

PROVIDER UPDATE

MAY 1, 2018

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 about Tufts Health Public Plans products (including Tufts Health Direct, Tufts Health RITogether, Tufts Health Unify and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans), refer to the *Tufts Health Public Plans Provider Update* newsletter.

60-DAY NOTIFICATIONS

COMBINED PROVIDER UPDATE NEWSLETTER FOR ALL PRODUCTS

Beginning with the August 1, 2018 issue, Tufts Health Plan will have one combined *Provider Update* newsletter for all products, and providers will no longer need to review two separate newsletters.

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

Provider Update will continue to be delivered by email to those who have registered to receive the newsletter electronically prior to the release date, and articles featured in *Provider Update* will continue to be posted in the Provider News sections on tuftshealthplan.com/provider/news and thfp.com/providers/news.

To register to receive *Provider Update* electronically, refer to the Reminder: Register to Receive *Provider Update* by Email article.

COVERAGE UPDATES FOR COMMERCIAL PRODUCTS

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 July 1, 2018:

Vision Therapy

Tufts Health Plan may authorize coverage of vision therapy for confirmed symptomatic convergence insufficiency disorder. Initial authorization will cover 12 sessions. Vision therapy for attention deficit hyperactivity disorder (ADHD) will be added to the Limitations section of the Medical Necessity Guidelines for Vision Therapy.

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.

Blepharoplasty

Tufts Health Plan may authorize coverage for treatment of conjunctival/corneal irritation caused by other conditions. Failure of standard conservative treatment will be required. This change is documented in the Medical Necessity Guidelines for Blepharoplasty of the Lower Eyelid.

Continuous Glucose Monitoring Systems and Artificial Pancreas Device Systems

Tufts Health Plan will combine the medical necessity guidelines for Continuous Glucose Monitoring Systems and Artificial Pancreas Device Systems into a single document titled Medical Necessity Guidelines for Devices for the Management of Diabetes, and will retire the individual medical necessity guidelines. This change is documented in the new Medical Necessity Guidelines for Devices for the Management of Diabetes (Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems).

Diagnostic Digital Breast Tomosynthesis

Tufts Health Plan will cover diagnostic digital breast tomosynthesis (77061, 77062).

Noncovered Investigational Services

Tufts Health Plan will add Vertebral Motion Analysis for assessment of spinal instability to the Medical Necessity Guidelines for Noncovered Investigational Services.

OTHER COVERAGE UPDATES

Preimplantation Genetic Diagnosis

Tufts Health Plan may authorize coverage of in-vitro fertilization procedures for members whose plan includes coverage for assisted reproductive technology/infertility services when certain conditions of inherited genetic disorders exist. This change is documented in the Medical Necessity Guidelines for Preimplantation Genetic Diagnosis.

Noncovered Investigational Services

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

- AlloSure® (CareDx, Inc.)
- AutismNext (Ambry Genetics)
- CASR DNA Sequencing Test (Athena Diagnostics)
- CYP2C19 pharmacogenomic genotyping to direct clopidogrel therapy for secondary prevention in patients with history of stroke and/or transient ischemic attack
- CYP2C19 pharmacogenomic genotyping to direct clopidogrel therapy in adult patients undergoing percutaneous coronary intervention
- DecisionDx-Melanoma™ (Castle Biosciences)
- Fractional CO₂ laser therapy (i.e., MonaLisa Touch®)
- GeneStrat® (Biodesix, Inc.) for all indications
- Genetic testing for familial hemiplegic migraine
- HPA-1a (PLA1 platelet antigen) genotyping (PLA2 polymorphism detection)
- Human Platelet Antigen 1 Genotype (Quest Diagnostics)
- Intravenous immunoglobulin for treatment of intractable epilepsy in pediatric patients
- Invitae Comprehensive Neuromuscular Disorders Panel
- Radiofrequency nerve ablation for treatment of plantar fasciitis
- RightMed® comprehensive test (OneOme)

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, 2018:

Attention Deficit Hyperactivity Disorder Central Nervous System Stimulant Medications

Tufts Health Plan will add quantity limitations to all long-acting attention deficit hyperactivity disorder (ADHD) central nervous system (CNS) stimulant medications.

