

PROVIDER UPDATE

May 2017

NEWS FOR THE NETWORK



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

60-DAY NOTIFICATIONS

Coverage Updates for Commercial Products

The following apply to Commercial products (including Tufts Health Freedom Plan) and have been added to the Medical Necessity Guidelines for Noncovered Investigational Services:

- ▶ Minimal residual disease (MRD) tests*
- ▶ Bone Marrow Failure Region of Interest – Trio*
- ▶ PancraGEN™*
- ▶ ProMark® Proteomic Prognostic Test*
- ▶ Pontocerebellar Hypoplasia Panel – GeneDX*
- ▶ Transvascular autonomic modulation (TVAM)*
- ▶ Video head impulse test (vHIT) for evaluation of vestibular disorders*

*No specific code available

Nonreimbursable Procedure Codes

Tufts Health Plan maintains a comprehensive list of all nonreimbursable (NR) procedures, as well as a list of services inappropriate to be performed in an outpatient setting. These lists are updated quarterly and can be found in the Resource Center on Tufts Health Plan's public Provider website.

Effective for dates of service on or after July 1, 2017, Tufts Health Plan will no longer reimburse for codes 99354-99359 and will add these codes to the Nonreimbursable Code List for Physicians.

This change applies to Commercial products (including Tufts Health Freedom Plan) and is documented in the Commercial Evaluation and Management Professional Payment Policy.

Pharmacy Coverage Changes for Senior Products

Viagra

Effective for fill dates on or after January 1, 2017, Tufts Health Plan began covering Viagra on Tier 2 for all Tufts Medicare Preferred HMO and PDP Employer Group members. Tufts Health Plan now considers Viagra to be the preferred agent to treat erectile dysfunction. Generic Viagra is expected to become available in the fourth quarter of 2017.

Note: This change does not apply to Tufts Medicare Preferred HMO individual or Tufts Health Plan Senior Care Options (SCO) products.

Reminder: ProAir® HFA and ProAir RespiClick®

As a reminder, Tufts Health Plan considers ProAir HFA and ProAir RespiClick to be the preferred short-acting beta agonist (SABA) inhalers for Tufts Medicare Preferred HMO and Tufts Health Plan SCO members. These inhalers are on the preferred brand tier and have a lower copay for most members compared to those of Proventil® HFA and Ventolin® HFA.



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.



tuftshealthplan.com/provider

Commercial Pharmacy Coverage Changes

The following changes apply to Commercial products (including Tufts Health Freedom Plan) and are effective for fill dates on or after July 1, 2017:

Drugs Moving to Excluded Status

Prescription esomeprazole and Nexium® (esomeprazole) capsules will be excluded from the pharmacy benefit. Exclusion from coverage means that Tufts Health Plan will no longer consider medical review requests for these prescriptions and coverage will no longer be available. For a member to continue therapy with esomeprazole or for a member to start a new course of treatment, the prescribing provider must write the member a prescription for over-the-counter (OTC) esomeprazole. OTC esomeprazole will be covered at Tier 3.

New Prior Authorization Programs

Tufts Health Plan will require prior authorization for coverage of Prilosec® (omeprazole) suspension, Protonix® (pantoprazole) suspension, Prevacid Solutab® (lansoprazole) orally disintegrating tablet and Nexium® (esomeprazole) suspension for members 13 years of age and older. The prior authorization criteria will apply to members currently taking one of these medications, as well as to new prescriptions. In order for a member to continue taking any of these medications or for a member to start a new course of treatment, the prescribing provider must request coverage through the medical review process and criteria as set forth in the Pharmacy Medical Necessity Guidelines for Proton Pump Inhibitors.

Tufts Health Plan will require prior authorization for coverage of Dexilant® (dexlansoprazole). The prior authorization criteria will apply to new prescriptions. In order for a member to initiate a new course of treatment with Dexilant (dexlansoprazole), the prescribing provider must request coverage through the medical review process and criteria as set forth in the Pharmacy Medical Necessity Guidelines for Proton Pump Inhibitors.

Changes to Gelnique (oxybutynin chloride 10% gel)

Tufts Health Plan will add Gelnique (oxybutynin chloride 10% gel) to Step 2 of the overactive bladder step therapy medications for its Commercial formularies. This medication will also move to Tier 3.

