

## RECENT UPDATES MASSACHUSETTS LARGE GROUP

**Health Care Reform Updates****2018 Requirement on Cost Sharing**

Health and Human Services (HHS) through the 2018 Notice of Benefit and Payment Parameters establishes out-of-pocket maximum amounts based on two-year estimated premium adjustment percentages. The out-of-pocket maximum for in-network services for plans other than High Deductible Health Plans (HDHPs) for 2018 is \$7,350 for self-only coverage and \$14,700 for other than self-only coverage.

The IRS sets out-of-pocket maximum limits on High Deductible Health Plans (HDHPs). The HDHP limits for Tufts Health Plan Saver plans for 2018 are \$6,650 for self-only coverage and \$13,300 for other than self-only coverage. ACA rules limit out-of-pocket maximums on individuals within a family. In 2018, no one individual within a family can have an out-of-pocket maximum greater than \$7,350.

**Plan Benefit Changes****Effective upon renewal date on and after January 1, 2018**

We've looked carefully at several different areas of our plan designs to create new opportunities for savings and added value for our employers. You'll be interested to know about the following benefit changes for all group plans, which are available upon renewal date beginning January 1, 2018.

**1. Separate Cost-Share Tiering for Site of Service**

We are offering a new option that allows Large Group employers to set a lower cost-share for members who receive the following types of service at a freestanding facility: high- and low-tech imaging, laboratory and diagnostic tests.

While we believe it is important for our members to use doctors' offices and affiliated hospitals for continuity of care, we also want our members to be empowered to choose the treatment setting that is best for their unique needs.

Again, this cost-share tiering is available as an option for all Large Group plans in MA, RI, and NH, with the exception of our CareLink and Out-of-Area plans. It will be integrated into the MA Balance Plans, which are new for 2018.

The MA Balance Plans have a hybrid co-payment/co-insurance design that aligns cost-shares with the cost of service. Priced slightly higher than our core plans, the MA Balance Plans include separate cost-share tiering based on site-of-service for high-tech and diagnostic imaging. We will be introducing these plans as HMO \$750, \$1,250 and \$1,750.

**2. Separate Cost-Share for Urgent Care Centers**

We are now enabling Large Group employers to apply a separate cost-share for contracted, freestanding Urgent Care Centers. This change is designed to help reduce inappropriate use of emergency rooms and promote lower-cost alternative treatment settings. (Note: referrals are not required for freestanding Urgent Care Centers or Minute Clinics.)

Employers can select from the following types of cost-sharing:

- co-payment
- deductible
- deductible then co-payment

- deductible then co-insurance, or
- covered in full

This option applies to all Large Group plans in MA, RI, and NH, with the exception of our CareLink and Out-of-Area plans.

### 3. Stand-Alone Cost-Share for Therapy (Physical, Occupational and Speech)

Employers will now have the ability to assign a unique cost-share for PT/OT/ST services. Each of these services will take the same cost-share, but employers will choose from one of the following options:

- co-payment
- deductible
- deductible then co-payment
- deductible then co-insurance
- covered in full

This option applies to all Large Groups in MA, RI and NH.

### New Prescription Drug Coverage Changes

We regularly review our prescription medication coverage to offer members a pharmacy benefit that is clinically appropriate and cost-effective. Based on this review and marketplace trends, we need to make occasional adjustments to balance cost and access to prescription medications for members of Tufts Health Plan.

#### July 1 Prescription Drug Coverage Changes

These changes in prescription drug coverage are effective on July 1, 2018, and apply to members of both Tufts Health Plan and Tufts Health Freedom Plan. Affected members will be notified of the changes by mail.

- Due to the generic launch of Reyataz, Sustiva, and Viread, the tier for these brands will be moving to Tier 3 on our large group formularies

#### Covered Alternative on the Same or Lower Tier

| <b>Drug Moving to Tier 3</b>      | <b>Covered generic alternative*</b>  | <b>Tier of covered alternative</b> |
|-----------------------------------|--------------------------------------|------------------------------------|
| Reyataz <sup>®</sup> capsules     | atazanavir capsule                   | Tier 2                             |
| Sustiva <sup>®</sup> capsules     | efavirenz capsules                   | Tier 2                             |
| Sustiva <sup>®</sup> tablets      | efavirenz tablets                    | Tier 2                             |
| Viread <sup>®</sup> 300mg tablets | tenofovir disoproxil fumarate tablet | Tier 2                             |