The quantity limitations will apply to patients currently taking these medications, as well as to patients initiating a new course of treatment. In order for a member to receive coverage for quantities exceeding those listed in the Pharmacy Medical Necessity Guidelines for Attention Deficit Hyperactivity Disorder Medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

Drugs Moving to Noncovered Status

Tufts Health Plan will no longer routinely cover Dovonex® 0.005% cream, as there are drugs with interchangeable generics or therapeutic alternatives available.

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

CLAIM EDITS FOR SENIOR PRODUCTS

Effective for dates of submission beginning in August 2018, Tufts Health Plan will reject claims that are submitted with a duplicate diagnosis code. If a claim is rejected, providers must resubmit the claim and adhere to the applicable filing deadlines to ensure proper claim acceptance.

This change applies to Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) and is documented in the Claims Submission Policy.

TUFTS HEALTH FREEDOM PLAN REFERRAL PROCESS CHANGE

Effective for dates of submission on or after July 1, 2018, Tufts Health Plan will require specialists seeing members of Tufts Health Freedom Plan products (for which referrals are required) to add the name and NPI of the member's referring provider to Box 17 of the CMS-1500 claim form. As of this date, Tufts Health Plan will accept the referring provider's name and NPI populated in Box 17 as evidence of an in-network referral from the provider whose referral is required.

As part of this change, for in-network specialist referrals, the referring provider will no longer be required to submit referrals directly to Tufts Health Plan, but may continue to do so if preferred. The referring provider should submit a written referral directly to the member's specialist, and should also document the referral in the member's medical record.

Note: Providers are reminded to refer members to in-network providers whenever possible. However, in instances where a provider must refer a Tufts Health Freedom Plan member to a specialist outside the Tufts Health Plan network, the referring provider should continue to submit referrals directly to Tufts Health Plan.

This change applies only to Tufts Health Freedom Plan products for which referrals are required, and is documented in the Authorization Policy.

LARGE GROUPS

The following changes apply to large group Commercial formularies and are effective for fill dates on or after July 1, 2018:

Drugs Moving to Tier 3

- Reyataz® capsules
- Sustiva® capsules
- Sustiva® tablets
- Viread® 300mg tablets

Drugs Moving to Noncovered Status

- Estrace® cream
- Locoid® lotion
- Namenda XR® capsules
- Syprine® capsules
- Viagra® tablets

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

For a patient to continue on one of the above noncovered medications, the prescribing provider must request coverage as an exception through the medical review process subject to the Medical Necessity Guidelines for Noncovered Drugs With Suggested Alternatives.

CLAIM EDITS EFFECTIVE JULY 1

The following claim edits are effective for dates of service on or after July 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.

Drugs and Biologicals

Tufts Health Plan will no longer routinely cover paclitaxel (J9267) when billed without an FDA-approved indication or an approved off-labeled indication. This edit is documented in the Drugs and Biologicals Payment Policy.

Colonoscopy and Cologuard

Tufts Health Plan will no longer routinely cover the following:

- 45330 or 45378 for a patient who is younger than 50 years of age and the only diagnosis on the claim is constipation
- Endoscopic colorectal cancer screening (45300, 45330, 45378, 46600) for a patient who is younger than 45 years of age and the only diagnosis on the claim is screening for malignant neoplasm of colon
- 81528 (oncology colorectal screening) when billed for a patient who is younger than 50 years of age

Note: Age restrictions apply for dates of service, not for dates on which claims are reviewed.

These edits are documented in the Commercial, Tufts Medicare Preferred HMO and Tufts Health Plan SCO Outpatient Payment Policy.

