PROVIDER UPDATE

AUGUST 1, 2018

NEWS FOR THE NETWORK | TUFTS Health Plan

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

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

NEW COMBINED *PROVIDER UPDATE* NEWSLETTER FOR ALL PRODUCTS

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

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

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

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

60-DAY NOTIFICATIONS

COVERAGE UPDATES

60-DAY NOTIFICATIONS

The following changes apply to Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and are effective for dates of service on or after October 1, 2018:

Power Wheelchairs

Tufts Health Plan will update the Basic Power Wheelchair Coverage Guidelines sections of its medical necessity guidelines to require that power wheelchair components/ accessories be used primarily in-home.

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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...

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This change is documented in the following medical necessity guidelines:

- Medical Necessity Guidelines for Power Wheelchairs
- Medical Necessity Guidelines for Power Wheelchairs for Tufts Health Together and Tufts Health RITogether

UVB Home Units for Tufts Health RITogether

Effective for dates of service on or after October 1, 2018, Tufts Health Plan will require prior authorization for the coverage of ultraviolet light therapy home unit systems for Tufts Health RITogether. This change is documented in the Medical Necessity Guidelines for UVB Home Units for Skin Disease.

Noncovered Investigational Services

Tufts Health Plan will add microsurgical procedures for the treatment of lymphedema to the Medical Necessity Guidelines for Noncovered Investigational Services.

Tufts Health Plan will add superficial radiation therapy for treatment of basal cell and squamous cell skin cancer to the Medical Necessity Guidelines for Noncovered Investigational Services.

OTHER COVERAGE UPDATES

Power Wheelchairs (Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs)

Tufts Health Plan has removed power standing and seat elevation systems from the Limitations section of the Medical Necessity Guidelines for Power Wheelchairs for Tufts Health Together and Tufts Health RITogether.

For Tufts Health Together, Tufts Health Plan has removed wheelchair seat cushion, powered, and Group 4 power wheelchairs from the Limitations section. In addition, criteria for power standing and seat elevation systems and for wheelchair seat cushion, powered components/accessories have been added.

These changes are documented in the Medical Necessity Guidelines for Power Wheelchairs for Tufts Health Together and Tufts Health RITogether.

Laser Vision Correction Surgery

This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products:

Effective for dates of service on or after August 1, 2018, Tufts Health Plan will remove photorefractive keratectomy (PRK) from the Limitations section of the Medical Necessity Guidelines for Laser Vision Correction Surgery. As of this date, Tufts Health Plan will require prior authorization for PRK.

Noncovered Investigational Services

Tufts Health Plan has added the following to the Medical Necessity Guidelines for Noncovered Investigational Services:

- Amplatzer™ Cardiac Plug (ACP) and Amplatzer Amulet™ devices in left atrial appendage closure to reduce risk of stroke in adult patients with nonvalvular atrial fibrillation (NVAF), (Abbott)
- BioDFence® G3 human amniotic allograft and BioDDryFlex human amniotic allograft (BioD LLC)
- Combination heat/ice devices for use after knee surgery
- Extracranial vein angioplasty for the treatment of multiple sclerosis
- FM/a Test® for diagnosis of fibromyalgia (EpicGenetics Inc.)
- Lariat® Suture Delivery Device in left atrial appendage closure to reduce the risk of stroke in adult patients with NVAF (SentreHEART Inc.)
- Mesenchymal stem cell therapy for the treatment of orthopedic indications
- Monochromatic infrared energy (MIRE) therapy for peripheral neuropathy
- MIRE therapy for treatment of wounds
- Plasminogen Activator Inhibitor-1 (PAI-1) 4G/5G (Quest Diagnostics)
- Retinal Dystrophy Panel (Blueprint Genetics)

PREVENTIVE SERVICES

The Patient Protection and Affordable Care Act (commonly referred to as Federal Health Care Reform), requires Tufts Health Plan to cover preventive care services for its members in full with no cost share to members. Preventive services identified in Tufts Health Plan's Preventive Services Policy are based on recommendations from the U.S. Preventive Services Task Force, Bright Futures, the American Academy of Pediatrics (AAP), the CDC and the Advisory Committee for Immunization Practices (ACIP).

In order for a member's preventive care services to be covered in full without cost share, claims must be billed as outlined in the Preventive Services Policy. Grandfathered employer groups are not subject to this requirement; however, many of these groups have opted to cover preventive services with no cost share to the members.

The AMA created modifier 33 to allow providers to identify a preventive service for which member cost share does not apply under the Patient Protection and Affordable Care Act. Tufts Health Plan accepts and recognizes the use of modifier 33 and encourages providers to refer to the Modifier Payment Policy and the Preventive Services Policy for more information.

