PROVIDER
JANUARY 1, 2022
UPDATE
NEWS FOR THE NETWORK | TUFTS Health Plan

Provider Update includes information for all Tufts Health Plan products: Commercial products, Tufts Medicare Preferred HMO, 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). You will also see these products referenced as "All products." Changes will apply to all those specified products unless product exclusions are specified for that particular change.

Provider Update is a monthly, online provider newsletter. We encourage you to register to receive *Provider Update* by email. (If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in 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* from providerupdate@email-tuftshealth.com.

60-DAY NOTIFICATIONS

Provider Billing Reminder

Tufts Health Unify, Tufts Medicare Preferred HMO, Tufts Health Plan SCO

Effective for dates of service on or after April 1, 2022, Tufts Health Plan will require providers billing services on UB-04 claim forms for Tufts Health Unify, Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) to bill occurrence codes and corresponding occurrence dates in the following manner:

- An occurrence date must be present when billing an occurrence code
- An occurrence code must be present when billing an occurrence date
- A distinct occurrence code must not be billed more than once on a single claim

Occurrence codes and corresponding occurrence dates are located at Loop-2300/Segment HI/Element 1271 and Loop-2300/Segment HI/Element 1250, respectively, in the electronic 837 institutional claim format; for paper claims, occurrence codes and dates are reported in Form Locators (FL) 31-34. If any one of this information is missing, the claim will be rejected and the provider will need to resubmit the claim in accordance with timely filing guidelines. For more information, refer to the Provider Payment Dispute Payment Policy for Senior Products and Tufts Health Public Plans.

Pharmacy Coverage Changes

Tufts Health Together

Drugs Moving to Noncovered Status

As previously communicated, effective for fill dates on or after Feb. 1, 2022, the following brand name insulin formulations will be noncovered for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnerships Plans (ACPPs):

- Humalog® (insulin lispro) vial
- Humalog® (insulin lispro) U-100 KwikPen®
- Humalog® (insulin lispro) Junior KwikPen®
- Humalog® Mix75/25™ (insulin lispro protamine/insulin lispro) KwikPen®
- NovoLog® (insulin aspart) vial
- NovoLog® (insulin aspart) FlexPen®
- NovoLog® (insulin aspart) PenFill cartridge
- NovoLog® Mix 70/30 (insulin aspart protamine/insulin aspart) vial

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- NovoLog® Mix 70/30 (insulin aspart protamine/insulin apart) FlexPen®

Effective January 1, 2022, the authorized generics for the products listed above will be covered without prior authorization. Because pharmacies cannot automatically substitute the generics, providers should specify the generic version on the prescription.

For a member to continue take any of the brand name insulins listed above, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Pharmacy Products for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after March 1, 2022, Tufts Health Plan will update its prior authorization criteria for the following medications and programs:

- Insulin Products
- Migraine Medications: Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists, Serotonin (5-HT) 1F Receptor Agonists, and Triptans

These changes will apply to new requests for prior authorization for 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.

PLANS

Sleep Studies Utilization Management

CareLink® plans

Beginning on Jan. 1, 2022, utilization management and case management services for sleep studies for Tufts Health Plan members on CareLink® plans will be provided by eviCore healthcare (eviCore). Cigna will no longer review these requests.

Providers may request precertification for patients with CareLink plans by:

- Logging in to the eviCore website. If you are not already a registered user, register now.
- Calling eviCore at 800.298.4806

For patients with CareLink plans, please continue to send claims to Tufts Health Plan via your electronic data interchange vendor. Paper claims should be sent to the address on the back of the patient's ID card.

BEHAVIORAL HEALTH

Recovery Centers of America to Remain In-Network

All products

We are pleased to inform providers that the Recovery Centers of America (RCA) will remain in the Tufts Health Plan network. In the December newsletter, we had announced that RCA — which operates drug and alcohol addiction treatment programs in Danvers and Westminster, Massachusetts — would no longer participate in the network as of Jan.1, 2021; however, subsequent to that publishing, Tufts Health Plan and RCA reached an agreement on their continued participation.

All RCA sites in Massachusetts and affiliated providers will remain in the Tufts Health Plan provider network without interruption. Covered health services provided by RCA to our members will continue to be reimbursed by the health plan.

To identify in-network addiction treatment programs, including RCA, please refer to the Find a Doctor or Hospital tool on our public Provider website.