COMMERCIAL

Tufts Health Plan will no longer routinely cover diagnostic mammography (77065 and 77066) when billed on the same date of service as diagnostic breast tomosynthesis (77061 and 77062). This edit applies to Commercial products (including Tufts Health Freedom Plan) and is documented in the Imaging Services payment policies for both Professional and Facilities and Freestanding/Mobile.

SENIOR PRODUCTS

Tufts Health Plan will no longer routinely cover procedure codes that are billed with inappropriate diagnosis codes. This edit applies to Tufts Medicare Preferred HMO and Tufts Health Plan SCO and is documented in the Professional Services and Facilities Payment Policy.

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 July 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.

GIC NAVIGATOR AND SPIRIT PLAN UPDATES

COMMERCIAL TIER DESIGNS

Effective July 1, 2018, there will be no change to existing provider or hospital system tiers; however, any change to a provider or hospital system contract may result in a change in tier. Providers and members can refer to GIC Navigator and Spirit Tiering Information on Tufts Health Plan's public Provider website to verify provider and hospital tier placement by product. For questions, please call Commercial Provider Services at 888.884.2404.

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

The GIC Spirit tier design applies only to those providers and hospitals that participate in the Spirit product. With this tier design, hospitals will continue to be placed in one of two tiers. All specialists will continue to be placed in one of three tiers (which is the same for both GIC Navigator and Spirit plans).

Note: PCPs and PCP/specialists are not tiered under the GIC Spirit plan design.

In addition, effective July 1, 2018, copays will change for both GIC Navigator and Spirit plans. Providers are reminded to refer to the member's ID card for additional information.

Members of Tufts Health Plan's GIC Navigator and Spirit plans have lower out-of-pocket health care costs when they receive 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.

TUFTS HEALTH PLAN TO MANAGE BEHAVIORAL HEALTH SERVICES FOR GIC MEMBERS

Effective July 1, 2018, Tufts Health Plan will manage behavioral health services for GIC Navigator and Spirit plans, which were previously managed by Beacon Health Options. This change applies to existing members as well as to members enrolling in a GIC Navigator or Spirit plan on or after July 1, 2018.

For dates of service on or after July 1, 2018, Tufts Health Plan will require an outpatient treatment notification for GIC Navigator members seeking behavioral health and substance use disorder services. As of this date, providers will be required to submit this notification for these services to process at the authorized level of benefits.

In addition, for dates of service on or after July 1, 2018, providers must provide an initial notification for GIC Navigator patients who are new to the practice or for existing patients whose behavioral health services were previously managed by Beacon Health Options.

Providers can submit notifications for both initial and additional visits by:

- Logging in to the secure Provider website to submit a notification (Refer to the Behavioral Health Self-Service User Guide for assistance with submitting notifications.)
- Using the Interactive Voice Response (IVR) system by calling 800.208.9565

Note: Behavioral health outpatient notifications can be backdated up to 30 calendar days.

GIC Navigator members may see any behavioral health provider participating in the Tufts Health Plan network. GIC Spirit members may see any behavioral health provider who participates in the Spirit network, and outpatient treatment notification is not necessary.

For a list of behavioral health providers, refer to the Find a Doctor search available on the public Provider website. For questions, please call Tufts Health Plan's Behavioral Health Department at 800.208.9565.

Note: When using the Find a Doctor search, providers and members should click Select Your Plan Name and then choose Navigator GIC or Spirit Plan to view only those providers who are participating in the plan in which the member is enrolled.

EXPRESS SCRIPTS TO MANAGE PHARMACY SERVICES FOR GIC MEMBERS

Effective for fill dates on or after July 1, 2018, Express Scripts will manage pharmacy services for GIC Navigator and Spirit plans. In most instances, members will be able to continue to use their local pharmacy (including CVS). However, providers may be required to write a new prescription in such instances. Providers who are not currently affiliated with Express Scripts should call Express Scripts Prescriber Assistance at 888.327.9791 (available 24 hours per day, 7 days per week) to register and obtain a copy of the applicable formulary.

