

# PROVIDER UPDATE

OCTOBER 1, 2021

NEWS FOR THE NETWORK



*Provider Update* includes information for all Tufts Health Plan products: Commercial\* products (including Tufts Health Freedom Plan), 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).

Effective with the August 1, 2021 issue of *Provider Update*, providers no longer receive a quarterly *Provider Update* paper mailing. Tufts Health Plan encourages all providers who have not yet registered for *Provider Update* to [register](#) to receive the same important content and updates in the monthly, online-only format. Failure to register to receive the monthly newsletter by email may result in providers missing important updates, including those related to payment policies.

**Note:** If you have registered to receive *Provider Update* by email but are still not receiving it, 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@email-tuftshealth.com](mailto:providerupdate@email-tuftshealth.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 [Tufts Health Freedom Plan](#) public Provider websites. **Note:** Providers can filter by product in the News section by selecting the appropriate product from the navigation options on the left-hand side.

\*If you do not register to receive *Provider Update* by email, copies of the full issue can be mailed upon request by calling the applicable number located on the Contact Us pages on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

**Note:** As of January 1, 2021, UnitedHealthcare owns Tufts Health Freedom Plan. Tufts Health Plan will continue to administer Tufts Health Freedom Plan products for a period of time, during which Tufts Health Plan administration policies will continue to apply. Refer to the news [article](#) and [FAQs](#) for more information.

\*Throughout *Provider Update*, you will see products referenced as Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Public Plans products. 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.

## REMINDERS

### 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.

### Avoid Printing

All Tufts Health Plan provider documentation is updated regularly. For the most current information, providers should view all documentation online at [tuftshealthplan.com/provider/resource-center/](https://tuftshealthplan.com/provider/resource-center/) and avoid printing.

## WHAT’S INSIDE

<a href="#">Important Reminders</a>	2
<a href="#">60-Day Notifications</a>	2
<a href="#">Administrative Updates</a>	6
<a href="#">Reminders</a>	6
<a href="#">For More Information</a>	10

## IMPORTANT REMINDERS

### Coronavirus (COVID-19) Updates for Providers

#### All products

As a reminder, for the most up-to-date information about Tufts Health Plan's coverage of COVID-19 vaccinations, diagnostic testing and treatment, telehealth/telemedicine, and any other applicable updates, refer to the Coronavirus (COVID-19) Updates for Providers page for [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#). Be sure to check back regularly for the most recent updates.

Recent updates include:

- Quantity limits for Ivermectin
- Medical Necessity Guidelines for [COVID-19 Antibody \(Serological\) Testing](#)
- Cost share and prior authorization updates for Massachusetts products in accordance with Massachusetts DOI [Bulletin 2021-08](#)

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### Secure Provider Portal Self-Service Tools

#### All products

Tufts Health Plan's online self-service tools enable providers to electronically submit transactions and/or access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. For more information, providers can log on to the secure Provider [portal](#) or refer to the [Electronic Services](#) page on Tufts Health Plan's public Provider website.

**Note:** If you are not yet registered for the secure Provider portal, information on how to [register for secure access](#) is available on Tufts Health Plan's public Provider website.

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### Harvard Pilgrim Health Care-Tufts Health Plan Combination Updates

#### All products

For more information about the combination, refer to the online [FAQs](#) and visit [here](#). The FAQs will be updated as new information is available, so be sure to check back regularly.

## 60-DAY NOTIFICATIONS

### Tufts Medicare Preferred HMO Product Update

#### Tufts Medicare Preferred HMO

As a participating provider in the Tufts Health Plan network, Point32Health (the parent organization of Tufts Health Plan and Harvard Pilgrim Health Care) wants to make providers aware of a change in the Harvard Pilgrim Stride<sup>SM</sup> (HMO) Medicare Advantage service area.

Effective January 1, 2022, Harvard Pilgrim will no longer be offering Stride (HMO) Medicare Advantage plans in Massachusetts and Maine. Harvard Pilgrim will continue to offer Commercial and Medicare Supplement plans in Maine and Massachusetts. In addition, the Stride (HMO) Medicare Advantage plans will continue be sold to New Hampshire members.

In Massachusetts, Harvard Pilgrim will invite existing Medicare Advantage members to join Tufts Medicare Preferred HMO for the 2022 plan year and anticipate that membership in Tufts Medicare Preferred HMO will expand accordingly. Point32Health is confident that Tufts Medicare Preferred HMO will deliver great value and service for former Stride members.

