investigational Services.

CONTACT INFORMATION FOR PROVIDERS CALLING TUFTS HEALTH PLAN

Before contacting 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.

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 April 1, 2019. 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.

ADMINISTRATIVELY NECESSARY DAYS (AND) – TUFTS HEALTH TOGETHER

Effective for dates of service on or after April 1, 2019, revenue code 0169 must be used to report AND services. This change applies to Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) only and is documented in the [Diagnosis Related Group \(DRG\) Inpatient Facility](#) and [Non-Diagnosis Related Group Inpatient Facility](#) payment policies.

PHARMACY COVERAGE CHANGES - COMMERCIAL AND TUFTS HEALTH DIRECT

The following changes apply to [Commercial](#) products (including Tufts Health Freedom Plan) and [Tufts Health Direct](#):

Specialty Pharmacy Program

Effective for fill dates on or after April 1, 2019, Austedo (deutetrabenazine), Lynparza (olaparib) and Yonsa (abiraterone) will be added to the specialty pharmacy program provided by CVS Specialty.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after April 1, 2019, Tufts Health Plan will update its prior authorization criteria for antidepressant medications, Drugs with Quantity Limitations, Flolipid Oral Suspension (simvastatin), Juxtapid® (lomitapide), Mytesi™ (crofelemer), Noncovered Drugs with Suggested Alternatives, Opioid Analgesics and RI Opioid Prescribing Limits. 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.

Drugs Moving to Excluded Status

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will move Rifissa® cream to excluded status.

Drugs Moving to Medical Benefit

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will move methadose 40mg tablet and naloxone 10ml vial to the medical benefit.

Quantity Limitations

Tufts Health Plan will update its quantity limitations on all available strengths of Juxtapid®. The quantity limitations will apply to patients currently taking this medication as well as to patients initiating a new course of treatment. In order for a member to receive coverage for quantities exceeding those listed in the Pharmacy Medical Necessity Guidelines for Juxtapid (lomitapide), the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

Long-Acting Opioids - Rhode Island Only

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will require prior authorization for all long-acting opioids for members of Rhode Island-based Commercial plans. This change will apply to members initiating a new course of treatment. Members who are currently taking a long-acting opioid will be able to continue taking the medication until July 1, 2019, at which time Tufts Health Plan will require prior authorization. Tufts Health Plan will work with providers of members who are currently taking this medication to support change in coverage. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for RI Opioid Prescribing Limits.

Methadone

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will require prior authorization for coverage of methadone Intensol concentrate, methadone oral concentrate, methadone oral solution and methadone oral tablets. This change will apply to members initiating a new course of treatment. Members who are currently taking methadone for the treatment of chronic pain will be able to continue their methadone treatment without prior authorization until July 1, 2019, at which time Tufts Health Plan will require prior authorization for coverage. Tufts Health Plan will work with the providers of those members who are currently taking methadone for treatment of chronic pain to support the change in coverage. Providers are encouraged to consider alternative treatment options and/or taper treatment, as appropriate. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Opioid Analgesics.

Opioid Quantity Limitations

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will have new quantity limitations on all opioid products. Quantity limits for each opioid will be in line with the CDC-recommended prescribing limits of less than 90 morphine milligram equivalent (MME) per day, or the FDA-approved prescribing limit, whichever is lower.

CONTINUED ON PAGE 4

The new quantity limitations will apply to patients initiating a new course of treatment on or after April 1, 2019. Members who currently exceed the new quantity limits will be able to continue their opioid treatment at their current dose until July 1, 2019, at which time Tufts Health Plan will require that an exception request be submitted for coverage of any dose that exceeds the new quantity limit. Providers are encouraged to consider decreasing opioid doses when appropriate. Tufts Health Plan will work with providers with members who currently exceed the new quantity limits to support the change in coverage. In order for a member to receive coverage for quantities above the new 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](#).

