Behavioral Health Office Managers Meeting by Livestream

September 22, 2020
Coronavirus (COVID-19) Updates for Providers

- The Coronavirus (COVID-19) Updates for Providers page contains the most up-to-date information about Tufts Health Plan's policies and coverage pertaining to COVID-19.

- Visit the page regularly to obtain information about policy and coverage updates pertaining to COVID-19. As the situation continues to develop, updates are frequently being posted to the page on the public Provider website at: [tuftshealthplan.com/provider/provider-information/coronavirus-updates-for-providers](http://tuftshealthplan.com/provider/provider-information/coronavirus-updates-for-providers)
Discussion Topics

Online Tools for Providers
- Public Provider Website
- Secure Provider Portal

Product Overviews
- Commercial Plans
- Senior Plans
- Tufts Health Public Plans

Provider Resource Center
- Provider Website Navigation
- Provider News
- Training and Resources
Online Tools for Providers

tuftshealthplan.com/provider
Recommended Browsers

- Tufts Health Plan recommends using the latest versions of one of the following Internet browsers for the public website and secure Provider portal:
  - Mozilla Firefox
  - Google Chrome

Note: Internet Explorer is not optimal for working on the public website and secure Provider portal.
Navigating Tufts Health Plan’s Website
- tuftshealthplan.com/provider

Two distinct sections:

- **Public Provider website**
  - Medical necessity guidelines
  - Payment policies
  - Pharmacy programs
  - Provider manuals
  - Training and education

- **Secure Provider Portal** *(registration required)*
  - Tufts Health Provider Connect (Tufts Health RITogether Public Plans only)
  - Tufts Health Plan Provider Portal (Commercial, Senior and Tufts Health Public Plans MA Products)
    - Eligibility and benefits
    - Claims status inquiry
    - Referral inquiry and submission
    - Inpatient notification and prior authorization request submission
    - Online claim adjustment (Commercial and Senior Products only)
Welcome Providers
tuftshealthplan.com/provider

Click on the Behavioral Health tile to quickly access tools and resources for behavioral health providers.
Welcome Providers (continued)

From the welcome page, scroll down to find more resources...

MORE RESOURCES TO
WORK BETTER TOGETHER

- **Our Plans**: Need information about our plans, authorization requirements, and what's covered under each plan?

- **ID Card Guide**: This Products Overview and Member ID Card Guide can assist in determining cost-share amounts and more.

- **Clinical Practice Guidelines**: Tufts Health Plan's clinical practice guidelines help ensure quality preventive care and care management.

- **Payment Policies**: Payment policies are designed to assist you when submitting claims to Tufts Health Plan.
Accessing the Secure Provider Portal
Tufts Health Plan Secure Provider Portal

- Tufts Health Plan Secure Provider portal offers online self-service tools for Commercial, Senior Products, and Tufts Health Public Plans MA products (Tufts Health Direct, Tufts Health Together and Tufts Health Unify)
Eligibility & Benefits

Use the Benefits & Eligibility tool to find plan information for your patient such as plan type, effective dates, member-specific benefit coverage information, and copayment and coinsurance amounts.

Frequently Asked Questions

How Do I Find if My Patient Has Active Coverage?
How can I find patient cost share?
How do I find my patient’s primary care physician?
Tufts Health Provider Connect

- **Tufts Health Provider Connect** offers online self-service tools for Tufts Health RITogether.

**Login**

- User ID
- Password

**Benefits of a Provider Portal**

- Log in to your account 24/7 to:
  - Confirm member eligibility
  - Check the status of a claim
  - Check referral and authorization status
  - Get useful provider resources and forms
  - And more!

**How to Register**

- Registration Information
- New User Registration
- RI Providers

**MA Providers Update**

**Important Information Regarding Your Online Access**

Effective July 18, 2020, Tufts Health Provider Connect will be replaced by the Secure Provider Portal currently utilized by Tufts Health Plans other lines of business (Commercial products [including Tufts Health Freedom Plan] and Senior Products). This applies to Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify.