The step therapy prior authorization criteria will apply to all new prescriptions. If the member does not meet the automated step therapy requirements and is unable to take the Step-1 medications, the prescribing provider must request coverage through the medical review process and criteria as set forth in the Pharmacy Medical Necessity Guidelines for Overactive Bladder Medications.

Azilect® and Kaletra®

Tufts Health Plan will move Azilect and Kaletra to Tier 3 for its large group Commercial formularies.

Trintellix (vortioxetine) Added to Step Therapy

Tufts Health Plan will add Trintellix (vortioxetine) to Step 3 of the antidepressant step therapy medications for its Commercial formularies.

The step therapy prior authorization criteria will apply to all new prescriptions. If the member does not meet the automated step therapy requirements and is unable to take the Step-1 and 2 medications, the prescribing provider must request coverage through the medical review process and criteria as set forth in the Pharmacy Medical Necessity Guidelines for Antidepressant Medications.

Drugs Moving to Noncovered Status

Crestor®

Tufts Health Plan will no longer routinely cover Crestor for its large group Commercial formularies.

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

Seroquel®

Tufts Health Plan will no longer routinely cover Seroquel for its large group Commercial formularies.

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

Pristiq®

Tufts Health Plan will no longer routinely cover Pristiq for its large group Commercial formularies.

For a member to continue taking Pristiq or for a member to start a new course of treatment, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Noncovered Drugs With Suggested Alternatives.

Epipen®, Auvi-Q® and Adrenaclick®

Tufts Health Plan will no longer routinely cover Epipen, Auvi-Q and Adrenaclick for its large group Commercial formularies. In addition, Tufts Health Plan will no longer routinely cover Auvi-Q for its small group and individual Commercial formularies.

Tufts Health Plan will continue to cover the generic epinephrine auto-injectors, the preferred generic being the generic form of Adrenaclick. Providers are reminded to indicate epinephrine (generic Adrenaclick) when writing prescriptions, to ensure the generic is dispensed. For a member to continue taking any of these medications or for a member to start a new course of treatment, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Noncovered Drugs With Suggested Alternatives.

AB-Rated ADHD Brand Medications

Effective for fill dates on or after August 1, 2017, Tufts Health Plan will no longer routinely cover the following drugs for its small group and individual Commercial formularies.

- ▶ Adderall®
- ▶ Adderall XR®
- ▶ Concerta®
- ▶ Focalin® XR
- ▶ Metadate CD®
- ▶ Methylin® Oral Solution
- ▶ Ritalin®
- ▶ Ritalin LA®
- ▶ Ritalin SR®

For a member to continue taking any of these brand-name medications or for a member to start a new course of treatment, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Noncovered Drugs With Suggested Alternatives.

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Other Updates

Proton pump inhibitors: Can your patient discontinue their proton pump inhibitor (PPI)?

Studies have reported that proton pump inhibitors (PPIs) are beneficial and indicated for the short-term treatment of several acid-related conditions, including gastroesophageal reflux disorder, stomach and small intestine ulcers and inflammation of the esophagus. Studies have also reported that half of patients using a PPI probably do not need it. Patients should use the lowest dose and shortest duration of PPI therapy appropriate to the condition being treated, as long-term use of these medications has been linked to health risks, including increased risk of fractures, pneumonia, Clostridium difficile infection and low magnesium levels leading to muscle cramps and irregular heartbeat. In general, PPIs may also be associated with more drug interactions and higher costs than alternative therapies, such as antacids and histamine H2 antagonists. Please consider having a discussion with your patients who are currently using a PPI to evaluate whether the risks outweigh the benefits of continued long-term therapy.

Standard Form for Medication Prior Authorization Requests – Tufts Health Freedom Plan Only

Pursuant to New Hampshire Statute RSA 420-E:4-a and Regulation of Insurance Part Ins 2705, NH health insurance carriers are required to accept only certain information on standard prior authorization forms when reviewing requests for prescription drug benefits.

As such, the New Hampshire Insurance Division (NHID) developed and approved the New Hampshire Uniform Prior Authorization Form for Prescription Drug Requests. This form must be accepted by all health plans for members of NH-based products, and will standardize the prior authorization process for providers rendering services to these members.

Note: Prescription drugs are defined by NHID as any drug dispensed by prescription only that is dispensed from a pharmacy directly to the consumer.