PHARMACY COVERAGE CHANGES – TUFTS HEALTH RITTOGETHER AND TUFTS HEALTH TOGETHER

SPECIALTY PHARMACY PROGRAM – TUFTS HEALTH TOGETHER

Effective for fill dates on or after April 1, 2019, Austedo (deutetrabenazine), Lynparza (olaparib) and Yonsa (abiraterone) will be added to the specialty pharmacy program provided by CVS Specialty for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

PRIOR AUTHORIZATION

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after April 1, 2019, Tufts Health Plan will update its prior authorization criteria for the medications below. 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 [medical necessity guidelines](#):

Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs:

- Antidepressant medications
- Drugs with quantity limitations
- Flolipid oral suspension
- Juxtapid®
- Mytesi™
- Opioid analgesics
- Proton pump inhibitors

LARGE GROUPS

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

Drugs Moving to Noncovered Status

Tufts Health Plan will move the following drugs to noncovered status:

- Albenza tablet
- Cialis® 5mg tablet
- Finacea® gel
- Forfivo XL tablet

Drugs Moving to Tier 3

- Canasa suppositories

Tufts Health RITogether:

- Anti-obesity medications
- Drugs without drug- or drug class-specific criteria
- Sodium-glucose co-transporter-2 (SGLT-2) inhibitors
- Vivitrol®

Tufts Health Together – MassHealth MCO Plan and ACPPs:

- Noncovered medications

New Prior Authorization Programs

Pegfilgrastim Products (Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs):

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will require prior authorization for coverage of pegfilgrastim products (Fulphila™, Neulasta®, Udenyca™). These changes will apply to members of Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs who are currently utilizing a pegfilgrastim product as well as members initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process as outlined in the Pharmacy Medical Necessity Guidelines for Pegfilgrastim Products.

The names of the chemotherapeutic drugs in the regimen your patient is currently or planning on receiving, as well as any risk factors, are required to be submitted with the request. Tufts Health Plan's prior authorization criteria utilize the National Comprehensive Cancer Network guidelines to help determine whether a specific chemotherapy regimen is categorized as high or intermediate risk for febrile neutropenia.

Esomeprazole (Tufts Health Together – MassHealth MCO Plan and ACPPs):

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will require prior authorization for coverage of prescription esomeprazole (Nexium) and over-the-counter (OTC) esomeprazole capsule (Nexium 24HR). This change will apply to members of Tufts Health Together – MassHealth MCO Plan and ACPPs who are currently using prescription and OTC esomeprazole capsules and members initiating a new course of treatment. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Proton Pump Inhibitors.

Long-Acting Opioids (Tufts Health RITogether):

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will require prior authorization for coverage of the following long-acting opioids for Tufts Health RITogether:

- Fentanyl 12mcg, 25mcg, 50mcg, 75mcg and 100mcg transdermal patch (Duragesic®)
- Methadone Intensol oral concentrate
- Methadone oral concentrate (Methadose™)
- Methadone oral solution
- Methadone oral tablet (Dolophine®)
- Morphine extended-release tablet (MS Contin®)
- Oxycodone extended-release abuse-deterrent tablet (Oxycontin®)

This change will apply to members initiating a new course of treatment. Members who are currently taking one of the medications listed above will be able to continue taking the medication until July 1, 2019, at which time Tufts Health Plan will require prior authorization. Tufts Health Plan will work with the providers with members who are currently taking this medication to support change in coverage. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Opioid Analgesics.

Methadone (Tufts Health Together – MassHealth MCO Plan and ACPPs):

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will require prior authorization for coverage of methadone Intensol concentrate, methadone oral concentrate Methadose™, methadone oral solution and methadone oral tablet Dolophine® for Tufts Health Together – MassHealth MCO Plan and ACPPs.

This change will apply to members initiating a new course of treatment. Members who are currently taking methadone for the treatment of chronic pain will be able to continue their methadone treatment without prior authorization until July 1, 2019, at which time Tufts Health Plan will require prior authorization for coverage. Tufts Health Plan will work with the providers with members who are currently taking methadone for treatment of chronic pain to support the change in coverage. Providers are encouraged to consider alternative treatment options and/or taper treatment, as appropriate. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Opioid Analgesics.

Opioid Quantity Limits – Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after April 1, 2019, Tufts Health Plan will have new quantity limitations on all opioid products. Quantity limits will be in line with either the CDC-recommended opioid prescribing limits of less than 90 morphine milligram equivalent (MME) per day or the FDA-approved prescribing limit. This update applies to Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs.