**IMPORTANT:** This change does not apply to Tufts Health RITogether.

**Behavioral Health Providers Please Note:** Also effective July 18, 2020, the Behavioral Health Level of Care Authorization Form for all MA plans except Unity is now also moving to the Secure Provider Portal. After July 18, 2020, please fax all Unity authorization forms.

For more information, please refer to our FAQ page.
Product Overviews
Eligibility and Benefits
For Commercial, Tufts Medicare Preferred HMO, Tufts Health Plan SCO, and Tufts Health Public Plans (MA) products:
Member eligibility and benefit specifics should be verified prior to initiating services by logging on to Tufts Health Plan’s secure Provider portal or by contacting the appropriate call center for Commercial (888.884.2404) or Senior Products (800.279.9022).

For Tufts Health RITogether:
Member eligibility and benefit specifics should be verified prior to initiating services by logging on to Tufts Health Provider Connect or by contacting Tufts Health Public Plans Provider Services (RI: 844.301.4093).

Tufts Health Plan Commercial plans, Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Public Plans require separate provider agreements. You may accept patients with plans that are listed in the divisions with which you hold provider agreements.
Commercial Plans
Outpatient Behavioral Health and Substance Use
- Benefit Information for Commercial Plans

- Members’ benefits vary according to employer group. Eligibility and benefit information can be verified by logging on to the secure Provider portal or by calling the Behavioral Health Department at 800.208.9565.

- Some employer groups elect to “carve-out” inpatient and outpatient BH/SUD benefits. Carve-out information is displayed on the member’s ID card: the name is on the front and the telephone number is on the back.

- Members with out-of-network coverage must see a provider in the Tufts Health Plan network in order to obtain the authorized level of benefits.
Helpful Definitions

**Behavioral Health Outpatient Treatment Notification:**
- It is the treating provider’s responsibility to submit notification for initial and additional outpatient behavioral health and substance use disorder services to the Tufts Health Plan Behavioral Health Department.

**Referral:**
- A referral verifies that the PCP has approved the member’s care to that provider. It is the responsibility of the PCP to indicate the number of visits and type of specialty care service approved.

**Prior Authorization:**
- Prior authorization allows the health plan to review clinical information to determine medical necessity and appropriateness of services requested under the applicable benefit plan.

**Inpatient Notification:**
- An inpatient notification is notification to Tufts Health Plan that a member is being admitted for inpatient care. Inpatient notification is completed by the facility where the member is scheduled to be admitted or may be completed by the specialist provider.
Outpatient Treatment Notifications

Who submits the notifications?
It is the treating provider’s responsibility to submit the notification for outpatient behavioral health and substance use disorder services.

Initial notifications
Providers must provide an initial notification for patients who are new to the practice. If the patient is not new but the previous notification is more than 12 months old and has therefore expired, providers must submit a new notification. Upon submission of the initial notification, 8 visits will be available.

Notifications for Additional Visits
Providers must submit a notification for patients who are continuing with their treatment and have exhausted all visits within the 12 month date range. The member may also submit a subsequent request. This notification will grant another 8 visits.
A Tufts Health Plan behavioral health/substance use disorder (BH/SUD) provider must notify the Tufts Health Plan Behavioral Health Department within 30 days of the member’s first visit.

To submit notification, providers can:
• Login to the secure Provider portal: tuftshealthplan.com/provider
• Call 800.208.9565 to use the IVR system

Note: The member or the member’s PCP can also provide notification. However, it is the responsibility of the contracted BH/SUD provider to ensure that notification has been given to Tufts Health Plan of the services.

Initiation of outpatient psychotherapy does not require medical necessity review. Providers must notify Tufts Health Plan that services have been started and a number of visits will be covered with no utilization management. To notify Tufts Health Plan of initiation or continuation of services, BH/SUD providers can use the submission channels above.
When members who have an unauthorized level of benefits use their unauthorized level of benefits by receiving services with a noncontracting provider, neither members nor their provider are required to notify Tufts Health Plan. However, the member will be responsible for applicable cost share in accordance with their benefit plan.