PHARMACY COVERAGE CHANGES – COMMERCIAL

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

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its prior authorization criteria for Exondys 51™ (eteplirsen) injection, Ingrezza® (valbenazine), Hetlioz® (tasimelteon), Grastek® (Timothy grass pollen allergen extract), Oralair® (sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens allergen extract), and Ragwitek® (short ragweed pollen allergen extract). This change will apply to new requests for prior authorization for any 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.

For information on which form to use when submitting a prior authorization request for one of these medications, refer to Commercial Pharmacy Medication Prior Authorization Submission by State.

Specialty Pharmacy Program

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will add Cerdelga® (eliglustat) and Ofev® (nintedanib) to its specialty pharmacy program provided by CVS Specialty. As part of this program, the Specialty Connect™ Program provides members with convenient access to specialty medications and the option to choose when and how they receive these medications to avoid gaps in treatment. Members can drop off and pick up (most) specialty prescriptions at any CVS Pharmacy retail location in Massachusetts, Rhode Island or New Hampshire. The program offers convenient delivery to a location of the member's choice, including home or any CVS Pharmacy retail location. If members receive a new prescription for a specialty medication, they can bring it to a CVS Pharmacy retail location or contact CVS Specialty to have it filled.

LIDOCAINE PATCHES

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

Over-the-Counter Lidocaine 4% Patches

In an effort to increase access to alternative pain management treatment options, effective for fill dates on or after October 1, 2018, Tufts Health Plan will add over-the-counter (OTC) lidocaine 4% patches to Tier 2 with a quantity limit of one patch per day. Lidocaine 4% patches can be purchased OTC without a prescription, or may be covered on Tier 2 with a new prescription written for this OTC option. To limit member out-of-pocket expenses, providers may consider suggesting that members first purchase a box of OTC lidocaine patches in a small quantity (3-12 patches) to try before prescribing a 30-day supply of OTC lidocaine patches under the Tier 2 copay.

Lidocaine 5% Patches

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its Pharmacy Medical Necessity Guidelines for Lidocaine 5% Patches. As part of this change, Tufts Health Plan will require members to first satisfy a trial of OTC lidocaine patches before coverage for the prescription drug can be approved. This change will apply to all new requests for prior authorization of lidocaine 5% patches. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Lidocaine 5% Patches.

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ALL COMMERCIAL FORMULARIES

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

Drugs Moving to Tier 2

- acyclovir 5% topical ointment
- ciclopirox 1% shampoo
- clotrimazole/betamethasone 1%-0.05% lotion
- doxercalciferol capsules
- fenofibrate 130mg capsules
- malathion 0.5% lotion
- mupirocin 2% cream
- spinosad 0.9% topical suspension

Drugs Moving to Tier 3

- Claravis™ capsules
- ketoconazole 2% foam

Drugs Moving to Excluded Status

- Duexis® tablets
- Scar management gels
- Vimovo® tablets

4-TIER FORMULARIES

The following changes apply to 4-tier Commercial formularies and are effective for fill dates on or after October 1, 2018:

Drugs Moving to Tier 4

- Bethkis® inhalation solution
- Cayston® inhalation solution
- CellCept® capsules, suspension or tablets
- etoposide capsules
- glatiramer syringes
- Kalydeco® oral granules or tablets
- Kitabis® Pak inhalation solution
- Orkambi® tablets
- Prevymis™ tablets
- Pulmozyme® inhalation solution
- Rapamune® solution and tablets
- tobramycin inhalation solution
- Tobi™ nebulizer solution
- Tobi® Podhaler® inhalation powder
- Xermelo® tablets
- Zortress® tablets

SMALL GROUPS

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

Drugs Moving to Excluded Status

- Donnatal® Elixir
- NuCort® lotion

LARGE GROUPS

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

Drugs Moving to Tier 3

- Norvir® capsules

Drugs Moving to Noncovered Status

- Aldara® cream
- Alkeran® tablets
- Arimidex® tablets
- Aromasin® tablets
- Bactroban® cream
- Biltricide® tablets
- Casodex® tablets
- Celebrex® capsules
- Condylox® solution
- Emend® capsules
- Femara® tablets
- Gabitril® 12mg, 16mg tablets
- Gleevec® tablets
- Hydrea capsules
- Mephyton® tablets
- Natroba® suspension
- Nilandron® tablets
- Ovide® lotion
- Pennsaid® 2% solution
- Prevacid SoluTab® orally disintegrating tablets
- Targretin® capsules
- Temodar® capsules
- Viroptic® solution
- Welchol® tablets
- Xeloda® tablets
- Zavesca® capsules
- Zovirax® 5% ointment

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

PHARMACY COVERAGE CHANGES – TUFTS HEALTH DIRECT

The following changes apply to Tufts Health Direct:

LIDOCAINE PATCHES

Over-the-Counter Lidocaine 4% Patches

In an effort to increase access to alternative pain management treatment options, effective for fill dates on or after October 1, 2018, Tufts Health Plan will add over-the-counter (OTC) lidocaine 4% patches to Tier 2 with a quantity limit of one patch per day. Lidocaine 4% patches can be purchased OTC without a prescription, or may be covered on Tier 2 with a new prescription written for this OTC option. To limit member out-of-pocket expenses, providers may consider suggesting that members first purchase a box of OTC lidocaine patches in a small quantity (3–12 patches) to try before prescribing a 30-day supply of OTC lidocaine patches under the Tier 2 copay.