The new quantity limitations will apply to patients initiating a new course of treatment. Members who currently exceed the new quantity limits will be able to continue their opioid treatment at their current dose until July 1, 2019, at which time Tufts Health Plan will require that an exception request be submitted for coverage of any dose that exceeds the new quantity limit. Providers are encouraged to consider decreasing opioid doses when appropriate. Tufts Health Plan will work with providers with those members who currently exceed the new quantity limits to support the change in coverage.

In order for a member to receive coverage for quantities above the new 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 for [Tufts Health RITogether](#) and for [Tufts Health Together – MassHealth MCO Plan and ACPPs](#).

CLAIM EDITS

The following claim edit applies to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs):

Effective for dates of service on or after April 1, 2019, Tufts Health Plan will limit compensation for allergy testing to one unit per member per day when billed by a facility. This change is documented in the [Commercial Allergy Testing Professional Payment Policy](#), the [Outpatient Payment Policy](#) and the [Tufts Health Public Plans Claims 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.

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

BEHAVIORAL HEALTH

IMPLEMENTATION OF NEW AUTISM CPT CODES

Tufts Health Plan will be implementing the new Applied Behavior Analysis (ABA) codes in mid-to-late 2019 for all Tufts Health Plan products. In the interim, ABA services will continue to be authorized with the current H codes (H0031, H0032, H2012 and H2019). Updates will be available from your contract manager in the near future.

For questions, email AHCBehavioralHealth@tufts-health.com.

SURVEY: BEHAVIORAL HEALTH SCREENING PRACTICES – TUFTS HEALTH TOGETHER

In an effort to improve behavioral health screening for members and address barriers PCPs face when it comes to administering these screenings, Tufts Health Plan looks to PCPs to provide feedback on their behavioral health screening practices for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members. Providers who complete this [survey](#) by May 1, 2019, will be entered in a drawing to win one of three \$100 Amazon gift cards.

BEHAVIORAL HEALTH SCREENING IN THE PRIMARY CARE SETTING – TUFTS HEALTH TOGETHER

As part of Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening, PCPs routinely screen members for behavioral health (BH) conditions. Tufts Health Plan is trying to make a difference in a particularly vulnerable population by focusing on Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members ages 13–17. PCPs are being asked to improve screening rates and to develop close ties with network BH providers in their geographic areas to ensure timeliness of follow-up for all members, particularly in this age group. Contracted BH providers are being asked to outreach PCPs to provide contact information for handoffs for members who have positive screenings. Tufts Health Plan will work collaboratively with the provider community to ensure an adequate provider network.

PLANS

FIVE-STAR RATING RECEIVED FROM MEDICARE

For the fourth year in a row, Tufts Health Plan has earned five out of five stars from CMS as part of its annual star ratings for 2019* for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO). This is Medicare's highest rating, and it makes these plans among the highest-rated plans in the country for quality and performance. Tufts Health Plan is very proud of this rating and considers it the result of a healthy and productive collaboration with its provider network. Thank you for all that you have done to help achieve this honor.

As a reminder, CMS asks Tufts Health Plan members about quality performance factors. With providers' help, Tufts Health Plan can keep members' satisfaction with their plan and their health care at the highest level.

We ask that providers remind their patients that they may see a PA, NP or MD when being referred to a specialist for specialty services.

Providers are also asked to review their referral systems to ensure patients do not have any issues accessing specialists. If not already doing so, consider having your office staff book specialty appointments while your patient is in the PCP office.

*Medicare evaluates plans based on a five-star rating system. Star ratings are calculated each year and may change from one year to the next. For more information on plan ratings, go to [medicare.gov](https://www.medicare.gov).

PHARMACY COVERAGE CHANGES - SENIOR PRODUCTS AND TUFTS HEALTH UNIFY

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

Effective for fill dates on or after January 1, 2019, Tufts Health Plan will no longer require prior authorization for Entresto. Entresto will move from Tier 4 to Tier 3 for Tufts Medicare Preferred HMO and Tufts Health Plan SCO, and from Tier 3 to Tier 2 for the Employer Group and Tufts Medicare Preferred PDP formularies.