Effective for prescription drug requests submitted on or after July 1, 2017 and based on the NH statute, Tufts Health Plan will begin accepting the New Hampshire Uniform Prior Authorization Form for Prescription Drug Requests for members of Tufts Health Freedom Plan products. Effective for prescription drug requests submitted on or after December 31, 2017, Tufts Health Plan will no longer accept the existing Universal Pharmacy Programs Request Form for members of Tufts Health Freedom Plan products and will accept **only** the NH standard form.

Note: This change applies to members of Tufts Health Freedom Plan products **only**, regardless of the state where services are rendered.

Prior to submitting the NH standard form to Tufts Health Plan, providers should refer to Tufts Health Plan's coverage policies, member benefits and pharmacy medical necessity guidelines, available in the Resource Center of Tufts Health Freedom Plan's public Provider website. The NH standard form is also available in the Pharmacy Forms section of the Tufts Health Freedom Plan Provider Resource Center.

Providers may attach any additional supporting documentation relevant to the medical necessity criteria to the standard form and submit materials to Tufts Health Plan using the existing mail and fax channels, as indicated on the form:

Fax: 617.673.0988

Mail: Tufts Health Plan

705 Mount Auburn Street

Watertown, MA 02472

Attn: Pharmacy Utilization Management Department

Prior to submitting prior authorization requests to Tufts Health Plan and prior to services being rendered, providers are reminded to check the member's ID card to identify the plan in which the member is enrolled. Providers should also 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.

For questions, please contact Provider Services at 888.884.2404.

Standard Prior Authorization Forms for Hepatitis C Medications and Synagis

As previously communicated by Tufts Health Plan, Chapter 176O section 25 of the Massachusetts General Laws requires that health insurance carriers use standard prior authorization forms when reviewing requests for both hepatitis C medications and Synagis® for members of Massachusetts-based Commercial products, regardless if services are rendered in Massachusetts, Rhode Island or New Hampshire. Tufts Health Plan will also accept the MA standard forms for members of all other Commercial products (with the exception of Tufts Health Freedom Plan products), regardless of state.

Based on the work of the Mass Collaborative, an organization of health plans, provider organizations and professional associations, these standard prior authorization request forms have been developed and approved by the Massachusetts Division of Insurance (DOI). These forms must be accepted by all health plans with MA-based members, and will standardize the prior authorization process for providers rendering services to these members.

Note: Providers submitting requests for members of Tufts Health Freedom Plan products should continue to use the existing prior authorization request forms until the NH standard form becomes available. These forms are available in the Provider Resource Center on the Tufts Health Freedom Plan website.

The effective date of these forms and other pertinent details are dependent upon the DOI's bulletin release.

At this time, no action is required from providers. We expect more information will become available in the coming months.

MedHOK to Be Added to Secure Provider Website

Beginning this fall, Tufts Health Plan will integrate a new medical management system, MedHOK, into its secure Provider website. This change applies to Commercial (including Tufts Health Freedom Plan) and Tufts Medicare Preferred HMO products.

Once logged in to the secure Provider website, providers will have the option to enter the MedHOK system to complete requests for inpatient and outpatient services, attach documentation, and in some cases receive a determination online.

The way providers input inpatient and outpatient requests for members will change. Online training will be available prior to the fall implementation date.

If you are not yet registered to use the secure Provider website, registration information is available on Tufts Health Plan's public Provider website. For questions about registration, please contact Provider Services at 888.884.2404.

New Commercial Tier Designs: GIC Navigator and Spirit

Effective July 1, 2017, Tufts Health Plan will implement new Group Insurance Commission (GIC) Navigator and Spirit tier designs. The tier designs are part of the GIC's ongoing effort to align incentives between Tufts Health Plan, providers and members to provide coverage for cost-effective, high-quality care. As part of this change and effective June 30, 2017, Tufts Health Plan will no longer participate in the GIC's Clinical Performance Improvement Initiative (CPII) Program.

For the GIC Navigator tier design, all Commercial providers and hospitals will be placed in one of three tiers. PCPs, specialists and hospitals falling under the same contracted provider system will be grouped into the same tier.

The Spirit tier design applies only to providers and hospitals participating in the Spirit product. Participating specialists will be tiered identically for both Spirit and GIC Navigator. However, unlike in GIC Navigator, Spirit plan hospitals will be placed in one of two tiers, and PCPs and PCP/specialists will not be tiered.