Lidocaine 5% Patches

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its Pharmacy Medical Necessity Guidelines for Lidocaine 5% Patches. As part of this change, Tufts Health Plan will require members to first satisfy a trial of OTC lidocaine patches before coverage for the prescription drug can be approved. This change will apply to all new requests for prior authorization of lidocaine 5% patches. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Lidocaine 5% Patches.

UPDATE TO COVERAGE STATUS OF SYNAGIS® (PALIVIZUMAB)

As previously communicated and effective for fill dates on or after October 1, 2018, Tufts Health Plan's coverage of Synagis (palivizumab) will be limited to the medical benefit only. Coverage of Synagis (palivizumab) will remain subject to the Pharmacy Medical Necessity Guidelines for Synagis (palivizumab), and will be available to providers through Tufts Health Plan's designated specialty pharmacy provider, CVS Specialty, for shipment directly to the medical office as an alternative to traditional direct purchase.

To submit a prior authorization request for Synagis (palivizumab) complete the Massachusetts Standard Form for Synagis Prior Authorization Requests and fax it to Tufts Health Plan's Precertification Operations Department, as indicated on the form.

CHANGES TO EXISTING PRIOR AUTHORIZATION PROGRAMS

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its prior authorization criteria for Exondys 51™ (eteplirsen) injection, Ingrezza® (valbenazine), Hetlioz® (tasimelteon), Grastek® (Timothy grass pollen allergen extract), Oralair® (sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens allergen extract), and Ragwitek® (short ragweed pollen allergen extract). These changes will apply to new requests for prior authorization of 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.

To submit a prior authorization request for any of these medications, complete the Massachusetts Standard Form for Medication Prior Authorization Requests and fax or mail it to Tufts Health Plan's Precertification Operations Department (for Exondys 51) or Pharmacy Utilization Management team (for all other medications), as indicated on the form.

SPECIALTY PHARMACY PROGRAM

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will add Cerdelga® (eliglustat) and Ofev® (nintedanib) to its specialty pharmacy program provided by CVS Specialty. As part of this program, the Specialty Connect™ Program provides members with convenient access to specialty medications and the option to choose when and how they receive these medications to avoid gaps in treatment. Members can drop off and pick up (most) specialty prescriptions at any CVS Pharmacy retail location in Massachusetts, Rhode Island or New Hampshire. The program offers convenient delivery to a location of the member's choice, including home or any CVS Pharmacy retail location. If members receive a new prescription for a specialty medication, they can bring it to a CVS Pharmacy retail location or contact CVS Specialty to have it filled.

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DRUGS MOVING TO TIER 2

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will move the following drugs to Tier 2 for Tufts Health Direct:

- acyclovir 5% topical ointment
- ciclopirox 1% shampoo
- clotrimazole/betamethasone 1%-0.05% lotion
- doxercalciferol capsules
- fenofibrate 130mg capsules
- malathion 0.5% lotion
- mupirocin 2% cream
- spinosad 0.9% topical suspension

DRUGS MOVING TO TIER 3

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will move the following drugs to Tier 3 for Tufts Health Direct:

- Claravis™ capsules
- ketoconazole 2% foam

DRUGS MOVING TO EXCLUDED STATUS

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will move the following drugs to excluded status for Tufts Health Direct:

- Donnatal® Elixir
- Duexis® tablets
- NuCort® lotion
- Scar management gels
- Vimovo® tablets

PHARMACY COVERAGE CHANGES – TUFTS HEALTH RITOGETHER

The following changes apply to Tufts Health RITogether:

New Prior Authorization Program

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will require prior authorization for coverage of factor products used for the treatment of bleeding disorders including, but not limited to, hemophilia and Von Willebrand disease. This change will apply to members initiating a new course of treatment on factor products. For these members, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Factor Products.

To submit a prior authorization request for a factor product, complete the Universal Pharmacy Programs Request Form and fax or mail it to Tufts Health Plan's Precertification Operations Department, as indicated on the form.

Note: Prior authorization requests for factor products will not be reviewed until the effective date of October 1, 2018.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its prior authorization criteria for Exondys 51™ (eteplirsen) injection, Ingrezza® (valbenazine), Gralise® (gabapentin), Grastek® (Timothy grass pollen allergen extract), Hetlioz® (tasimelteon), Horizant® (gabapentin enacarbil extended-release), Odactra™ (house dust mite allergen extract), Oralair® (sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens allergen extract), Priftin® (rifapentine), quinine sulfate, and Ragwitek® (short ragweed pollen allergen extract). These changes will apply to new requests for prior authorization of 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.