\*Covered lower tier alternative is the generic for the referenced brand

- We will no longer cover the following brands on our large group formularies:

| Brand drugs moving to not covered | Covered lower tier alternative drug* | Tier of covered alternative |
|-----------------------------------|--------------------------------------|-----------------------------|
| Dovonex <sup>®</sup> cream        | calcipotriene cream                  | Tier 2                      |
| Estrace <sup>®</sup> cream        | estradiol cream                      | Tier 2                      |
| Locoid <sup>®</sup> lotion        | hydrocortisone butyrate 0.1% lotion  | Tier 2                      |
| Namenda <sup>®</sup> XR capsule   | memantine ER capsule                 | Tier 2                      |
| Syprine <sup>®</sup> capsule      | trientine capsule                    | Tier 2                      |
| Viagra <sup>®</sup> tablet        | sildenafil citrate tablet            | Tier 2                      |

\*Covered lower tier alternative may be the generic for the referenced brand or may be a therapeutic alternative

**Note:** This is not an all-inclusive list of potential alternatives; please refer to the formulary on the website.

- The following brand will no longer be covered on our small group formularies:

| Brand drug moving to not covered | Covered lower tier alternative drug* | Tier of covered alternative |
|----------------------------------|--------------------------------------|-----------------------------|
| Dovonex <sup>®</sup> cream       | calcipotriene cream                  | Tier 2                      |

\*Covered lower tier alternative may be the generic for the referenced brand or may be a therapeutic alternative

**Note:** This is not an all-inclusive list of potential alternatives; please refer to the formulary on the website.

- All of the long-acting Central Nervous System (CNS) stimulant medications used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) will have quantity limitations on our formularies. The quantity limitations are in line with recommended dosing. The quantity limits apply to all of the long acting formulations of the following medications:

- Amphetamine (e.g. Adzenys XR tablets)
- Amphetamine-dextroamphetamine (e.g. Adderall XR capsules)
- Dexmethylphenidate (e.g. Focalin XR capsules)
- Dextroamphetamine (e.g. Dexedrine capsules)
- Lisdexamfetamine (e.g. Vyvanse capsules)
- Methylphenidate (e.g. Ritalin LA capsules, Concerta tablets)

### Oral/Enteral Formula – Effective on strike date of January 1, 2018

Effective January 1, 2018, members will no longer be able to obtain oral/enteral formulas at a pharmacy under their pharmacy benefit.

- These formulas will need to be ordered through a durable medical equipment (DME) supplier. They will be covered as a medical supply with the applicable member cost-share.

Affected members will be notified of this change on or around November 1. Members will be advised to contact their providers.

- This formulary coverage change applies to all Large Groups in MA, RI, and NH

## January 1 Prescription Drug Coverage Changes

These changes in prescription drug coverage are effective on January 1, 2018, and apply to members of both Tufts Health Plan and Tufts Health Freedom Plan. Affected members will be notified of the changes by mail.

- The drugs listed on the table below will be moved to a higher tier on January 1.  
A list of lower tier alternatives is provided in the table.

| Drug(s) Moving to Tier 3                                | Lower Tier Alternative Drug(s)                                     | Tier of Alternative Drug(s) |
|---|--|-----------------------------|
| adapalene (0.1%) cream                                  | Differin 0.1% gel OTC  | tier 1                      |
| adapalene (0.1%, 0.3%) gel                              |  |                             |
| benzoyl peroxide (5.3%, 6%) foam                        | benzoyl peroxide 10% liquid wash                                   | OTC                         |
| benzoyl peroxide 2.5% liquid wash                       |  |                             |
| benzoyl peroxide 9.8% foam                              |  |                             |
| chlordiazepoxide/clidinium capsules                     | dicyclomine<br>hyoscyamine   | tier 1                      |
| clindamycin 1% foam                                     | clindamycin 1% solution and pad                                    | tier 1                      |
| clindamycin/benzoyl peroxide (1.2-5%, 1-5%) gel         | erythromycin/benzoyl peroxide gel                                  | tier 1                      |
| diclofenac sodium 3% gel                                | topical diclofenac solution<br>topical diclofenac 1% gel           | tier 1                      |
| doxycycline hyclate DR tablets                          | doxycycline capsules, tablets,<br>suspension                       | tier 1                      |
| esgic capsules  | butalbital/acetaminophen<br>butalbital/aspirin/caffeine            | tier 1                      |
| lidocaine 5% pad  | lidocaine 3.6% patch   | OTC                         |
| salicylic acid 6% foam                                  | salicylic acid lotion, gel, cream                                  | tier 1                      |
| tetracycline capsules                                   | minocycline capsules   | tier 1                      |
| tretinoin (0.04%, 0.1%) microsphere gel                 | tretinoin 0.01% gel<br>tretinoin 0.025% gel                        | tier 1                      |
| tretinoin 0.05% gel                                     |  |                             |
| clindamycin-tretinoin gel                               | tretinoin 0.01% and 0.025% gel<br>clindamycin 1% solution, and pad | tier 1                      |
| migergot suppository (ergotamine tartrate and caffeine) | butalbital/aspirin/caffeine<br>ibuprofen                           | tier 1                      |
| minocycline ER tablets                                  | minocycline capsules   | tier 1                      |