REMINDER: REIMBURSEMENT OFFERED FOR PROOF OF BUPRENORPHINE CERTIFICATION

As previously communicated by Tufts Health Plan, as part of an ongoing effort to address substance use disorders (SUDs) in members, Tufts Health Plan is offering reimbursement to providers who become certified to prescribe buprenorphine to eligible members with SUDs. This program applies to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products.

This Behavioral Health SUD Quality Improvement Strategy (QIS) Program will run through the 2018 calendar year. As part of this SUD QIS Program, beginning January 1, 2018, Tufts Health Plan will offer up to \$100 reimbursement to the first 100 eligible providers who become certified to prescribe buprenorphine.

In order to receive reimbursement offered as part of the SUD QIS Program, providers must:

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

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

Tufts Health Plan neither requires nor endorses a specific training course. To find a training course, visit the Substance Abuse and Mental Health Services Administration's website.

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

IMPORTANT STAR MEASURE REMINDER

Tufts Health Plan uses CMS Star member surveys to help improve the health of Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) members.

Providers are reminded to:

- Talk to patients about increasing or maintaining physical activity
- Ask both male and female patients about bladder leakage problems
- Assess patients' risk of falling
- Address pain and functional status, especially for older patients

In addition, providers are encouraged to:

- Provide easy access for both routine and acute medical problems
- Streamline access to specialists when patients need a referral
- Provide lab results promptly
- Have all records available, including specialist reports at patient visits

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

TUFTS HEALTH FREEDOM PLAN: A COMMERCIAL PRODUCT

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

As a reminder, Tufts Health Plan Commercial providers are required to render services to members of Tufts Health Freedom Plan products as they would to other Tufts Health Plan Commercial members. 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 noncovered services, refer to the *TRICARE Guidelines*.

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

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

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

For questions, call 800.818.8589.

REMINDER: CHANGES TO JOINT SURGERY PROGRAM FOR USFHP

As previously communicated by letter, beginning January 1, 2018, Tufts Health Plan implemented changes to its prior authorization program for management of joint surgery for Commercial products (including Tufts Health Freedom Plan).

Effective for dates of service on or after April 1, 2018, Tufts Health Plan's prior authorization program for management of joint surgery also applies to US Family Health Plan (USFHP). As part of this change, National Imaging Associates Inc. (NIA) now provides utilization management for coverage of hip, knee and/or shoulder surgeries.

Beginning April 1, 2018, providers must request prior authorization for USFHP members (including members younger than age 18) for coverage of hip, knee and/or shoulder surgeries through NIA at radmd.com. Providers may no longer fax authorization requests for these services to Tufts Health Plan's Precertification Operations Department as of this date.

Using evidence-based criteria and guidelines, NIA will review coverage requests and provide authorizations as appropriate. For specific procedure codes requiring prior authorization and more information, refer to the Spinal Conditions Management and Joint Surgery Program Prior Authorization Code Matrix and Joint Surgery Program page available in the Resource Center on Tufts Health Plan's public Provider website. To obtain and verify authorizations or access medical necessity guidelines, log in to RadMD or call 866.642.9703.

Note: In addition to this prior authorization requirement, if the service being performed also requires an inpatient admission, an inpatient notification will continue to be required for procedures performed in an inpatient setting. Inpatient notification should be submitted directly to Tufts Health Plan. The change to NIA prior authorization review of procedures does not remove the need for notification of an inpatient admission to Tufts Health Plan.

For questions about the Joint Surgery Program, please call 800.818.8589.

REMINDER: PRECERTIFICATION FAX NUMBER CHANGES FOR TUFTS HEALTH PLAN SCO

As previously communicated and 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 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.