If a member is discharged from a Tufts Health Plan designated facility (DF) to new outpatient services, the DF program may call a Tufts Health Plan Behavioral Health department to request a list of contracted BH/SUD providers. If necessary, the BH/SUD provider can subsequently request further visits from Tufts Health Plan through the secure Provider portal or by the IVR system.
Members may provide notification for outpatient services. However, it is ultimately the responsibility of the treating provider to notify Tufts Health Plan within 30 days of the member’s first visit.

The Behavioral Health Department allows notifications to be backdated up to 30 calendar days.

The start date for requests for continued treatment obtained through the secure Provider portal or IVR systems can also be backdated up to 30 calendar days.
Psychological and Neuropsychological Testing

To request prior authorization, providers must complete the **Psychological and Neuropsychological Assessment Supplemental Form** (Standard Form). The form can be found on the public Provider website.

[Click here](tuftshealthplan.com/documents/providers/forms/behavioral-health/psych-neuropsych-standard-form-pg) to access the standard Psychological and Neuropsychological Assessment Supplemental Form.
Tufts Health Plan provides coverage for BH/SUD inpatient, acute residential, partial hospitalization and intensive outpatient services as defined by the member’s evidence of coverage (EOC) or equivalent plan document.

Tufts Health Plan has established a Designated Facility (DF) Program. Designated Facilities are a subset of Tufts Health Plan contracting facilities that are responsible for managing and coordinating both inpatient and intermediate levels of care for members in certain products.

To determine the DF that a given member must use for BH facility-based care, log on to the secure Provider portal to check member eligibility, or call the Tufts Health Plan BH Department at 800.208.9565 to access the IVR.
Inpatient Notification Requirements
- Commercial and Senior Products, Tufts Health Direct and Tufts Health Together

Admitting providers and hospital admitting departments share the responsibility for notifying Tufts Health Plan in accordance with the following timeline:

- **Emergency/urgent admissions**: Notify Tufts Health Plan within the next business day.

Providers can submit an inpatient notification by:

- Logging in the MHK Portal (accessed through the secure Provider portal at tuftshealthplan.com/provider)
- EDI transaction: Batch 278 Inpatient Notification files are accepted.
- Faxing an Inpatient Notification Form to the Precertification Operations Department at 617.972.9590 or 800.843.3553

Provider Resources and Training

- MHK Provider Portal User Guide is available in the Resource Center on Tufts Health Plan’s public Provider website.
- Webinars on this topic are available in the Training section of the public Provider website.
- MHK integration for Tufts Health Unify and Tufts Health RITogether will occur later.
Intermediate Levels of Care BH/SUD Registration Procedure for Commercial Plans

- All intermediate levels of BH/SUD care require authorization through the member’s designated facility.
- For members not assigned to a DF, authorization is received through the Tufts Health Plan Behavioral Health Department.
- Providers can obtain authorization for intermediate levels of care by calling the Behavioral Health Department at 800.208.9565.
- Designated facilities can notify Tufts Health Plan of an admission by logging onto the secure Provider portal.
Behavioral Health Overview

Commercial

Benefits
Providers should confirm member benefits prior to rendering services. Members are covered as described in their benefit document. Providers can obtain specific benefit information by:

- **Logging in** to the secure Provider website
- Using the interactive voice response (IVR) system by calling 800.208.9565
- Speaking to a Behavioral Health Coordinator at 800.208.9565. The Behavioral Health Department is open Monday, Tuesday, Wednesday and Friday 8:30 a.m.–5 p.m. and Thursday 9 a.m.–5 p.m.