| Drug(s) Moving to Tier 2              | Lower Tier Alternative Drug(s)                       | Tier of Alternative Drug(s) |
|---------------------------------------|--|-----------------------------|
| atovaquone suspension                 | sulfamethoxazole/trimethoprim tablets and suspension | tier 1                      |
| benzoyl peroxide 7% liquid wash       | benzoyl peroxide 10% liquid wash                     | OTC                         |
| brimonidine 0.15% ophthalmic solution | brimonidine 0.2% ophthalmic solution                 | tier 1                      |
| bromfenac 0.09% ophthalmic solution   | diclofenac sodium eye drops                          | tier 1                      |
| calcipotriene 0.005% cream            | calcipotriene 0.005% ointment                        | tier 1                      |
| cefixime suspension                   | cefdinir<br>cefprozil<br>cefuroxime                  | tier 1                      |
| cefpodoxime (tablets and suspension)  |  |                             |

|  |  |        |
|--|--|--------|
|  | ceftibuten   |        |
| cevimeline 30mg capsules                                   | pilocarpine  | tier 1 |
| clindamycin 1% gel   | clindamycin 1% solution, and pad   | tier 1 |
| clindamycin 1% lotion                                      |  |        |
| colchicine 0.6mg tablet                                    | N/A  | N/A    |
| dantrolene capsules  | carisoprodol   | tier 1 |
| dronabinol capsules  | promethazine<br>meclizine  | tier 1 |
| eplerenone tablets   | spironolactone   | tier 1 |
| fondaparinux injections                                    | enoxaparin injection   | tier 1 |
| griseofulvin (tablets and suspension)                      | fluconazole<br>terbinafine   | tier 1 |
| itraconazole capsules                                      |  |        |
| lidocaine 5% ointment                                      | lidocaine cream 3%<br>lidocaine gel 2%   | tier 1 |
| metaxalone tablets   | carisoprodol<br>cyclobenzaprine<br>baclofen  | tier 1 |
| metronidazole 0.75% vaginal gel                            | vandazole 0.75% vaginal gel<br>clindamycin 2% vaginal cream<br>tinidazole tablets  | tier 1 |
| metronidazole 0.75% lotion                                 | metronidazole 0.75% cream, gel   | tier 1 |
| metronidazole 1% gel                                       |  |        |
| minocycline tablets  | minocycline capsules   | tier 1 |
| mycophenolate 200 mg/ml suspension                         | mycophenolate capsules and<br>tablets  | tier 1 |
| naftifine hcl (1%, 2%) cream                               | terbinafine cream<br>ketoconazole cream  | tier 1 |
| neomycin/polymyxin b/hydrocortisone<br>ophthalmic solution | neomycin/polymyxin/dexamethasone<br>ophthalmic solution  | tier 1 |
| oxiconazole nitrate cream                                  | nystatin cream<br>ketoconazole cream<br>terbinafine cream  | tier 1 |
| pacerone 100mg tablet                                      | amiodarone tablets<br>propafenone tablets  | tier 1 |
| potassium chloride (10%, 20%)<br>solution                  | potassium chloride ER tablets<br>potassium chloride micro ER<br>tablets<br>potassium chloride CR tablets<br>potassium chloride micro CR<br>tablets | tier 1 |
| potassium chloride 20 mEq powder<br>packet                 |  |        |
| potassium citrate tablets                                  |  |        |
| propafenone ER capsules                                    | propafenone tablets  | tier 1 |
| quinidine gluconate tablets                                | quinidine sulfate tablets  | tier 1 |
| rivastigmine transdermal patch                             | rivastigmine capsules<br>galantamine ER capsules   | tier 1 |
| tobramycin/dexamethasone<br>ophthalmic solution            | bacitracin/polymyxin eye ointment<br>neomycin/polymyxin/gramicidin<br>eye drops  | tier 1 |
| tretinoin (0.025%, 0.05%, 0.1%)<br>cream                   | tretinoin 0.01% gel<br>tretinoin 0.025% gel  | tier 1 |
| trifluridine 1% ophthalmic solution                        | N/A  | N/A    |
| tropium chloride ER capsules                               | tropium chloride tablets   | tier 1 |
| vancomycin capsules  | metronidazole tablets  | tier 1 |