REMINDERS

Tufts Health Together Coverage Changes

Tufts Health Together

As previously communicated and effective for fill dates on or after Jan. 1, 2022 for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), coverage changes and/or changes in prior authorization requirements may occur for select products within certain therapeutic categories based on requirements provided by MassHealth. These changes are documented in the MassHealth Unified Pharmacy Product List.

COVID Information: Massachusetts Mobile Monoclonal Antibody Clinics

All products (Massachusetts)

With cases of COVID on the rise again, Massachusetts has established three state supported mobile units for monoclonal antibody treatment for high-risk individuals who have been exposed to or have COVID-19.

These new mobile clinics — which have the capacity to treat a combined 500 patients per week — are located in Everett, Fall River, and Holyoke. The treatment, which has been shown to be effective in reducing severity of disease and keeping COVID-19-positive individuals from being hospitalized, is free of charge for patients. However, a provider referral is required.

To refer a patient to one of these sites, complete an online Monoclonal Antibody Report and Request Form. This form can be used to order monoclonal antibody therapy from a variety of sites, including the three mobile units. If you have any questions or want to refer a patient but are not able to complete the Provider Referral Form, please call the mobile clinic referral line at 508.974.3431.

If your health care facility, such as a long term care facility or other congregate setting, is experiencing an outbreak and may need onsite administration of monoclonal antibody therapy, email the Massachusetts Department of Public Health at dph.bhcsq@mass.gov.

For additional provider information on monoclonal antibody therapy, including a map of public sites, please visit the Massachusetts Department of Public Health's website.

HEDIS MY2021 Medical Record Requests

Commercial products, Tufts Medicare Preferred HMO, US Family Health Plan (USFHP), Tufts Health Public Plans products

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation. The assessment in the NCQA's standardized measurement criteria — known as the Healthcare Effectiveness Data and Information Set (HEDIS) — includes considerations such as effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

As required by the NCQA and CMS, Tufts Health Plan will send HEDIS MY2021 medical record requests via mail to providers for all Tufts Health Plan products beginning in February 2022. Using a systematic process, NCQA selects a sample of providers to receive these requests. Providers should follow the submission instructions as outlined in the mailing.

We appreciate your assistance in providing us access to these records or in sending copies of the requested documentation to us for our review. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Tufts Health Plan's HEDIS measures accurately represent the high quality of care you provide to our members.

Tufts Health Plan requires providers to electronically submit the necessary information to the Provider Quality Performance Department via fax at 617.673.0754 or secure email at HEDIS@tufts-health.com by February 28, 2022. For questions, contact the Provider Quality Performance HEDIS Help Line at

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888.766.9818, ext. 52809. Tufts Health Plan values your continued participation with our clinical quality improvement efforts to meet regulatory and accreditation requirements for the NCQA and CMS HEDIS medical record review.

Join Us for Upcoming Webinars on Medicare Preferred HMO & Other Topics

All products

You're invited to join us for an upcoming webinar on the Tufts Medicare Preferred HMO plan. Sign up for an overview of the product, including information on benefits; referrals, notification requirements, and requesting authorization; pharmacy guidelines, behavioral health services, and more. There will be a question and answer segment, too.

Register for one of the following sessions:

- Thursday, Jan. 6 from 10–11 a.m.
- Wednesday, Jan. 19 from 11 a.m.–noon
- Tuesday, Feb. 1 from 1–2 p.m.
- Thursday, Feb. 17 from 11 a.m.–noon
- Wednesday, March 2 from 10–11 a.m.

We are also offering webinars on a variety of other topics, including COVID updates, the MHK Medical Management System Overview, Behavioral Health, and more. For a complete list of upcoming webinars, please visit the Provider Training webinar page. We encourage providers and office staff to visit our Provider Training website for a variety of self-service resources as well, including training videos and printable guides.

MassHealth's Managed Care Entity Bulletins 71 & 72

Tufts Health Plan SCO, Tufts Health Together, Tufts Health Unify

Please be aware that the Massachusetts Executive Office of Health and Human Services (EOHHS) is providing immediate time-limited rate enhancements from July through December 2021 to support Home and Community-Based Services (HCBS) and behavioral health (BH) workforce development, outlined in MassHealth Managed Care Entity (MCE) Bulletins 71 & 72. This investment is aimed at strengthening and stabilizing Massachusetts' HCBS and BH workforce in response to the COVID-19 pandemic.