REMINDERS

REGISTER TO RECEIVE *PROVIDER UPDATE* BY EMAIL

This reminder applies to all Tufts Health Plan products.

As [previously communicated](#), Tufts Health Plan's *Provider Update* newsletter applies to all products. 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: 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@email-tuftshealth.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. **Note:** Providers can filter by product in the News section by selecting the appropriate division from the dropdown at the top.

*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.

COLLATERAL CONTACT CLAIMS SUBMISSION REMINDER - TUFTS HEALTH TOGETHER

As a reminder, and in accordance with Massachusetts Executive Office of Health and Human Services (EOHHS) requirements, collateral contact claims for HCPCS code H0046 reimbursement must include the appropriate licensure-level modifier and modifier UK. The appropriate licensure-level modifier should be billed in the MOD1 field and modifier UK should be billed in the MOD2 field.

TUFTS MEDICARE PREFERRED 835 REMITTANCE TO DISPLAY INTEREST OWED IN PLB LOOP

The following change applies to Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO):

Beginning as early as January 2019, 835 remittance will display Interest Owed in the PLB Loop. Previously, this information was sent in a REF segment. The PLB Loop is the HIPAA-mandated Loop where Interest Owed is displayed. The Qualifier in the PLB Loop is L6 for Interest Owed.

For questions regarding this change, call EDI Operations at 888.880.8699, ext. 54042 or email EDI_Operations@tufts-health.com.

MASSEALTH MEMBERS IN DCF CARE - TUFTS HEALTH TOGETHER

As a reminder, any individuals who are in the care of the Massachusetts Department of Children and Families (DCF) or who qualify only for MassHealth Limited, Children's Medical Security Plan (CMSP) or Health Safety Net are not subject to the PCP exclusivity required by Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

Providers who are contracted with Tufts Health Together - MassHealth MCO Plans and ACPPs must see these individuals upon request. Providers should submit claims for these services to MassHealth and may reach out directly to MassHealth for questions related to this policy.

ORAL ENTERAL FORMULAS COVERED UNDER MEDICAL BENEFIT - COMMERCIAL

As previously communicated, Tufts Health Plan now covers oral enteral formulas under the medical benefit only. As part of this change, members can no longer obtain coverage for oral enteral formulas obtained at retail pharmacies and must obtain them through a contracted durable medical equipment (DME) supplier in order for them to be covered. Member cost share for medical supplies applies to each supply of oral enteral formula dispensed by a DME supplier. Ordering providers should send a formula prescription to a Tufts Health Plan-contracted DME formula supplier, who will in turn, send a prior authorization request to the Tufts Health Plan Precertification Department.

This change applies to Commercial products (including Tufts Health Freedom Plan) and is documented in the Medical Necessity Guidelines for [Oral Formula: Massachusetts Products](#) and the [Durable Medical Equipment Payment Policy](#).

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) - TUFTS HEALTH TOGETHER

As a reminder, and in accordance with Massachusetts Executive Office of Health and Human Services (EOHHS) requirements, claims for CANS reimbursement must include modifier HA, CPT code 90791 and the appropriate licensure-level modifier. This reminder applies to Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and is documented in the [Child and Adolescent Needs and Strengths \(CANS\) Payment Policy](#).

PROVIDER TRAINING

If you have any questions regarding provider office staff education, or if you'd like to see a specific topic addressed in an upcoming Office Managers Meeting, webinar or training video, [email Provider Education](#).

The Training sections of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites provide helpful webinars, training videos, and printable guides and resources to assist staff with day-to-day operations. You will find visuals with step-by-step instructions on how to navigate the secure Provider websites to view claims, submit claims adjustments, view authorizations and more.

NEW HEARING AID BENEFIT NOW AVAILABLE FOR TUFTS MEDICARE PREFERRED HMO

As previously communicated, Tufts Medicare Preferred HMO members* are now 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, complete one of the following:

- 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 added benefit is documented in the [Audiology Professional Payment Policy](#).

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

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 electronically submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information, etc.

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.