To submit a prior authorization request for one of these medications, complete the Universal Pharmacy Programs Request Form and fax or mail it to Tufts Health Plan's Precertification Operations Department (for Exondys 51) or Pharmacy Utilization Management team (for all other medications), as indicated on the form.

PHARMACY COVERAGE CHANGES – TUFTS HEALTH TOGETHER

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

New Prior Authorization Program

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will require prior authorization for coverage of factor products used for the treatment of bleeding disorders including, but not limited to, hemophilia and Von Willebrand disease. This change will apply to members initiating a new course of treatment on factor products. For these members, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Factor Products.

To submit a prior authorization request for a factor product, complete the Massachusetts Standard Form for Medication Prior Authorization Requests and fax or mail it to Tufts Health Plan's Precertification Operations Department, as indicated on the form.

Note: Prior authorization requests for factor products will not be reviewed until the effective date of October 1, 2018.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its prior authorization criteria for Exondys 51™ (eteplirsen) injection, Ingrezza® (valbenazine), Gralise® (gabapentin), Grastek® (Timothy grass pollen allergen extract), Hetlioz® (tasimelteon), Horizant® (gabapentin enacarbil extended-release), Odactra™ (house dust mite allergen extract), Oralair® (sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens allergen extract), quinine sulfate, and Ragwitek® (short ragweed pollen allergen extract). These changes will apply to new requests for prior authorization of 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.

To submit a prior authorization request for one of these medications, complete the Massachusetts Standard Form for Medication Prior Authorization Requests and fax or mail it to Tufts Health Plan's Precertification team (for Exondys 51) or Pharmacy Utilization Management team (for all other medications), as indicated on the form.

Update to Prior Authorization Requirements for Behavioral Health Medications Prescribed to Pediatric Members

Effective for prior authorization requests submitted on or after October 1, 2018, Tufts Health Plan will update its prior authorization criteria for members under the age of 18 for polypharmacy of behavioral health medications.

These changes are part of the MassHealth Pediatric Behavioral Health Medication Initiative, the goal of which is to promote the safe prescribing of behavioral health medications for the pediatric population. For a pediatric member on multiple behavioral health medications (polypharmacy), the prescribing provider must request coverage through the medical review process subject to the pharmacy medical necessity guidelines for Pediatric Behavioral Health Medication Initiative (PBHMI) – Polypharmacy.

To submit a prior authorization request for one of these medications, complete the Tufts Health Plan Pediatric Behavioral Health Medication Initiative Prior Authorization Request Form and fax or mail it to Tufts Health Plan's Pharmacy Utilization Management Department, as indicated on the form.

Specialty Pharmacy Program

Effective for fill dates on or after October 1, 2018, Tufts Health Plan will add Cerdelga® (eliglustat) and Ofev® (nintedanib) to its specialty pharmacy program provided by CVS Specialty. As part of this program, the Specialty Connect™ Program provides members with convenient access to specialty medications and the option to choose when and how they receive these medications to avoid gaps in treatment. Members can drop off and pick up (most) specialty prescriptions at any CVS Pharmacy retail location in Massachusetts, Rhode Island or New Hampshire. The program offers convenient delivery to a location of the member's choice, including home or any CVS Pharmacy retail location. If members receive a new prescription for a specialty medication, they can bring it to a CVS Pharmacy retail location or contact CVS Specialty to have it filled.

CLAIM EDITS – ALL PRODUCTS

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

ALL PRODUCTS

Tufts Health Plan will implement the following claim edits for Commercial products (including Tufts Health Freedom Plan), Senior Products and Tufts Health Public Plans products:

- Cardiology
- Imaging
- Laboratory
- Neurology
- Obstetrics/gynecology
- Orthopedic
- Outpatient
- Radiology
- Urology

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

COMMERCIAL AND SENIOR PRODUCTS

Tufts Health Plan will implement additional claim edits for durable medical equipment for Commercial products (including Tufts Health Freedom Plan) and Senior Products.

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

SENIOR PRODUCTS

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

- Anesthesia
- Behavioral health

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

SENIOR PRODUCTS AND TUFTS HEALTH PUBLIC PLANS PRODUCTS

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

- Allergy
- Modifier

These edits are documented in the applicable Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Public Plans payment policies, or the Tufts Health Public Plans Claim Edits.

DRUGS AND BIOLOGICALS CLAIM EDITS – ALL PRODUCTS

These edits apply to Commercial products (including Tufts Health Freedom Plan), Senior Products and Tufts Health Public Plans products.