Tufts Medicare Preferred HMO was rated among the top health plans in the country for a sixth year in a row by CMS, receiving 5 out of 5 Stars in their annual Star Quality Ratings for 2021 and Tufts Health Plan's Part D Prescription Drug Plan was the only plan in Massachusetts to also receive 5 Stars.

In Maine, where Tufts Medicare Preferred HMO is not offered, members will be given information about other plan options available to them during CMS' Annual Enrollment Period.

For more information, refer to the [Discontinuing Stride<sup>SM</sup> \(HMO\) Medicare Advantage Plans in Maine and Massachusetts Frequently Asked Questions \(FAQs\)](#) about this product change.

## New TRICARE Comprehensive Autism Care Demonstration (ACD) Requirements

### US Family Health Plan (USFHP)

Under the TRICARE Comprehensive ACD, all providers of applied behavior analysis (ABA) services to USFHP members must meet the educational/credentialing requirements\* set forth under the TRICARE guidelines outlined below. **Note:** Payment of claims cannot be completed unless these standards are met.

The following additional verifications that ABA providers meet the standards as TRICARE-certified providers for supervisors, assistants and technicians is now required:

#### ABA Supervisors (BCBA, BCBA-D or Clinical Psychologist)

- CPR/BLS training documentation
- Criminal History Review (CHR) documentation

#### ABA Assistant Behavior Analysts

- Current license/certification by approved certifying body: certification from the BACB or the Qualified Applied Behavior Analysis (QABA) certification board
- Criminal History Background Check (CHBC) if treating USFHP members for the first time
- BLS or CPR training documentation

#### ABA Technicians

- Current certification: Must be Registered Behavior Technician (RBT), ABA Technician (ABAT), or Board-Certified Autism Technician (BCAT) certification, or state certification
- CHBC if treating USFHP members for the first time
- BLS or CPR training documentation

The Department of Defense requires the submission of these documents to USFHP in order to certify provider staff as TRICARE providers. The required certifying documentation should be faxed directly to USFHP at 855.270.5469.

Outcome measurement tools are now required to be submitted on an ongoing basis and must accompany the ABA authorization requests processed by Tufts Health Plan. Providers can access the [Autism Spectrum Disorder Services Prior Authorization Form](#) in the Resource Center on the public Provider website and fax the completed form along with outcome requests to 617.673.0314.

For more detailed information about these requirements, refer to the USFHP [website](#). Complete information on these comprehensive changes can be found [here](#).

For questions, contact Stephanie Milligan, Manager of Care Coordination, USFHP, at 617.562.5522.

**\*Note:** These changes apply to ABA providers treating USFHP members only.

## Point32Health Selects OptumRx as Pharmacy Benefit Manager (PBM)

### All products

Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, has selected OptumRx as the PBM for all products, effective January 1, 2023. The multi-year agreement will provide PBM solutions that will enhance services and deliver improved pricing for Harvard Pilgrim and Tufts Health Plan members.

Effective January 1, 2023, OptumRx's integrated health and wellness service model will provide pharmacy benefit offerings for Point32Health. OptumRx will support convenient and affordable access to prescription

medications to Harvard Pilgrim and Tufts Health Plan members through a comprehensive retail, specialty and mail-order pharmacy network.

The new collaboration between Point32Health and OptumRx further broadens the long-term strategic relationships Harvard Pilgrim and Tufts Health Plan have had with Optum. **Note:** Harvard Pilgrim successfully migrated to OptumRx on January 1, 2020.

Point32Health will continue to manage its own pharmacy program, including drug formularies, the development of utilization management criteria and the appeals function.

For more information, refer to the [press release](#) and online [FAQs](#). Harvard Pilgrim and Tufts Health Plan will update the FAQs as new information is available, so be sure to check back regularly. Also, refer to future issues of *Provider Update* for additional updates.

## Early Intensive Behavioral Intervention (EIBI)

### Massachusetts Commercial products, Tufts Health Direct, Tufts Health Together

Effective for dates of service on or after October 1, 2021, Tufts Health Plan now covers EIBI for Massachusetts Commercial products, Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) for members under three years of age and who meet the medical necessity criteria. **Note:** EIBI will not require prior authorization or notification.