Members of Tufts Health Plan's GIC Navigator and Spirit plans save on their out-of-pocket health care costs by paying lower copays for nonemergency covered services from Tier-1 hospitals and providers. To help GIC plan members manage their out-of-pocket costs and in support of the GIC's tiered plan design to promote efficient care, the GIC asks that, when appropriate, participating providers refer their GIC plan members to Tier-1 providers.

Note: This change does not apply to Allied Health providers.

Information on provider and hospital tiering placement can be found on Tufts Health Plan's public Provider website. For questions, please call Provider Services at 888.884.2404.

Claim Edits for Senior Products

As a routine business practice, claims are subject to payment edits that are updated from time to time and generally based on CMS guidelines, specialty society guidelines, evaluation of drug manufacturers' package label inserts, the National Correct Coding Initiative (NCCI), the American Health Information Management Association (AHIMA), the American Hospital Association, and the National Center for Health Statistics.

As a reminder, procedure and diagnosis codes undergo periodic revision by the American Medical Association and the four cooperating parties responsible for ICD-10-CM coding guidelines, and as a result, Tufts Health Plan updates its systems to reflect these changes.

Due to these periodic edits, providers may begin to see payment reductions in the following areas:

- ▶ Column I/Column II
- ▶ Diagnosis procedures
- ▶ Multiple procedure reductions
- ▶ Daily max units
- ▶ Durable medical equipment
- ▶ Hemoglobin A1c diagnosis
- ▶ Drugs and biologicals

Payment policies are updated regularly to reflect changes. Refer to the applicable Tufts Medicare Preferred HMO and Tufts Health Plan SCO payment policies for more information.

Change to Claims Submitted With Modifiers SA, TD and HO

Effective for dates of service on or after September 1, 2017, Tufts Medicare Preferred HMO claims submitted with modifiers SA, TD and HO will be accepted per CMS guidelines, as they are now accepted by Medicare.

Change in Inpatient Notification Submission

Effective for dates of submission on or after July 1, 2017, providers submitting an inpatient notification request by fax must submit the request on Tufts Health Plan's Inpatient Notification Form (available on Tufts Health Plan's public Provider website). Completed forms should be faxed to 617.972.9590 or 800.843.3553. No other forms will be accepted by Tufts Health Plan after June 30, 2017.

Note: Providers may continue to submit inpatient notification requests through 278 batch transactions and via the secure Provider website's inpatient notification system, as they do today.

This change applies to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) products.

Prior to submitting a completed Tufts Health Plan Inpatient Notification Form to Tufts Health Plan, providers must populate all form fields with the requested information. Forms submitted with missing or incomplete information will be returned to the submitting provider for completion and resubmission. Processing of the request will be delayed until all the information is returned to Tufts Health Plan.

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As a reminder, Tufts Health Plan requires that all elective admissions be reported no later than five business days prior to the planned admission date. While you may not be the provider responsible for obtaining prior authorization for the procedure, as a condition of payment you will need to make sure that prior authorization has been obtained and approved prior to the notification of the admission. Urgent or emergent admissions must be reported by 5 p.m. of the next business day following the admission.

Refer to both the Commercial and Tufts Medicare Preferred HMO/ Tufts Health Plan SCO Authorization policies for more information.

Correct Coding Reminder

As a routine business practice, claims are subject to payment edits that are updated from time to time and generally based on CMS guidelines, specialty society guidelines, evaluation of drug manufacturers' package label inserts and the National Correct Coding Initiative (NCCI).

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

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

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.

The next update will occur on July 1, 2017. 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.

ADMINISTRATIVE UPDATES

Equian/Nurse Audit to Begin Post-Payment Readmission Reviews

Tufts Health Plan will begin conducting post-payment reviews of inpatient readmission claims to determine whether those claims are being reimbursed correctly under the readmission standards in Tufts Health Plan's DRG Inpatient Facility Payment Policy.

Equian/Nurse Audit, Tufts Health Plan's existing DRG validation vendor, will conduct the reviews.

This notification applies to Commercial products (including Tufts Health Freedom Plan).

For questions, please contact Provider Services at 888.884.2404.

Your Action Required: Get Updates Faster Online

As previously announced, beginning August 1, 2016, Tufts Health Plan began a transition to distribute its *Provider Update* newsletter by email. If you have not yet registered to receive *Provider Update* by email, providers must complete the online registration form, available in the News* section of Tufts Health Plan's public Provider website at tuftshealthplan.com/provider/news.