ADMINISTRATIVE UPDATES

REMINDER: REGISTER TO RECEIVE *PROVIDER UPDATE* BY EMAIL

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 email address and contact information updated. To update information that was previously submitted through the online registration form, providers should resubmit the form with updated information.

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

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 your firewall is adjusted to allow for receipt of *Provider Update* (SENDER: providerupdate@tufts-health.com).

Current and recent past issues of *Provider Update* are also available in printable format in the 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, you can request that copies of this issue be mailed 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 their ability to accept new patients, a change in street address (including suite number, if applicable) or phone number, and any other change that affects their availability to 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 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.

OTHER NEWS

COVERAGE FOR MODIFIED T-CELL THERAPIES

Effective for dates of service on or after May 12, 2018, Tufts Health Plan will cover certain modified T-cell therapies (e.g., CAR-T therapy). This change applies to Commercial (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) products. As part of this change, Tufts Health Plan will require prior authorization for these services.

This change is documented in the following documents, which are available in the Resource Center on Tufts Health Plan's public Provider website:

- For Commercial (including Tufts Health Freedom Plan) products: Medical Necessity Guidelines for Modified T-Cell Therapies
- For Tufts Medicare Preferred HMO: Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List, and Medical Necessity Guidelines for Modified T-Cell Therapies
- For Tufts Health Plan SCO: Tufts Health Plan SCO Prior Authorization List and Medical Necessity Guidelines for Modified T-Cell Therapies

REMINDER: EMERGENCY DEPARTMENT BOARDING

As a reminder, the Massachusetts Division of Insurance (DOI), Department of Mental Health (DMH) and Department of Public Health (DPH) jointly issued a bulletin to commercial health plans regarding the prevention of emergency department (ED) boarding of patients with acute behavioral health and/or substance use disorder emergencies.

ED boarding occurs when a patient presents in the ED and it is determined that inpatient services are necessary, but a bed is not immediately available. The patient remains in the ED or on a patient floor until a bed becomes available.

Effective February 1, 2018, health care facilities are required to notify the member's health insurance carrier if the member has been in the ED for a period of 24 hours awaiting placement in an inpatient psychiatric facility. After 48 hours, if the member still has not been placed, facilities are required to send the member's health insurance carrier a request for assistance via fax or phone. The health insurance carrier must then work closely with the ED to assist with placement. If after 96 hours the member still has not been placed, the health insurance carrier must notify DMH and request assistance.

This guidance applies to all fully insured Commercial plans. For more information, refer to the Medical Necessity Guidelines for Behavioral Health Level of Care Determinations or visit the DMH website.

TELEHEALTH SERVICES THROUGH TELADOC

Effective May 1, 2018, in collaboration with Teladoc, Tufts Health Plan offers telehealth services to members belonging to fully insured (and certain self-insured) Commercial groups (including Tufts Health Freedom Plan).

Member eligibility varies by group. Providers may direct members to self-service channels to verify eligibility. Eligible members can also access Teladoc through the Tufts Health Plan secure Member website or Teladoc mobile app, or by calling Teladoc toll-free at 1.800.TELADOC (1.800.835.2362).

For questions, please contact Commercial Provider Services at 888.884.2404.

PROVIDER SATISFACTION SURVEY IMPROVEMENTS

Tufts Health Plan continues to look for ways to improve the provider experience. In response to valuable feedback received from annual provider satisfaction surveys, Tufts Health Plan has implemented the following enhancements to its secure Provider website for Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options products:

- Improved registration process, allowing for faster access to the secure Provider website
- Updated look and feel and streamlined navigation
- New smart search function for Claims Status Inquiry, Rationale and Adjustment and Referral Inquiry tools, enabling multiple search parameters in a single search
- Improved My Access and Access Management self-service tools, providing more transparency into the users' accounts and user-managed accounts

Tufts Health Plan began mailing its provider satisfaction survey in early April 2018. Providers may receive a copy of this survey, and are encouraged to complete the survey and submit feedback to Tufts Health Plan. We appreciate your time and participation.