EIBI is a service that works in conjunction with early intervention programs to address the needs of the family related to enhancing the child’s development and is provided by a Specialty Service Provider (SSP) that is certified by the Massachusetts DPH to work with infants and toddlers with low incidence conditions and their families. EIBI is designed to offer intensive intervention to children with a diagnosis of Autism Spectrum Disorder as defined in the Diagnostic and Statistical Manual (DSM-V). **Note:** The diagnosis must be obtained from a physician or licensed psychologist.

For more information, refer to the [Outpatient Behavioral Health and Substance Use Disorder Payment Policy](#) for Massachusetts Commercial products, the [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Payment Policy](#) for Tufts Health Public Plans products and the Medically Necessity Guidelines for [Early Intensive Behavioral Intervention \(EIBI\)](#).

## Coverage Updates

### All products

### 60-Day Notifications

The following changes are effective for dates of service on or after December 1, 2021:

#### Cholecystectomy, Laparoscopic

As part of the integration work as a combined organization, Tufts Health Plan is reviewing and assessing existing Harvard Pilgrim Health Care and Tufts Health Plan medical necessity guidelines, both as part of the typical annual review process as well as to assess opportunities for consistency. As part of this review, Tufts Health Plan will require prior authorization for CPT code 47564 for all products. For more information, refer to the Medical Necessity Guidelines for [Cholecystectomy, Laparoscopic](#).

### Other Coverage Updates

#### COVID-19 Antibody (Serological) Testing

Effective for dates of service on or after September 15, 2021, Tufts Health Plan added coverage criteria for FDA authorized COVID-19 antibody testing for all products. Prior authorization is not required. For more information, refer to the Medical Necessity Guidelines for [COVID-19 Antibody \(Serological\) Testing](#).

### MassHealth Evaluation Criteria

#### Modified T-Cell Therapies

For more information about MassHealth evaluation criteria for the approval of Abecma™, refer to the Medical Necessity Guidelines for [Modified T-Cell Therapies](#). These criteria apply to Tufts Health Together – MassHealth MCO Plan and ACPPs and is effective for dates of service on or after September 15, 2021.

### Noncovered Investigational Services

Tufts Health Plan has removed the following services from the Medical Necessity Guidelines for [Noncovered Investigational Services](#) as they are now covered services:

- AlloMap (CPT code 81595) now requires prior authorization.

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## Home Health Care Prior Authorization Change

### Tufts Health Direct

Effective for dates of service on or after January 1, 2022, Tufts Health Plan will require prior authorization for home health care requests following the initial evaluation for skilled nursing, and/or a physical therapy home care assessment/evaluation visit for Tufts Health Direct. Speech therapy, occupational therapy and/or social work visits will require prior authorization for the initial evaluation when provided independently and not in conjunction with physical therapy or skilled nursing visits. Prior authorization requests for all home health care disciplines for Tufts Health Direct must be submitted to Tufts Health Plan within two business days of the start of care. **Note:** This change will align with the prior authorization requirements for home health care services for all Commercial products.

Tufts Health Direct did not previously require prior authorization unless services were provided daily or until the member had been receiving home health care services for six months and required continued services.

**Note:** Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify will continue to follow their existing prior authorization requirements for home health care services. For more information, refer to the Medical Necessity Guidelines for [Home Health Care Services for Tufts Health Together, Tufts Health RITogether and Tufts Health Unify](#).

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## Correct Coding Reminder

### All products

As a routine business practice, claims are subject to payment edits that are updated at regular intervals and are generally based on CMS (including the National Correct Coding Initiative [NCCI] edits) specialty society guidelines and drug manufacturers' package label inserts.

Procedure and diagnosis codes undergo periodic revision by CMS (including NCCI edits) and the AMA. As these revisions are made public, Tufts Health Plan will update its systems to reflect these changes. Documentation is updated to reflect the addition and replacement of procedure codes where applicable.

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## Claim Edits

### All products

### Drugs and Biologicals

Effective for dates of service on or after December 1, 2021, Tufts Health Plan will implement additional claim edits for drugs and biologicals. These edits will apply to Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Public Plans products.

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
- National Comprehensive Cancer Network Drugs & Biologics Compendium™
- National Government Services Inc. website
- Micromedex® and DRUGDEX®
- Pharmaceutical Compendium
- FDA
- Medical Journals
- ICD Manual

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.