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 change and encourage each provider to register to receive future issues by email. Office staff may also register a provider on his or her 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 the email blast, please check your spam folder or check with your system administrator to ensure your firewall is not preventing *Provider Update* from being delivered to your inbox.

The complete May 1, 2017 issue is also available in printable format in the News section of Tufts Health Plan's public Provider website.

*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

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 of street address (including suite number, if applicable) or phone number (including direct department line and extension, if applicable), 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.

How to Update Your Information

Commercial (Including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options

You can check your current practice information by looking it up in 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 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

You can check your current practice information by looking it up in 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.

BEHAVIORAL HEALTH

Identify and Address Substance Use

Screening, brief intervention and referral to treatment (SBIRT) is a low-intensity, low-cost, public health approach to identify and intervene with people with unhealthy substance use.

SBIRT includes:

- ▶ Screening: Identify patterns of unhealthy substance use in members.
- ▶ Brief intervention: Educate members about health impacts and risks while motivating them to adopt healthier behaviors.
- ▶ Referral to treatment: When needed, facilitate member access to specialty services.

Why ask patients about substance use?

- ▶ At least 38 million adults in the U.S. drink too much.
- ▶ Alcohol screening and brief counseling in individuals who drink too much can reduce the amount consumed by these individuals in a given sitting by 25 percent.
- ▶ Not only can substance use have serious health consequences, it can also worsen many other common health problems, such as cardiovascular disease and diabetes, among others.

How can I incorporate SBIRT into my practice?

- ▶ At no cost, Massachusetts SBIRT Training and Technical Assistance (MASBIRT TTA) provides training, coaching and implementation, and systems change consultation to MA-based providers. MASBIRT TTA can help providers:
 - Develop clinical protocols and best practices.
 - Enhance member motivation through effective communication.
 - Negotiate goal setting.
 - Recommend drinking limits.
 - Build linkages with specialty substance abuse treatment.

Note: Similar to MASBIRT TTA, providers based outside MA should refer to the National Addiction Technology Transfer Center for more information on SBIRT training and technical assistance.

This article applies to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

For more information, refer to the MASBIRT TTA website.

Behavioral Health Provider Availability

To assist members and facilities seeking behavioral health providers, Tufts Health Plan wants to know when behavioral health providers have current availability to see new patients.

If you are a behavioral health provider and have availability to see new patients within the next two weeks, please email mh_providers@tufts-health.com with your name, credentials, address, phone number, general availability and a brief description of the types of patients you see.

Smartphone Application for Substance Use Recovery Support

Tufts Health Plan is bringing innovative solutions to our members and families struggling with addictions. ACHES, from CHES Mobile Health, is a new smartphone application available for Tufts Health Plan Commercial members. ACHES provides ongoing support and relapse prevention tools to people recovering from substance use.

Features include:

- ▶ One-touch access to the member's personal support team
- ▶ Alert notifications when a member is near a location they have identified as high-risk
- ▶ Access to an anonymous chat room where members can support each other in their recovery
- ▶ Information on real-time 12-step and other recovery-based meetings in the member's area
- ▶ Tools to help manage stress and to monitor progress
- ▶ Links to self-help resources

To access the application, members must:

- ▶ Have a substance use disorder and be motivated for recovery
- ▶ Own a smartphone (iPhone or Android)
- ▶ Be enrolled in one of Tufts Health Plan's Commercial plans and willing to work with one of Tufts Health Plan's behavioral health case managers

If you see a Tufts Health Plan member who you think would benefit from this new offering, please encourage the member to call Tufts Health Plan's Behavioral Health Department at 800.208.9565 and ask to speak with the Family Navigator.

Behavioral Health Member Materials Now Available in Spanish

Tufts Health Plan's Behavioral Health Department has translated member materials related to depression, alcohol and substance use, and attention deficit hyperactivity disorder into Spanish.

These materials can be found on Tufts Health Plan's public Member website and are available to members of Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

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 on our website is updated regularly. Check pharmacy updates for postings of formulary changes, notification of new pharmacy programs, and important information about certain drug recalls and alerts from the FDA or drug manufacturers.

Also available on our website is other important business information, such as updates to our Quality Improvement Program and progress to 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 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.

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 the Provider Services USFHP queue at 800.818.8589.

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.