TUFTS HEALTH PLAN ADOPTS CLINICAL PRACTICE AND PREVENTIVE HEALTH GUIDELINES

Tufts Health Plan has recently reviewed and adopted the following new/updated clinical practice and preventive health guidelines:

- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Hypertension
- Immunizations
- Perinatal care
- Preventive health guidelines (adult)

These guidelines are based on the review of clinical evidence developed by nationally or regionally recognized organizations.

As a reminder, Tufts Health Plan has adopted the following guidelines related to prescribing opioids:

- CDC Guideline for Prescribing Opioids for Chronic Pain
- Federation of State and Medical Boards Guidelines
- Physicians for Responsible Opioid Prescribing

Tufts Health Plan's clinical practice and preventive health guidelines are available in the Guidelines section of the Resource Center on Tufts Health Plan's public Provider website.

REMINDER: TUFTS HEALTH PLAN-LIFESPAN DIABETES PROGRAM FOR LIFESPAN HEALTH

As previously communicated by letter and effective April 1, 2018, Tufts Health Plan offers the Tufts Health Plan-Lifespan Diabetes Program. This new program is available to all Lifespan Health members with diabetes, prediabetes or gestational diabetes, and to pediatric members with diabetes.

The new Tufts Health Plan-Lifespan Diabetes Program provides participants who complete all required Healthy Actions with a financial incentive. For a member to qualify for the annual incentive, providers must work with the patient to complete the Physician Attestation Form (available in the Resource Center on Tufts Health Plan's public Provider website) before returning the completed form by December 10, 2018, as indicated on the form.

Note: The incentive can only be earned once during the calendar year. If patients already earned the incentive under the prior program in 2018, they are not eligible for a second incentive for completing the Tufts Health Plan-Lifespan Diabetes Management Program.

A letter outlining program details has been mailed to eligible members. In addition, condition nurse managers may contact eligible members to encourage their enrollment in the program. However, providers are encouraged to discuss all diabetes care actions and recommendations with their patients first.

For questions about the Tufts Health Plan-Lifespan Diabetes Program, contact Commercial Provider Services at 888.884.2404.

REMINDER: CMS TO REMOVE SOCIAL SECURITY NUMBERS FROM MEDICARE CARDS

As a reminder, CMS is in the process of removing Social Security numbers from all Medicare cards in an effort to reduce instances of identity theft. New cards will be distributed with random Medicare Beneficiary Identifiers (MBIs), consisting of numbers and uppercase letters.

CMS has indicated that current beneficiaries will receive new cards in phases by geographic region between April 2018 and April 2019. All new members who enroll in Medicare on or after April 1, 2018, will receive new cards regardless of where they live, and providers should be prepared to accept these new cards beginning on that date.

Both MBIs and health insurance claim numbers (HICNs) will be accepted for Medicare transactions with dates of service from April 1, 2018, through December 31, 2019. Effective for dates of service on or after January 1, 2020, CMS will require the use of MBIs, and will no longer accept HICNs for Medicare transactions.

For more information, visit the CMS website.

REMINDER: 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) is just as high for a patient with diabetes as it is for a patient without diabetes who has 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 (SPC) 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, upon request, 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.*

HEALTH CARE PROGRAMS FOR MEMBERS

Tufts Health Plan offers a variety of programs to support the health of its members. The following programs are available for members of Commercial products (including Tufts Health Freedom Plan):

- **Healthy Birthday:** Obstetrical nurse care managers support mothers at risk for preterm labor or those who have underlying complex medical conditions. Nurse care managers are available throughout a member's pregnancy and delivery and can help ensure a positive transition from hospital to home.
- **Priority Newborn Care:** Pediatric care managers are available to provide family-centered support across all care settings from hospital to home.
- **Transition to Home Program:** This program helps ensure members attend aftercare appointments, and can help them follow through with recommendations for post-hospital care.
- **Condition Management:** Nurse care managers work with members and their physicians to provide educational support, answer questions about their condition(s) or any prescribed medications, and offer services to support specific health needs.
- **Priority Care Program:** Supports the wellness of members with complex medical needs, including cancer, multiple sclerosis, chronic conditions, stroke or congenital illnesses. The nurse care manager works closely with members to support the care prescribed by their physicians, and can help members set goals, stick to their plan of care, get answers to any health care questions, and coordinate care among their physician, specialists and other health care providers.