Effective for dates of service on or after October 1, 2018, Tufts Health Plan will implement additional claim edits for drugs and biologicals. Tufts Health Plan's policies regarding drugs and biologicals are derived from evaluation of drug manufacturers' prescribing information and the following sources:

- AMA's CPT Manual
- CMS and CMS HCPCS Level II Manual
- Micromedex® and DRUGDEX®
- National Comprehensive Cancer Network Drugs & Biologics Compendium™
- National Government Services Inc. website

These policies support appropriate diagnosis codes, indications, dosages and frequencies. In some instances, off-label indications will also be allowed where there is evidence of efficacy.

This information is documented in the Drugs and Biologicals Payment Policy (Commercial and Senior Products), and the Tufts Health Public Plans Claim Edits (Tufts Health Public Plans products).

CHANGES TO TUFTS HEALTH PLAN'S READMISSION POLICIES

In an effort to be more consistent across products, Tufts Health Plan is modifying its definition and time frames for its readmission policies to align more closely across products.

As part of this change, effective for dates of service on or after October 1, 2018, Tufts Health Plan may deny payment for a readmission to the same acute facility within 14 days if Tufts Health Plan determines that the readmission was related to the previous discharge, was due to a premature discharge of the previous admission, or that the readmission was for services that should have been rendered during the previous admission.

This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products. For more information on Tufts Health Plan's readmission policies, refer to the following payment policies according to product:

- Diagnosis Related Group (DRG) Inpatient Facility (Commercial)
- Acute Inpatient Hospital Admissions (Tufts Health Public Plans)

COMMERCIAL CARE MANAGEMENT FAX NUMBER CHANGE

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

Effective for dates of submission on or after December 10, 2018, Tufts Health Plan will change its Commercial Care Management fax number to 617.673.0329. Beginning on this date, all requests and notifications submitted for Commercial members should be faxed to the new number for the following programs:

- Chronic Condition Management
- Priority Care – Adult and Pediatric
- Sirona Health
- Supportive Care Management
- Transition to Home
- Tufts Health Priority Newborn Care

For questions, please call Commercial Provider Services at 888.884.2404.

TUFTS HEALTH PUBLIC PLANS PROVIDER PAYMENT DISPUTE POLICY

Providers can now find the new Tufts Health Public Plans Provider Payment Dispute Policy, applicable to all Tufts Health Public Plans products, in the Resource Center on Tufts Health Plan's public Provider website.

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.

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 October 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.

CHANGES TO SPINAL CONDITIONS MANAGEMENT PROGRAM FOR USFHP

Effective for dates of service on or after October 1, 2018, Tufts Health Plan's prior authorization program for spinal condition management will apply to US Family Health Plan (USFHP).

As part of this change, National Imaging Associates Inc. (NIA) will provide utilization management for coverage of interventional pain management and spinal surgeries (cervical and lumbar, excluding thoracic).

Beginning October 1, 2018, providers must request prior authorization for USFHP members (including members younger than age 18) for coverage of interventional pain management, and lumbar and cervical spine surgeries through NIA at radmd.com. Beginning September 24, 2018, providers can begin to submit prior authorization requests for service scheduled on or after October 1, 2018.

Using evidence-based criteria and guidelines, NIA will review coverage requests and provide authorizations as appropriate. For more information, including specific procedure codes requiring prior authorization, refer to the Spinal Conditions Management and Joint Surgery Program Prior Authorization Code Matrix and the Spinal Conditions Management Programs Through NIA page. To obtain and verify authorizations and/or to access medical necessity guidelines, log in to radmd.com 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's prior authorization review of procedures does not remove the need to notify Tufts Health Plan of an inpatient admission.

For questions about the Spinal Conditions Management Program, please call 800.818.8589.

ADMINISTRATIVE UPDATES

REMINDER: REGISTER TO RECEIVE *PROVIDER UPDATE* BY EMAIL

This reminder applies to all Tufts Health Plan products:

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

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

Note: Providers are responsible for keeping their email 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 process, 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 or would like to receive updates on.

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

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

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

UPDATE YOUR PRACTICE INFORMATION – ALL PRODUCTS

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

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

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

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

HOW TO UPDATE YOUR INFORMATION

Commercial (Including Tufts Health Freedom Plan) and Senior Products

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

Tufts Health Public Plans Products

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

TUFTS HEALTH PLAN'S RELATIONSHIP WITH CHANGE HEALTHCARE AND RELEASEPOINT

Tufts Health Plan has appointed Change Healthcare as a third-party vendor to perform evaluation and management coding reviews of high-level professional claims on behalf of Tufts Health Plan's Commercial products (including Tufts Health Freedom Plan).

As part of this collaboration, Tufts Health Plan is aware that Change Healthcare has designated ReleasePoint Inc. as its authorized representative in the matter of securing medical records needed for the purpose of coding validation audits, and as a result, providers may be asked to provide these medical records to ReleasePoint.

Change Healthcare and ReleasePoint are aware of the privacy and confidentiality issues surrounding protected health information (PHI) and are pursuing the requested documentation in accordance with HIPAA requirements and other applicable laws and regulations.