<table>
<thead>
<tr>
<th>Outpatient care</th>
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<tbody>
<tr>
<td>Inpatient and immediate care</td>
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Click on the chevrons to view detailed information.
Outpatient Behavioral Health and Substance Use Disorder Professional Payment Policy

Applies to the following Tufts Health Plan products:

- □ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- □ Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- □ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)³

The following payment policy applies to Tufts Health Plan contracting behavioral health and substance use disorder (BH/SUD) providers who render professional services in an outpatient office setting.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY
Tufts Health Plan covers medically necessary behavioral health and substance use disorder (BH/SUD) services rendered in an outpatient office setting, in accordance with the member’s benefits.

GENERAL BENEFIT INFORMATION
Services and subsequent payment are pursuant to the member’s benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Commercial Provider Services.

State and Federal Mental Health Parity Law
Under the mental health parity laws, benefits for mental/behavioral health services and substance use disorder services must be comparable to benefits for medical/surgical services. This means that copays, coinsurance and deductibles for mental/behavioral health and substance use disorder services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan’s review and authorization of mental/behavioral health or substance use disorder services must be handled in a way that is comparable to the review and authorization of medical/surgical services.

Note: While BH/SUD services have no limit, the benefit covers medically necessary treatment only. Treatment for members covered under mental health parity laws must still meet any applicable medical necessity guidelines and authorization requirements.
Notification Numbers

- Providers will receive a new notification number each time a notification is submitted.
- The notification numbers is a combination of letters and numbers, most of which start with 00.

How long are notifications valid?
Notifications are valid for 12 months from the start date or until the number of visits on the notification are exhausted. This means that visits received as a result of notification “carry over” into a new calendar or plan year. Notifications do not override the member’s benefit limit.
Senior Plans

Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options
Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy

General Benefit Information

▪ Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Senior Products Provider Relations at 800.279.9022.

▪ Per CMS regulations, clinicians **not** participating in the Medicare program **may not** provide BH/SUD services to Medicare beneficiaries, including Tufts Medicare Preferred HMO members. This includes services being provided by clinicians who work for community behavioral health centers, such as licensed mental health counselors (LMHC) and licensed marriage and family therapists (LMFTs).

▪ Tufts Health Plan SCO members may receive BH/SUD services from clinicians working for community behavioral health centers, as allowed by MassHealth regulations, including LMHCs, LMFTs, and other licensed and unlicensed counselors. For additional information, refer to MassHealth regulations.
Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy

**Authorization Requirements**

- Tufts Medicare Preferred HMO and Tufts Health Plan SCO members must have a referral from their primary care provider (PCP) for all outpatient BH/SUD, pharmacology, methadone maintenance and testing services.

- The member’s PCP should be contacted directly by the behavioral health provider with any questions.

- Refer to the **Outpatient Services Requiring Prior Authorization** grid for additional information.

- Tufts Health Plan SCO: Certain intermediate, diversionary, and emergency services require notification to the Behavioral Health Department. Refer the **Tufts Health Plan SCO Notification List** for specific services and procedure codes.
Inpatient Admissions
- Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options

- All inpatient admissions require inpatient notification.

- Admitting practitioners and hospital admitting departments are responsible for notifying Tufts Health Plan, following the procedures outlined in the **Notifications chapter of the Senior Products Provider Manual** and in accordance with the following timeline:

**Urgent or emergency admissions**: Inpatient notification must be reported on the next business day.
Intermediate Levels of Care
- Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options

- All intermediate levels of care require prior authorization within one business day of admission through the Behavioral Health Department.

- Providers may obtain authorization by calling the Behavioral Health Department at 800.208.9565.

- To obtain an authorization for a continued stay, providers must review the case for medical necessity with the Behavioral Health Department by calling 800.208.9565.

- Note: Members assigned to a designated facility do not need authorization for a continued stay beyond the initial inpatient notification.
Behavioral Health Authorizations
Tufts Medicare Preferred HMO

The following information describes behavioral health authorization requirements for Tufts Medicare Preferred HMO and Tufts Medicare Preferred Supplement:

Outpatient Services Requiring Prior Authorization for Commercial and Senior Products

Products
Tufts Medicare Preferred HMO:

- **Outpatient Psychological/Neuropsychological Testing**
  Approval is required. Contact the member’s PCP for authorization.