To learn more about the Tufts Health Plan's health care programs, members can call 800.462.0224 or visit

CDC RECOMMENDS SHINGRIX® OVER ZOSTAVAX®

The CDC recommends Shingrix (recombinant zoster vaccine) as a preferred vaccine over Zostavax (zoster vaccine live) for the prevention of herpes zoster (shingles) and related complications for patients 50 years of age and older.

The CDC recommends two doses of Shingrix separated by two to six months for immunocompetent adults 50 years of age and older:

- Whether or not they report a prior episode of herpes zoster
- Whether or not they report a prior dose of Zostavax
- Who have chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, chronic pulmonary disease), unless a contraindication or precaution exists. Similar to Zostavax, Shingrix may be used for adults who are:
 - Taking low-dose immunosuppressive therapy
 - Anticipating immunosuppression
 - Have recovered from an immunocompromising illness
- Who are getting other adult vaccines in the same doctor's visit, including those routinely recommended for adults 50 years of age and older, such as influenza and pneumococcal vaccines. The safety and efficacy of concomitant administration of two adjuvanted vaccines, such as Shingrix and Fludax®, have not been evaluated.

Note: It is not necessary to screen, either verbally or by laboratory serology, for evidence of prior varicella infection.

For patients who previously received Zostavax, providers are encouraged to consider the patients' age and when they received the Zostavax vaccine to determine when to vaccinate with Shingrix. Studies examined the safety of Shingrix vaccination five or more years after Zostavax vaccination. Shorter intervals were not studied, but there are no theoretical or data concerns to indicate that Shingrix would be less safe or effective if administered less than five years after a patient received Zostavax. The CDC recommends that providers consider a shorter interval between Zostavax and Shingrix based on the age at which the patient received Zostavax.

Two doses of Shingrix were shown to be effective in preventing shingles and postherpetic neuralgia (PHN), the most common complication of shingles:

- In adults 50 to 69 years of age who received two doses, Shingrix was 97 percent effective in preventing shingles; among adults 70 years of age and older, Shingrix was 91 percent effective.
- In adults 50 to 69 years of age who received two doses, Shingrix was 91 percent effective in preventing PHN; among adults 70 years of age and older, Shingrix was 89 percent effective.
- Shingrix protection remained high (more than 85 percent) in people 70 years of age and older throughout the four years following vaccination.

Note: Zostavax may still be used to prevent shingles in healthy adults 60 years of age and older if the patient is allergic to Shingrix or if Shingrix is unavailable.

For more information, providers can refer to the CDC website.

RECOMMENDATIONS FOR DENTAL PROFESSIONALS PRESCRIBING OPIOIDS

As previously communicated by letter, Tufts Health Plan and Delta Dental of Massachusetts are collaborating to review and evaluate opioid prescriptions submitted by dental professionals.

While there has been an overall decrease in opioid prescribing this year, there continue to be opportunities to further reduce unnecessary opioid prescriptions. Tufts Health Plan and Delta Dental of MA are committed to improving the oral health and overall health of members.

Tufts Health Plan recommends using alternative treatments, such as nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs are effective in relieving postoperative dental pain and have fewer side effects and less potential for abuse compared to opioids.

For more information, visit the American Dental Association website at ada.org/opioids or the EOHHS website at mass.gov/dph/bsas.

PROVIDER UPDATE

NEWS FOR THE NETWORK



FOR MORE INFORMATION

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

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