LEXICODE PERFORMS SECOND-LEVEL APPEALS OF DRG VALIDATION AUDITS

The following information applies to Commercial products (including Tufts Health Freedom Plan):

Tufts Health Plan has appointed LexiCode as the third-party inpatient coder to review second-level appeals of DRG validation audit findings, which are presented by Equian on behalf of Commercial products and pursuant to Tufts Health Plan's Commercial DRG Audit Policy.

Equian will continue to conduct initial post-payment reviews, as previously communicated by Tufts Health Plan. Providers who appeal Equian's initial DRG audit findings to Tufts Health Plan can expect to receive a letter from LexiCode regarding the appeal.

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

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

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

Tufts Health Public Plans Products
Tufts Health Provider Connect: Transactions and information for Tufts Health Public Plans products

Not Yet Registered?
Information on how to register for secure access is available on Tufts Health Plan's public Provider website.

CULTURAL COMPETENCY TRAINING FOR TUFTS HEALTH PUBLIC PLANS PRODUCTS

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

What Is Cultural Competence?

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

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

TRAINING FOR PROVIDERS AND OFFICE STAFF

Providers and office staff are reminded to refer to the Training section of the Tufts Health Plan and Tufts Health Freedom Plan public Provider websites for information on upcoming office managers meetings, guides and resources, training videos, webinars, printable materials for members, and other pertinent materials relevant to all Tufts Health Plan products.

TUFTS HEALTH PUBLIC PLANS DISEASE MANAGEMENT PROGRAMS

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

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

MASSHEALTH OUTPATIENT CARE COORDINATION TRAINING MODULE

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

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

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 related to USFHP, call 800.818.8589.

REMINDER: TUFTS HEALTH FREEDOM PLAN REFERRAL PROCESS CHANGE

This reminder applies only to Tufts Health Freedom Plan products for which referrals are required.

As previously communicated and effective for dates of submission on or after July 1, 2018, Tufts Health Plan requires 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 accepts 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 is no longer 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. Providers can direct members to Tufts Health Plan's online provider directory, i.e., Find a Doctor search, to locate Commercial providers. However, in instances when 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 is documented in the Medical Necessity Guidelines for Out-of-Network Coverage at the In-Network Level of Benefits (All Plans) and in the Authorization Policy.

UPDATING COMMERCIAL BEHAVIORAL HEALTH PROVIDER PANEL INFORMATION

Due to recent changes to Massachusetts regulation, Tufts Health Plan is requesting all Massachusetts-based providers who render services to Tufts Health Plan Commercial members for behavioral health and substance use disorders update their panel information to accurately reflect their availability to see new patients, as changes occur.

Unless providers update their panel information (as described below) to reflect otherwise, they will be listed as "Accepting New Patients" on Tufts Health Plan's Find a Doctor search starting later this month.

Providers should update their panel information with Tufts Health Plan by indicating their availability to see new patients on the "Panel Restrictions/Closings/Openings" line of the Provider Information Change Form, and should submit the completed form to Tufts Health Plan using one of the following channels:

Email: provider_information_dept@tufts-health.com

Fax: 617.972.9044

Mail: Tufts Health Plan
Provider Information Department
705 Mount Auburn Street
Watertown, MA 02472

Note: Tufts Health Plan will not accept requests to update provider availability or panel information by phone, as this information must be submitted in writing.

DIAGNOSING DEPRESSION IN TUFTS HEALTH UNIFY MEMBERS

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

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

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

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

The Tufts Health Unify Care Management Department consists of trained and experienced clinicians who work with PCPs and other behavioral health providers in the Tufts Health Public Plans network to assist Tufts Health Unify members in receiving treatment for depression. For questions, call the Tufts Health Unify Care Management Department at 855.393.3154.

REMINDER: TUFTS HEALTH PLAN NOW MANAGES BEHAVIORAL HEALTH SERVICES FOR GIC MEMBERS

As previously communicated and effective July 1, 2018, Tufts Health Plan now manages behavioral health services for GIC Navigator and Spirit members. Prior to this date, these services were managed by Beacon Health Options. This change applies to existing members, as well as members who enrolled in a GIC Navigator or Spirit plan on or after July 1, 2018.

GIC Spirit members may see any behavioral health provider participating in the Spirit network. An outpatient treatment notification is not required for these services.

Effective for dates of service on or after July 1, 2018, in order for a GIC Navigator member's behavioral health and substance use disorder services to process at the authorized level of benefits, providers must submit an outpatient treatment notification to Tufts Health Plan. An initial notification must be submitted for GIC Navigator members who are new to the practice or for existing patients whose behavioral health services were previously managed by Beacon Health Options. A notification for any additional visits will also be required. As a reminder, GIC Navigator members may see any behavioral health provider participating in Tufts Health Plan's network.

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

- Logging in to the secure Provider website to submit a notification (For more information, refer to the Behavioral Health Self-Service User Guide.)
- 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.