|                      |  |        |
|----------------------|--|--------|
| voriconazole tablets | fluconazole<br>ketoconazole<br>terbinafine | tier 1 |
|----------------------|--|--------|

N/A: No lower-tiered alternatives available

OTC: drugs available over the counter

\* Please note, Tufts Health Plan does not provide coverage for over the counter drugs unless it is noted with a Tier

- The brand drugs listed below will no longer be covered on our formularies effective January 1.

**Note:** *This is not an all-inclusive list of potential alternatives. Please refer to the formulary on our website.*

| Brand drugs moving to not covered | Covered lower tier alternative drug <sup>*</sup> | Tier of covered alternative |
|-----------------------------------|--|-----------------------------|
| Androderm                         | Testosterone gel                                 | Tier 2                      |
| Androgel                          |  |                             |
| Testim                            |  |                             |
| Vogelxo                           |  |                             |
| Striant                           |  |                             |
| Valtrex                           | valacyclovir                                     | Tier 1                      |
| Benicar                           | valsartan  | Tier 1                      |
| Benicar HCT                       | valsartan/hydrochlorothiazide                    | Tier 1                      |
| Azor                              | amlodipine/olmesartan                            | Tier 2                      |
| Atralin                           | tretinoin gel or cream                           | Tier 1 or Tier 2            |
| Retin-A                           |  |                             |
| Benzaclin                         | erythromycin/benzoyl peroxide                    | Tier 1                      |
| Duac                              |  |                             |
| Differin (Rx)                     | Differin OTC                                     | Tier 1                      |
| Doryx                             | doxycycline hyclate capsules                     | Tier 1                      |
| Evoclin                           | erythromycin gel or solution                     | Tier 1                      |
| Lidoderm                          | lidocaine ointment 5%                            | Tier 1 <sup>^</sup>         |
| Solaraze                          | diclofenac solution 1.5%                         | Tier 1                      |

<sup>\*</sup>Covered lower tier alternative may be the generic for the referenced brand or may be a therapeutic alternative

<sup>^</sup>Moving to Tier 2 as of 1/1/18

- **Granix<sup>®</sup>** (tbo-filgratim) and **Neupogen<sup>®</sup>** (filgrastim) will require prior authorization effective January 1. This prior authorization requirement applies to all Commercial formularies.

The alternative **Zarxio<sup>®</sup>** (filgrastim-sndz) does not require prior authorization.

### Unapproved prescription drugs

Under the Federal Food, Drug, and Cosmetic Act, drug manufacturers may legally market certain drugs even without FDA approval. Until now, lack of public information has made it difficult for health plans and prescription benefit managers to effectively manage these unapproved drugs.

Recently, the Centers for Medicare & Medicaid Services (CMS) began publishing information about recently unapproved drugs and sharing it with health plans and pharmacy benefit managers. The information identifies which drugs are currently not FDA-approved while ensuring coverage of clinically appropriate alternative drugs that are FDA-approved.

Again, these changes are being made to exclude coverage for prescription drugs that lack FDA approval. A letter was sent to your impacted employees in March informing them that their medication(s) will no longer be covered effective June 1, 2017 and will list an appropriate alternative drug(s).