For more information, refer to the [Drugs and Biologicals Payment Policy](#).

## ADMINISTRATIVE UPDATES

### MassHealth All Provider Bulletin 323: Coverage of Gender-Affirming Care

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

Effective for dates of service on or after September 1, 2021, and per [MassHealth All Provider Bulletin 323](#), Tufts Health Plan covers additional medically necessary gender-affirming care. This includes, but is not limited to, breast reduction surgery, bilateral mastectomy, and/or chest reconstruction for all members who satisfy the medical criteria (including those under 18 years of age) as well as speech therapy for members with a communication disorder related to gender dysphoria. **Note:** For genital surgeries, evaluations are needed from one behavioral health provider and a second provider familiar with the member's care.

For more information, refer to the MassHealth Medical Necessity Determinations for [Gender-Affirming Surgery](#), [Speech and Language Therapy](#) and [Hair Removal](#).

For questions, call Provider Services at 800.279.9022 for Senior Products or 888.257.1985 for Tufts Health Public Plans products.

## REMINDERS

### Call for 2022 Quality Grant Letters of Intent

**All products**

Point32Health is pleased to announce that its Quality Grant Program, which was established more than 21 years ago, will continue to be offered in 2022 and beyond as a combined Point32Health program for providers in both of the heritage Harvard Pilgrim Health Care and Tufts Health Plan networks.

Since the program was established, Harvard Pilgrim has funded more than 300 grants totaling more than \$21 million in support of improved care delivery. Point32Health appreciates the exceptional care providers supply to our members, and the Quality Grant Program is a means of rewarding and furthering Point32Health's support of that care.

Many of the 2021 grantees focused on identifying risk factors for social determinants of health at the physician practice level and grantees developed creative interventions for improved care in the post-operative, neurological, behavioral health and chronic condition space. This year's suggested topics are currently under development by the Quality Grant Committee medical directors and will be posted on the legacy Harvard Pilgrim public Provider website's Quality Grants Program [page](#) and the Quality of Care [page](#) of the legacy Tufts Health Plan public Provider website by October 15.

These sites will also list the letters of intent requirements, an FAQ, details about program processes and important dates for the upcoming 2022-23 Quality Grant year, including the deadline for submissions. For more information, refer to these pages for details and to spread the word — the Quality Grant Program is here for our providers and we look forward to receiving submissions. Awardees for the 2022-23 grant will be vetted and approved after the Spring scoring and grant work will begin in June.

For additional questions, be sure to email [HPHC\\_NMM@harvardpilgrim.org](mailto:HPHC_NMM@harvardpilgrim.org).

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### Discharge Planning to Support Members Experiencing or at Risk of Homelessness

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

As [previously communicated](#), per MassHealth [Managed Care Entity \(MCE\) Bulletin 64](#) and effective for dates of service on or after September 1, 2021, MCOs are required to ensure their contracting acute care and psychiatric hospitals incorporate these activities into their discharge planning. This requirement applies to Tufts Health Plan Senior Care Options (SCO), Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify, and is documented in the [Tufts Health Public Plans](#) and [Senior Products](#) provider manuals located in the [Resource Center](#) on the public Provider website.

Additionally, the state has developed a discharge planning [toolkit](#) that includes a series of guidance documents and technical assistance products. For more information in addition to [MCE Bulletin 64](#), refer to the facility-specific bulletins for [Acute Inpatient Hospitals](#) and [Psychiatric Inpatient Hospitals](#).

## Influenza Prevention and COVID-19 Booster

### All products (excluding Tufts Health Freedom Plan)

As [previously communicated](#), the influenza (flu) season runs from October through April each year, and it is recommended that patients receive the flu vaccine for the 2021-22 season.

The COVID-19 vaccine booster is expected to be available Fall 2021 and members are encouraged to receive the vaccine booster as recommended by the CDC, FDA and Advisory Committee on Immunization Practices (ACIP). For many members, this third vaccine booster will overlap with the timing of the annual flu vaccination. **Note:** Per the CDC's [website](#), there are no longer any restrictions regarding timing of the COVID-19 vaccine and other vaccines; providing both vaccinations at the same time this year, when possible, would be efficient for both providers and members.