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.

REMINDERS

REQUIRED INFORMATION FOR SUBMITTING INPATIENT AND OUTPATIENT SERVICE REQUESTS

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

Tufts Health Plan strives to return timely decisions to providers for all requests submitted for medical, surgical and behavioral health (both inpatient and outpatient) services. If a request is submitted with incomplete or insufficient information, Tufts Health Plan will be unable to process the request and will return it to the provider to be resubmitted with all required information.

To prevent delays, providers are reminded to fill out forms completely (and when indicated, to attach any pertinent clinical information to support each request for coverage):

- Requesting provider/facility name
- Provider/facility NPI number
- Provider/facility Tax ID number (TIN), when indicated
  Note: The TIN is required for members of Tufts Health Direct and Tufts Health Together.
- Pertinent clinical information, when indicated

For more information, refer to the medical necessity guidelines, available in the Resource Center of the Tufts Health Plan and the Tufts Health Freedom Plan public Provider websites.

REIMBURSEMENT OFFERED FOR PROOF OF BUPRENORPHINE CERTIFICATION

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

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

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

In order to receive reimbursement, providers must:

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

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

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

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

PHARMACY COVERAGE CHANGES – SENIOR PRODUCTS

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

Short-Acting Colony Stimulating Factors

As previously communicated, effective for fill dates on or after June 1, 2018, Tufts Health Plan no longer routinely covers the short-acting colony stimulating factor medications Granix® (tbo-filgrastim) and Neupogen® (filgrastim) for members who are initiating a new course of treatment on one of these medications. The alternative, Zarxio® (filgrastim-sndz), will remain covered without restriction at the current tier for all eligible members.

For members currently taking Granix or Neupogen, these medications will continue to be covered without disruption through December 31, 2018. Beginning on January 1, 2019, in order for a member's coverage for one of these medications to continue, providers must submit a request for coverage for a non-formulary drug. The specific drug must be deemed medically necessary, and the request must include clinical justification that a change to a formulary alternative would result in instability of the member's medical condition. If coverage is approved, the member will be responsible for a copay equal to the highest, nonspecialty-brand tier.

PHARMACY COVERAGE CHANGES – TUFTS HEALTH UNIFY

The following changes apply to Tufts Health Unify:

Short-Acting Colony Stimulating Factors

As previously communicated, effective for fill dates on or after June 1, 2018, Tufts Health Plan no longer routinely covers the short-acting colony stimulating factor medications Granix® (tbo-filgrastim) and Neupogen® (filgrastim) for members who are initiating a new course of treatment on one of these medications. The alternative, Zarxio® (filgrastim-sndz), will remain covered without restriction at the current tier for all eligible members.

For members currently taking Granix or Neupogen, these medications will continue to be covered without disruption through December 31, 2018. Beginning on January 1, 2019, in order for a member's coverage for one of these medications to continue, providers must submit a request for coverage for a non-formulary drug. The specific drug must be deemed medically necessary, and the request must include clinical justification that a change to a formulary alternative would result in instability of the member's medical condition. If coverage is approved, the member will be responsible for a copay equal to the highest, nonspecialty-brand tier.

COMMUNITY PARTNERS PROGRAM FOR TUFTS HEALTH TOGETHER MEMBERS

As a reminder, beginning July 1, 2018, MassHealth will identify members of Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) for eligibility for referral to the Community Partners (CPs) Program. CPs are organizations experienced with behavioral health (BH) or long-term services and supports (LTSSs). CPs will partner with MCOs and ACPPs to coordinate and manage care for certain CP-eligible Tufts Health Together members.

BH community partners (BH CPs) provide care management and care coordination support (including coordination of physical and BH needs) to eligible Tufts Health Together members with significant BH needs. LTSS community partners (LTSS CPs) provide LTSS care coordination and navigation to eligible Tufts Health Together members with complex LTSS needs.

The Massachusetts Executive Office of Health and Human Services (EOHHS) has contracted with 18 BH CPs and 9 LTSS CPs throughout the state to service MassHealth members from all Massachusetts communities. Tufts Health Plan care managers and care coordinators will work closely with these 27 CPs to ensure members working with CPs have the necessary support.

BH CP care coordinators will engage BH CP-referred members to complete a comprehensive assessment, including a social services assessment of needs, and develop a member-centered treatment plan. Tufts Health Plan care managers will also engage LTSS CP-referred members to complete a comprehensive assessment and member-centered care plan, which will be shared with the LTSS CP. The LTSS CP care coordinator will engage LTSS CP-referred members to assess social services needs and to develop a member-centered LTSS care plan.

What Is the Member's PCP's Role With the CP?