- **Outpatient Treatment**
  Prior referral authorization is required from the member’s PCP. Services rendered in SNF and LTC settings are excluded.

- **Intensive Outpatient/Partial Hospital Treatment**
  The member is generally assigned to a Designated Facility (DF).

- **Inpatient Treatment**
  The member is generally assigned to a Designated Facility (DF). An inpatient notification is required.

- **Claims Address**
  Tufts Health Plan Medicare Preferred
  P.O. Box 9163
  Watertown, MA 02471

- **Filing Deadline**
  Send within 60 days of the date of service or date of discharge.
Tufts Health Public Plans
Tufts Health Public Plans

- Tufts Health Public Plans provide access to high-quality health care for Massachusetts and Rhode Island residents with low to moderate incomes.

- Plan offerings include:
  - **Tufts Health Direct** – Health Connector (A focused network plan for individuals and small groups)
  - **Tufts Health Together** – Includes MassHealth Plans, as well as the following Accountable Care Organization (ACO) Plans:
    - Tufts Health Together with Atrius Health
    - Tufts Health Together with BIDCO
    - Tufts Health Together with Boston Children’s ACO
    - Tufts Health Together with CHA
  - **Tufts Health RITogether** – A RI Medicaid Plan (a separate provider agreement is required, serving RIte Care and Rhody Health Partners members).
  - **Tufts Health Unify** – OneCare Plan (Medicare-Medicaid plan)
Claim Information
- Tufts Health Public Plans

File claims no later than **90 days** after the date of service.

- Tufts Health Public Plans encourages direct electronic submission to the plan but also accepts claims submitted through a clearinghouse.
- Mail to:
  Tufts Health Plan
  P.O. Box 8115
  Park Ridge, IL 60068-8115

File a **request for a claim review** no later than **60 days** after the Explanation of Payment (EOP) date.

- Find the “Request for Claim Review” form on our website in the Provider Resource Center
- Submit by email to:
  THPP_Provider_Disputes@tufts-health.com
- Mail requests forms to:
  Tufts Health Public Plans
  Provider Payment Disputes
  P.O. Box 9194
  Watertown, MA 02471-9194
Behavioral Health Overview

Tufts Health Public Plans

We are committed to supporting care for patients with behavioral health needs. The Behavioral Health Care Management Team coordinates the delivery and utilization of behavioral health services for Tufts Health Plan members. We believe that optimal care results from a partnership among members, providers and the care management team.

About our behavioral health services

- Behavioral health services offer varying levels of care management to members based on need, intensity of utilization and/or coexisting medical conditions.
- Care managers offer 24/7 toll-free clinical access, triage, service authorization and utilization review at 888.257.1985. They also work closely with medical/social care managers and PCPs to provide a coordinated care approach.
- Tufts Health Plan offers intensive clinical management to members at the highest risk for recurrent hospitalizations. These members are given the opportunity to participate in the development of an individualized crisis prevention plan.
Behavioral Health in Massachusetts

Tufts Health Public Plans

Covered services and benefits

Please refer to the following resources for additional information on covered behavioral health services, including prior authorization procedures:

- Outpatient services
- Emergency services
- Diversionary services
- Inpatient services

For more details, please refer to the Tufts Health Public Plans Provider Manual.

In-network

Prior authorization is not required for visits to in-network, outpatient behavioral health providers. Use the Find a Doctor, Hospital, or Pharmacy tool to verify if a provider is considered in-network.
Outpatient Behavioral Health Services
- Tufts Health Public Plans – Massachusetts

Outpatient therapy
Authorization is not required for the first 12 outpatient therapy visits per benefit year. These are in addition to psychiatric medication visits, group therapy, psychotherapy for crisis, and collateral contacts, which are also exempt from prior authorization.