REMINDERS

Reminder: Massachusetts Standard Form for Medication Prior Authorization Requests

As previously communicated and effective for dates of service on or after February 1, 2017, per Massachusetts state mandate, Tufts Health Plan now accepts only the Standard Form for Medication Prior Authorization Requests for members of MA-based Commercial products, regardless of whether services are rendered in MA, RI or NH. In addition to the requirement set forth in the mandate, Tufts Health Plan also accepts the MA standard form for members of other Commercial products, with the exception of Tufts Health Freedom Plan products.

Note: Providers submitting prior authorization requests for members of Tufts Health Freedom Plan products should continue to use Tufts Health Plan's Universal Pharmacy Programs Request Form until the New Hampshire Uniform Prior Authorization Form for Prescription Drug Requests becomes available on July 1, 2017. At that time, Tufts Health Plan will accept only the NH standard form for prior authorization requests submitted for members of Tufts Health Freedom Plan products.

Prior to submitting the Standard Form for Medication Prior Authorization Requests to Tufts Health Plan, providers should refer to Tufts Health Plan's coverage policies, member benefits and pharmacy medical necessity guidelines, available in the Resource Center of Tufts Health Plan's public Provider website.

Providers may attach any additional supporting documentation relevant to the medical necessity criteria to the standard form (as indicated on the form), and should submit the standard form using the existing mail and fax channels as indicated on the Standard Form for Medication Prior Authorization Requests landing page in the Forms section of Tufts Health Plan's Provider Resource Center:

Fax: 617.673.0988

Mail: Tufts Health Plan

705 Mount Auburn Street

Watertown, MA 02472

Attn: Pharmacy Utilization Management Department

Prior to submitting prior authorization requests to Tufts Health Plan and prior to services being rendered, providers are reminded to check the member's ID card to identify the plan in which the member is enrolled. Providers should also 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.

For questions, please contact Provider Services at 888.884.2404.

Reminder: Prior Authorization Required for Out-of-Network Dialysis

As previously communicated and effective for dates of service on or after January 1, 2017, Tufts Health Plan now requires prior authorization for coverage of outpatient dialysis services rendered by in-area, out-of-network providers.

Prior authorization requests for in-network level of coverage will now be considered only by an authorized reviewer at Tufts Health Plan. A referral signed by an IPA reviewer is no longer sufficient. For a list of dialysis providers in Tufts Health Plan's network, refer to the Find a Doctor search available on the public Provider website.

This change applies to Commercial products (including Tufts Health Freedom Plan) and is documented in the Medical Necessity Guidelines for Out-of-Network Outpatient Dialysis at the In-Network Level of Benefits.

Reminder: Equian to Begin Forensic Reviews Effective June 1

As previously communicated by letter and effective for dates on or after June 1, 2017, Tufts Health Plan will work with Equian to review high-cost inpatient facility claims prior to payment, as part of an ongoing effort to continuously manage the increasing cost of health care and to help ensure consistency in claims review and reimbursement practices with our hospital providers.

As part of this effort, Equian will confirm that submitted claims comply with applicable rules, laws, regulations, industry standards and contract requirements. As a result, providers might be contacted by Equian to validate information billed on a claim and to supply an itemized bill for review.

This notification applies to Commercial products (including Tufts Health Freedom Plan) in Massachusetts, New Hampshire and Rhode Island.

For questions, please contact Provider Services at 888.884.2404.

Tufts Health Plan's Healthy Birthday Program

Tufts Health Plan's Healthy Birthday Program is for pregnant women at risk for premature delivery, as well as those with a medically high-risk pregnancy due to existing conditions such as diabetes, heart disease, multiple sclerosis or pregnancy-induced hypertension. Tufts Health Plan obstetrical nurse care manager services are available to support high-risk members during their pregnancy.

Commercial members (including those enrolled in Tufts Health Freedom Plan products) are eligible for this program.

The goals of Tufts Health Plan's Healthy Birthday Program include:

- ▶ Decreasing infant mortality and the long-term effects associated with prematurity
- ▶ Educating expectant mothers and enhancing their knowledge of the importance of early, ongoing prenatal care

More information on Tufts Health Plan's Healthy Birthday Program is available on the public Provider website. Providers may also call Tufts Health Plan's Priority Care Line at 888.766.9818, ext. 53532.

PROVIDER UPDATE

Tufts Health Plan
705 Mount Auburn Street
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NEWS FOR THE NETWORK



For More Information

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