In order to receive the limited rate enhancement, providers must comply with the following MassHealth requirements:

- Providers must use at least 90% of the enhanced funds to support HCBS and BH direct care and support staff.
- Providers must expend these funds for these purposes by June 30, 2022.
- Providers must attest to EOHHS that they will use at least 90% of the funds for HCBS and BH workforce development as described and submit a spending report outlining how they used the funds by July 31, 2022.
- Failure to comply with the attestation and spending plan requirement may subject a provider to financial penalty.

For more information, refer to the Massachusetts EOHHS Strengthening Home and Community Based Services and Behavioral Health Services Using American Rescue Plan (ARP) Funding page. Providers can also submit questions related to this topic to ARPAMedicaidHCBS@mass.gov.

Protocols for Expediting Psychiatric Inpatient Admission and Preventing ED Boarding

All products (Massachusetts)

During the COVID public health crisis, the rise in the number of individuals in crisis needing inpatient psychiatric treatment coupled with limited inpatient bed capacity has led to long delays for patients awaiting inpatient psychiatric admission — with some waiting in the emergency department (ED) for many hours, or even days.

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Earlier this year, the Massachusetts Division of Insurance (DOI), Department of Mental Health (DMH) and Department of Public Health (DPH) issued updated guidance on these kinds of ED waits (known as ED boarding). The June 2021 Bulletin updated 2018 Expediated Psychiatric Inpatient Admission protocols in an effort to prevent lengthy admission delays:

- Health care facilities and their ED evaluation teams are required to notify the member's health plan if the member has been in the ED for a period of 24 hours awaiting placement in an inpatient psychiatric facility. The health plan then works closely with the ED evaluation team to proactively assist with placement.
- In some cases, a patient may need special resources to be treated appropriately such as an individual inpatient room, access to specially trained staff (for example, a one-to-one caregiver, personal care attendant or security staff), or certain medication for complex co-morbid conditions. Inpatient Psychiatric Providers can request that the health plan approve these kinds of "specialing services" to expedite admission for a member with specialty needs.
- If the patient has been boarding for 60 hours and admission to an Inpatient Psychiatric Provider has not been secured, the health plan is required to escalate the matter to the DMH for assistance.

Please keep in mind that specialing services are covered for members with prior authorization; for more on this please refer to our Medical Necessity Guidelines for Behavioral Health Level of Care Determinations. For guidance on billing for these services, please refer to the our updated Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility payment policies for Commercial, Senior Products and Tufts Health Public Plans.

Retrospective Claim Reviews

Tufts Health Public Plans products, Tufts Medicare Preferred HMO, Tufts Health Plan SCO

As you may know, Cotiviti reviews claims on behalf of Tufts Health Plan's commercial lines of business — and beginning March 1, 2022, retrospective claim reviews will extend to Tufts Health Public Plans products, Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO).

Cotiviti's post-pay audit program will seek to ensure accurate claims payment and contract compliance based on applicable Tufts Health Plan payment policies. This activity will adhere to normal audit requirements related to the review of historical claims data.

Referring Provider NPI Required on DME Claims

Tufts Health Medicare Preferred HMO, Tufts Health Plan SCO

As a reminder, Tufts Health Plan would like to clarify that when submitting durable medical equipment (DME) claims for Tufts Health Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO), the **referring physician's NPI** must be included on the claim.

This requirement is in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines regarding encounter data associated with Medicare Advantage organizations (MAOs). CMS requires MAOs like Tufts Health Plan to submit encounter data that documents the clinical conditions our network providers diagnose, as well as the services and items delivered to our members to treat these conditions — and we rely on providers to include the most accurate information on patient claims so that we can provide a complete picture of the care delivered.

Section 6.3.10 of CMS's Encounter Data Submission And Processing Guide provides an overview of Edit 30261, which states that the referring physician's NPI is required on all DME encounters related to MAOs.

One of Tufts Health Plan's most valued assets is our exceptional provider network, and we greatly appreciate your continued efforts to provide us with the highest quality information about the care and services administered to our members.

Helpful Reminders for Providers

- **Avoid Printing:** For the most current information, providers should view all documentation online and avoid printing.

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- **Browser Note:** For the best experience in accessing the newsletter, we recommend upgrading your browser to the latest version of Mozilla Firefox or Google Chrome.
- **Secure Provider Portal Self-Service Tools:** We encourage providers and office staff to use our secure Provider portal to perform a variety of transactions quickly and easily — electronically submit transactions and access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. For more information, log on to the secure Provider portal or refer to the Electronic Services.

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITE

- Tufts Health Plan

SECURE PROVIDER PORTAL

- All Tufts Health Plan Products

CONTACT INFORMATION

- Tufts Health Plan