If the member needs more than 12 visits, submit an outpatient authorization request via the secure Provider portal or fill out the Behavioral Health – Level of Care Request Form (Standard Form) and fax it to 888.977.0776. Refer to the Guides and Resources Training page for instructions for submitting authorization.

Acupuncture detoxification and substance use treatment
Please call 888.257.1985 for initial authorization.

Electroconvulsive therapy (ECT)
Prior authorization is not required for electroconvulsive therapy.

Group therapy
Prior authorization is not required for group therapy (90853). This service does not count toward a member’s initial 12 outpatient visits per benefit year.
Behavioral Health Authorization and Notification Update

- Tufts Health Plan is investigating an issue with submitting prior authorization (PA) requests on the secure Provider portal for behavioral health services.

- This issue applies to Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify.

- Until this issue is resolved, if you experience an issue submitting a PA request, please fax your PA to 888.977.0776 for Tufts Health Together and Tufts Health Direct or 857.304.6304 for Tufts Health Unify.

- If you are unable to fax at this time, please email your PA request to THPPBHRequests@Tufts-Health.com. We will update you once the issue is resolved.
Behavioral Health in Rhode Island

Tufts Health RI Together

Covered behavioral health services and benefits for adults

Choose one of the following services for additional information on covered behavioral health services:

- Acute Behavioral Health Services, including Inpatient
- Intermediate Services and Outpatient
- Substance Use Disorder Residential Programs
- Integrated Health Home (IHH) and Assertive Community Treatment (ACT) Programs
- Opioid Treatment Programs

In-network

We cover a full range of Behavioral Health (mental health and substance use) services. Coverage for some in-network services will require notification and others may require prior authorization for visits to in-network, behavioral health providers. Refer to our Tufts Health Rhode Island Together Behavioral Health Prior Authorization (PA) and Notification Grid for this information. Additionally, use our Find a Doctor, Hospital, or Pharmacy tool to check whether a provider is in-network.
Administrative Updates and 60-Day Notifications*

*As published in the August 1, 2020 issue of Provider Update
New Secure Provider Portal
-Tufts Health Public Plans

**Effective July 17, 2020** Tufts Health Provider Connect, the secure Provider portal for Tufts Health Public Plans providers, was replaced by the secure Provider portal currently used by Tufts Health Plan’s other lines of business.* This change **does not** apply to Tufts Health RITogether.

**Note:** Tufts Health Provider Connect claims data from on or after April 26, 2019 will be available on the secure Provider portal. As of April 26, 2021, 24 rolling months of claims data will be available.

Providers and office staff can utilize the secure Provider portal to view a member’s benefits, referrals, submit claims, and more.

Tufts Health Public Plans providers that are not currently registered for the secure Provider portal will need to register. **Step-by-step instructions** on how to register are available on Tufts Health Plan’s public Provider website.

*Commercial products, including Tufts Health Freedom Plan, and Senior Products
Behavioral Health 60 Day Notifications

- As published in the August 1, 2020 issue of *Provider Update*

- Changes to partial hospitalization program billing requirements
- Additional required benefits for Child-Adolescent Behavioral Health Disorders for Massachusetts Commercial products and Tufts Health Direct
- Coverage updates for administering and dispensing buprenorphine through OTPS
- Outpatient notifications for commercial Products (including Tufts Health Freedom Plan)
- IVR
- Secure Provider Portal
- Notification Letter
- Substance Use Disorders (SUDS) in the primary care setting (all products)
- Appropriate coding information for alcohol dependence and SUDs
Provider Resource Center
New! Search Tips for the Provider Resource Center

Step 1
Filter By Division
- Commercial
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options
- Tufts Health Public Plans
- Tufts Health Direct
- Tufts Health RITogether
- Tufts Health Together
- Tufts Health Unify

Step 2
Resources for Providers
Essential forms and documents in one place
Find all the information you need to do business with us, including applications, forms, guidelines and administrative manuals.

Need help? Click here for some quick search tips.