CMS REQUIREMENT FOR BILLING NONSPECIFIC SERVICE OR PROCEDURE - TUFTS HEALTH UNIFY

Per CMS requirements, effective for dates of service on or after April 1, 2019, a detailed description of a procedure or service that is considered to be nonspecific or "not otherwise categorized" by CMS must be billed along with the service for Tufts Health Unify members. This detailed description should be submitted in Loop 2400 Segment SV101-7 Element 352 of a professional claim and Loop 2400 Segment SV202-7 Element 352 of a facility claim, as they are required by CMS. Claims that do not meet this requirement will be rejected.

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 updated 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.

UPDATE YOUR PRACTICE AND BILLING 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 payments are being mailed to the correct address and your practice is accurately represented in the Find a Doctor search, it is critical to regularly update your billing address and 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 practice or billing street address (including suite number, if applicable) or phone number, and any other change that affects their availability to see patients. 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.

Note: Providers are also reminded to update their covering provider list as needed. Tufts Health Plan does not automatically add providers new to your practice to the list of covering providers.

HOW TO UPDATE YOUR INFORMATION

Commercial (Including Tufts Health Freedom Plan) and Senior Products

Providers can confirm current practice information using the appropriate Find a Doctor search for either [Commercial/Senior Products](#) or [Tufts Health Freedom Plan](#). 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 for [Tufts Health Public Plans](#). 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 email (provider_data_request@tufts-health.com), as noted on the form.

Billing Addresses

Providers can update billing addresses by completing the appropriate Provider Information Form indicated above, selecting "billing" as the address type, and including a W-9 as indicated on the form.

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).

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](#).

MASSEALTH OUTPATIENT CARE COORDINATION TRAINING MODULE

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

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

REMINDER: CMS REQUIREMENTS FOR OPIOID PRESCRIPTIONS

This reminder applies to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Unify.

OPIOID-NAÏVE MEMBERS' PRESCRIPTIONS

As a reminder, and in accordance with CMS requirements per the Comprehensive Addiction and Recovery Act (CARA), Tufts Health Plan denies opioid-naïve members' prescriptions exceeding seven days for acute pain.

This CMS requirement does not apply to members in active cancer treatment, hospice, long-term care (LTC) or palliative care.

PHARMACY POINT-OF-SALE DRUG UTILIZATION REVIEW (POS DUR) EDITS

As a reminder and per CMS requirements, the following POS DUR edits are in effect. A consultation with the prescribing provider is necessary before a pharmacist can override and dispense:

- Cumulative morphine milligram equivalent (cMME) dose limit across all opioid prescriptions (total daily doses exceeding 90 mg MME) must be reviewed by the prescribing provider
- Drug-drug interaction between the concurrent use of an opioid and benzodiazepine
- Duplicate long-acting opioids

Per CMS, prescribing providers are expected to respond to pharmacy outreach related to opioid safety alerts in a timely manner and also educate their staff.

TUFTS HEALTH PUBLIC PLANS - SYSTEM MIGRATION FOR CLAIMS AND ENROLLMENT

UPDATE TO SYSTEM MIGRATION

As previously communicated, Tufts Health Plan is in the process of migrating its Massachusetts-based Tufts Health Public Plans business to a new system to support claims adjudication and enrollment processing. The migration will apply to Tufts Health Direct, Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify, and it is targeted to begin later in 2019.

Note: This change will not apply to Tufts Health RITogether at this time.

More information will be available in the Provider News section prior to the system migration.

SEPARATE PAYMENTS FOR CLAIMS PROCESSED ON DIFFERENT SYSTEMS

As part of the new system migration, providers will receive two separate payments, depending upon the system on which their claims are processed. Claims submitted with dates of service prior to the system migration date will continue to process on Tufts Health Plan's existing system and will follow the payment process currently in place. Claims submitted with dates of service on or after the system migration date will process on the new system, and a separate provider payment will be generated for those claims. At this time, Tufts Health Plan does not anticipate any changes that providers need to make because of or in preparation for the system migration.

WHERE CAN PROVIDERS LEARN MORE?

For questions regarding the system migration, call Tufts Health Public Plans Provider Services at 888.257.1985.

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 St., Watertown, MA 02472