As part of this CPs Program, the member's PCP is responsible for:

- Participating on the member's care team
  - All members of the care team are expected to communicate frequently and effectively regarding changes in the member's physical or behavioral health, or in LTSS or social service needs, updates to the member's care plan, and care plan implementation.
  - The member's PCP or front-line staff at the PCP's practice participate in the member's care team, led by either the BH CP care coordinator or the Tufts Health Plan care manager, and is actively engaged during a member's care transitions (e.g., discharge from inpatient admission).
- Reviewing and approving the member's treatment plan (from a BH CP) and/or care plan and LTSS care plan (from an LTSS CP)
  - Review and documented approval must be completed by physical or electronic signature within seven business days of receipt of the plan to support the CP's ability to implement these care/treatment plans.
- Initiating referrals for medically necessary specialty care, as outlined in Tufts Health Plan's medical necessity guidelines
  - Prior authorization will continue to be required for covered services as it is today. The CP will submit authorization requests directly to MassHealth for LTSSs and other community-based services requiring prior authorization. These requests will follow the same process used today.
- Working with appropriate Tufts Health Plan and/or CPs staff to maintain an updated medication list and performing medication reconciliation as part of a member's care transitions
- The CP care coordinator will share medication information (obtained from the member during an in-person home visit scheduled within 72 hours of member discharge) with the member's PCP
- Providing assistance to the CPs in locating or engaging with members who are deemed hard-to-reach

PCP Designees

PCPs may choose to delegate certain responsibilities to a PCP designee. The PCP designee must be a registered nurse, medical doctor, doctor of osteopathic medicine, nurse practitioner or physician's assistant who serves on the member's care team and has face-to-face contact with the member's PCP. Responsibilities that may be delegated to a PCP designee include:

- Participating on the member's care team
- Reviewing and approving the member's treatment plan or care plan and LTSS care plan
- Medication reconciliation follow-up

For more on the CPs Program, visit the MassHealth website.

SYSTEM MIGRATION FOR CLAIMS AND ENROLLMENT FOR TUFTS HEALTH PUBLIC PLANS

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 begin as early as September 1, 2018, and will affect Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify.

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

Prior to migration, more information will be available for providers in the News section on Tufts Health Plan's public Provider website.

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 to the frequency or process for generating and distributing payments to providers.

Sequestration Reduction for Tufts Health Unify

As previously communicated by letter and as part of the new system migration, beginning as early as September 1, 2018, Tufts Health Plan will implement a 2 percent sequestration reduction for all Tufts Health Unify providers who are paid based upon Medicare payment methodologies.

For questions regarding any of the above changes, please call Tufts Health Public Plans Provider Services at 888.257.1985.

TOPICAL FLUORIDE TREATMENT FOR TUFTS HEALTH RITOGETHER AND TUFTS HEALTH TOGETHER

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

Providers are reminded to submit CPT code 99188 (application of topical fluoride treatment varnish by a physician or other qualified health care professional) if fluoride treatment is the sole purpose of the member's visit. Providers should not submit claims with office visit procedure codes for these products.

This information is documented in the Topical Fluoride Payment Policy (Tufts Health RITogether) and the Topical Fluoride Payment Policy (Tufts Health Together – MassHealth MCO Plan and ACPPs).

HEALTH AND WELLNESS RESOURCES FOR COMMERCIAL MEMBERS

Tufts Health Plan offers personalized support to help members optimize their health and wellness. The following programs are available for Commercial members (excluding Tufts Health Freedom Plan) at no additional cost:

- Wellbeing Assessment (WBA): This online questionnaire helps educate members about their current health status and recommends ways they can take action to improve their health.
- Wellness coaching: Members can choose Telephonic Lifestyle Coaching* or virtual coaching. Both can help put members on the path toward meeting their health goals.
- Condition Management:* Members can speak with a nurse about managing diabetes, coronary artery disease, COPD and/or heart failure by calling 866.201.7919.
- Nurse24℠: Members can speak to a registered nurse 24/7 about any health-related issue by calling 866.201.7919.

*Condition Management and Telephonic Lifestyle Coaching may not be available to all members.

For more information, members can refer to the Unlock a Healthier You information, available on Tufts Health Plan's public Member website.

Note: These programs do not apply to Tufts Health Freedom Plan members.

OLDER ADULT FALL PREVENTION

In 2017, 9 percent of Tufts Medicare Preferred HMO members suffered a fall, often resulting in lasting morbidity and even mortality. Of those who suffered a fall, 12 percent are likely to experience multiple falls over the course of one year.

Because fall prevention is a CMS Star measure that continues to be an area of focus for this population, CMS may survey members to determine if providers are screening and counseling them on fall prevention. To assist providers, Tufts Health Plan recently posted the CDC's STEADI – Older Adult Fall Prevention materials and other fall prevention materials in the Medicare section of the Resource Center on Tufts Health Plan's public Provider website. Providers are encouraged to review these materials when assisting members in managing fall risk.

FOR MORE INFORMATION

WEBSITES

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

CONTACT INFORMATION

- tuftshealthplan.com/contact-us/providers

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