Step 3
Payment Policies
View All:
- Acupuncture Payment Policy
- Allergy Testing Professional Payment Policy
- Ambulance and Transportation Services Payment Policy
- Ambulatory Surgical Center Payment Policy
Payment Policies

- Payment policies are regularly updated to promote accurate coding and policy clarification.
- In addition to the specific information contained within each payment policy, providers must adhere to the policy information outlined in the **Professional Services and Facilities Payment Policy**.

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**Professional Services and Facilities Payment Policy**

Applies to the following Tufts Health Plan products:
- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

Applies to the following Tufts Health Public Plans products:
- Tufts Health Direct – Health Connector
- Tufts Health Together – a MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

Note: Audit and disclaimer information is located at the end of this document.

**POLICY**
Tufts Health Plan covers medically necessary services, in accordance with the member’s benefits.

**GENERAL BENEFIT INFORMATION**
Cost share for services may apply pursuant to the member’s specific benefit coverage. Coverage of services and subsequent payment are based on the member’s benefit plan document. Providers and their office staff should use self-service channels to verify effective dates and cost share for members prior to initiating services. Eligibility may be subject to retroactive reporting of disenrollment.

Note: There is no member responsibility for Tufts Health Plan SCO members.

Refer to the **Electronic Services** section of Tuft Health Plan’s public Provider website for self-service channel options. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to Tufts Health Plan’s secure Provider portal or by contacting Provider Services.
Resource Center - Payment Policies

Step 1: View search tips for the Provider Resource Center.

Step 2: Search for "Outpatient Behavioral Health" and click on the relevant links to access the payment policies.

Step 3: Access the payment policies for Outpatient Behavioral Health and Substance Use Disorder Professional Payment Policy.
Resource for Providers

Essential forms and documents in one place

Find all the information you need to do business with us, including applications, forms, guidelines and administrative manuals.

Need help? Click here for some quick search tips.

Search:

Psychological Testing and Assessment

Guidelines

Behavioral Health:

- Applied Behavioral Analysis (ABA) Therapy for Autism Spectrum Disorders: Rhode Island Products
- Behavioral Health Medical Necessity Guidelines
- Family Support and Training
- Behavioral Health Medical Necessity Criteria
- Neuropsychological Testing and Assessment
- Behavioral Health Medical Necessity Guidelines

Psychological Testing and Assessment

Behavioral Health Medical Necessity Guidelines
Medical Necessity Guidelines: Psychological Testing and Assessment

Effective: October 16, 2019

Prior Authorization Required
If REQUIRED, submit supporting clinical documentation pertinent to service request. Yes □ No □

Applies to:
COMMERCIAL Products
- Tufts Health Plan Commercial products; Fax: 617.972.9409
- Tufts Health Freedom Plan products; Fax: 617.972.9409
- CareLink® - Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

TUFTS HEALTH PUBLIC PLANS Products
- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2507
  *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW
Psychological testing and assessment is a technique performed by licensed psychologists in order to measure and evaluate behavior, cognition, mood, affect, and/or personality in order to improve understanding of capabilities and symptoms. It typically entails a combination of activities, measures, and tools including the use of norm-referenced psychometric instruments.

Psychological testing and assessment are covered by Tufts Health Plan benefits when performed as part of a medical or behavioral health evaluation, intended to address a specific clinical question that impacts clinical management of the member, meets our guidelines for medical necessity, and is authorized by a Tufts Health Plan Utilization Management reviewer.

CLINICAL COVERAGE CRITERIA
Psychological testing and assessment is considered medically necessary when the following guidelines are met:
Telemedicine Services Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who render telemedicine services for members of Tufts Health Freedom Plan products and Rhode Island-based employer groups.

Effective for dates of service on or after July 1, 2019, this policy also applies to providers rendering services for members of Massachusetts-based products.

During the rapidly evolving situation around COVID-19, Tufts Health Plan’s telemedicine payment policy is documented on the Coronavirus (COVID-19) Updates for Provider page. This telemedicine is effective for all claims from March 6, 2020 through April 15, 2020.
Resources for Providers

Essential forms and documents in one place

Find all the information you need to do business with us, including applications, forms, guidelines and administrative manuals.