## **Additional Information**

### **Telehealth**

On May 1, 2018 all fully insured clients will have telehealth benefits available to their members. Members will be notified through Well! Magazine in May that they'll be able to connect with a doctor through phone, video or mobile app visits 24/7. They can learn more and register at [tuftshealthplan.com/telehealth](http://tuftshealthplan.com/telehealth). Please reach out to your Account Manager for details or if you want assistance promoting telehealth to your employees.

### **MyWire**

Members new ID cards came with a sticker and phone number to sign up for MyWire—a new way to connect with their benefits. If members are interested in learning about Tufts Health Plan's wellness programs, ways to save with member discounts, access to care 24/7 and more, they can visit [tuftshealthplan.com/mywire](http://tuftshealthplan.com/mywire). Please reach out to your Account Manager for details or if you want assistance promoting MyWire to your employees.

### **Joint Surgery Management Program – effective January 1, 2018**

To help improve clinical outcomes and manage the increasing cost of joint surgery, Tufts Health Plan, working in conjunction with an industry leader in medical specialty solution management, will provide utilization management for these services. We are providing this enhancement to our existing joint surgery program to help better manage utilization of elective surgeries and quality of care for our members.

### **Methadone Maintenance – Elimination of Member Cost-Share - effective upon renewal date on and after January 1, 2018.**

Recognizing the impact of the opioid crisis in the diverse communities we serve, we are taking steps to reduce barriers to the essential care our members need. The post-deductible co-pay and cost – shares for methadone maintenance for all commercial plans are being eliminated.

### **Provider Directories**

Provider directories are available to members online and through mobile devices at [tuftshealthplan.com](http://tuftshealthplan.com). Hard copies are available upon request.

### **Primary Care Provider (PCP) Designation**

Massachusetts health plans are required by state law to attribute members to PCPs to the maximum extent possible. We record PCP designations for all HMO plan members and encourage PPO members to designate a PCP for which we'll also keep record. This designation does not change the administration of our PPO plans.

### **Women's Health and Cancer Rights Act**

Under the Women's Health and Cancer Rights Act of 1998, Tufts Health Plan covers the following procedures in connection with mastectomy for medically necessary conditions including, but not limited to, breast cancer for men and women:

- Reconstruction of the breast affected by a mastectomy.
- Surgery and reconstruction of the other breast with the goal of producing a symmetrical appearance.
- Prosthesis and treatment of physical complications of all stages of mastectomy. (There is no annual dollar limit for breast prostheses coverage.)

### **Mandatory Medicare Reporting Requirements**

Mandatory reporting requirements respecting Medicare beneficiaries have been created by the passage of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007. By mandating electronic exchange of health insurance benefit entitlement information by responsible reporting entities (including Tufts Health Plan), these requirements will enable the Centers for Medicare and Medicaid Services (CMS) to correctly pay for the health insurance benefits of Medicare beneficiaries by determining primary versus secondary payer responsibility. To comply with this mandate, Tufts Health Plan will require employers to provide additional information to us, including member social security numbers and

employer tax identification numbers. Our plan is to gather this information from our existing database wherever possible, and contact employers directly to supply us with necessary information to fill any gaps in our reporting requirements to CMS. For more information on this mandate, please visit <http://www.cms.hhs.gov/MandatoryInsRep/>, or contact your Account Manager.



## DISCRIMINATION IS AGAINST THE LAW



**Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

### Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462.0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

tuftshealthplan.com | 800.462.0224

#### **Tufts Health Plan, Attention:**

Civil Rights Coordinator Legal Dept.  
705 Mount Auburn St. Watertown, MA 02472  
Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]  
Fax: 617.972.9048  
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

#### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

THP-OCR-NOTICE-0816

**Korean** 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ຮອຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo báhí ilíní da Diné k'chjí álnéehgo, hodiilnih béésh bec hani'ée bec nées ho'dílzíngó nantinígíí bikáá'.

**Persian** برای ترجمه رایگان فارسی به شماره تلفن مندرج در کارت شناسایی تان زنگ بزنید.

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para português, ligue para o número no seu cartão de identificação.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

**Spanish** Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

**Tagalog** Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

For no cost translation in English, call the number on your ID card.

**Arabic** للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

**Chinese** 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

**French** Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

**Greek** Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

**Italian** Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

**Japanese** 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

**Khmer (Cambodian)** សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។