Refer to Coronavirus Updates for Providers for the most up-to-date information about Tufts Health Plan's policies and coverage pertaining to COVID-19.

Need help? Click here for some quick search tips.

Showing: Commercial, Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Public Plans, Provider Manuals: View All (3)

Provider Manuals

View All:

- Commercial Provider Manual
- Senior Products Provider Manual
- Tufts Medicare Preferred HMO Tufts Health Plan SCO
- Tufts Health Public Plans Provider Manual
Provider Update
- One Newsletter for all Products

- The combined Provider Update includes 60-day notifications and other important business communications applicable to Commercial products, Senior Products and Tufts Health Public Plans products.

- Provider Update is released on the existing schedule:
  - February 1
  - May 1
  - August 1
  - November 1
Register to Receive *Provider Update* by Email

- The registration form can be accessed on the Provider News section of the website. Click "Register Now" to complete and submit the short online form.

**Note:** This email address will be used only for required notifications and other pertinent business communications. It will not change or grant login credentials to the secure Provider portal.
Behavioral Health Information in *Provider Update*

- Behavioral Health 60-day notifications are in the 60-Day Notification section of *Provider Update*.

- There is a Behavioral Health section in *Provider Update* for all non-60-day articles.

- There is a link in the Behavioral Health section of *Provider Update* that points providers to the 60-Day notification section.
In the Provider News page on the public Provider website search “Behavioral Health” to find all news articles related to behavioral health.

Filter by behavioral health articles using the "Behavioral Health" category on the left under “Filter by Category" on the Provider News page of the public Provider website.

Each behavioral health article follows this format: "Behavioral Health: Title of Article”
  - This allows providers who use the search function to enter “behavioral health” and see all applicable articles.
Guides and Resources for Providers
tuftshealthplan.com/provider/training/guides-and-resources

Guides and Resources
Printable guides and resources for providers

Secure Provider Portal (Commercial products, Senior Products and Tufts Health Public Plans Massachusetts products)
- Tufts Health Plan Secure Provider Portal User Guide
- Authorization inquiry
- Claim Status inquiry
- Eligibility and Benefits inquiry
- Inpatient Notification Inquiry
- Inpatient Notification Submission
- Online Claim Adjustments
- Referral Inquiry
- Referral Submission
- MHN Provider Portal User Guide

Secure Provider Portal (for Tufts Health RITogether)
- Tufts Health Provider Connect User Guide

Tufts Health Plan Senior Care Options (SCO)
- Care Model Training
- Continuing Education Resources
- Plan Overview

Tufts Health Public Plans
- Tufts Health Public Plans Member Benefits Guide
- Tufts Health Public Plans Durable Medical Equipment Prior Authorization Guide

Behavioral Health
- Behavioral Health Provider Resource Guide
- Behavioral Health Authorization and Portal User Guide

Questions or Feedback?
Call 1-888-305-6507
option #7
Email Us
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<td>Wednesday, September 23, 2020</td>
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<td>2-3 p.m.</td>
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Contact Information

- Provider Call Centers:
  - Tufts Health Plan Commercial Provider Services: **888.884.2404**
  - Tufts Health Public Plans Provider Services (MA): **888.257.1985**
  - Tufts Health Public Plans Provider Services (RI): **844.301.4093**
  - Tufts Health Plan Medicare Preferred and Tufts Health Plan SCO Provider Relations: **800.279.9022**

- Commercial and Senior Products Behavioral Health Department: **800.208.9565**

- EDI Operations: **888.880.8699** ext. 54042 or **EDI_Operations@tufts-health.com**

- Technical Inquiries: **888.884.2404**, option 6 or **network_tech@tufts-health.com**

- Provider Education: **provider_education@tufts-health.com**
Thank you for joining today’s Behavioral Health Office Managers Meeting!

Please share your feedback with us by completing the meeting evaluation form.