Providers play a vital role in supplying patients with the information needed to protect themselves against the flu and [COVID-19](#) and in helping a patient decide to receive the flu vaccine, COVID-19 booster, or any other scheduled vaccinations. Dispelling misconceptions about vaccines, such as vaccines cause illness, and motivating patients to receive vaccines is also an important role of providers and practices. Refer to these [additional tools and resources](#) to help encourage patients to receive vaccines.

The CDC continues to recommend patients ages six months and older, including pregnant women, should receive a flu vaccine every year, with rare exceptions. For more information, visit the CDC's website about the [flu](#) or [COVID-19](#).

## Statin Therapy

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

The American College of Cardiology (ACC)/American Heart Association (AHA) [guidelines](#) recommend moderate to high-intensity statin therapy for primary prevention in patients with diabetes 40 to 75 years of age. In 2017, CMS adopted statin use in patients with diabetes as a measure in the Star Ratings program.

### Best Practices and Measure Tips

- Prescribe at least one statin medication during the measurement year to patients diagnosed with diabetes.
- Medication samples, when given, could interfere with pharmacy claims and produce false non-adherence results.
- Patients with Atherosclerotic Cardiovascular Disease (ASCVD) should be prescribed a moderate-intensity or high-intensity statin.
- Educate patients on the importance of statin medications for diabetic patients 40 years of age and older, regardless of Low Density Lipoproteins (LDL) levels.
- Remind patients to contact you as their provider if they think they are experiencing adverse effects, such as myalgia. **Note:** Consider trying a different statin that is more hydrophilic or reducing the dose or frequency.

## Synagis® (palivizumab) Coverage for the 2021-22 Respiratory Syncytial Virus (RSV) Season

### Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, Tufts Health Together

As [previously communicated](#) and effective August 23, 2021, Tufts Health Plan is accepting prior authorization requests for Synagis (palivizumab) for the 2021-22 RSV season. Synagis is prescribed for the prevention of a serious lower respiratory tract disease in pediatric patients who are at high risk of RSV disease. The use of Synagis should be reserved for infants with a history of pre-term birth as well as children with chronic lung disease or congenital heart disease.

Prescribing providers must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for [Synagis \(palivizumab\)](#).

Prescribing providers accessing Synagis through CVS Specialty® for authorized members are required to complete the [2021-2022 Synagis Seasonal Respiratory Syncytial Virus Enrollment Form](#). Access through CVS Specialty may be mandated based on coverage rules for a given plan. For more information, be sure to check the appropriate [pharmacy formularies](#).

The CDC encourages broader testing for RSV disease among patients presenting with acute respiratory illness who test negative for SARS-CoV-2; the virus that causes COVID-19. Additional recommendations can be found in [Health Alert Network \(HAN\) No. 443 \(CDCHAN-00443\)](#). **Note:** There is no specific treatment for RSV disease other than symptom management.

## Timely Filing Limits for Corrected Claim Submissions via EDI

### Tufts Health Public Plans products

As [previously communicated](#), and effective for dates of service on or after August 26, 2021, claim corrections submitted via EDI to Tufts Health Plan that are over the timely filing limits for Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify, are no longer accepted. For more information and specific details on timely filing limits, providers should refer to their contract, the [Tufts Health Public Plans Provider Manual](#) and/or applicable payment policies found in the [Resource Center](#) on the Tufts Health Plan public Provider website.

This change allows for providers to be notified immediately through the 277CA rejection notification of “Claims/service not submitted within the required timeframe (timely filing)” instead of a claim denial notification via an EOP or 835 at a later date.

**Note:** This change is specific to EDI-submitted corrected claims that are related to timely filing denials. For questions, call Tufts Health Public Plans Provider Services at 888.257.1985.

## Surprise Billing: Changes Effective January 1, 2022

### Massachusetts Commercial products, Tufts Health Direct

As [previously communicated](#), effective January 1, 2022 and per the [Consolidated Appropriations Act: No Surprises Act](#) and [Massachusetts Chapter 260 of the Acts of 2020](#), Tufts Health Plan will implement the following regulatory requirements:

- Providers must disclose their participation in a member’s health plan upon scheduling a service, as well as provide information about the member’s anticipated costs, if requested.
- If a member has a scheduled service with a provider that is out-of-network, the provider must notify the member in writing at least two days before the service is provided. **Note:** Failure to provide proper notification restricts the provider from billing the member except for applicable copayments, coinsurance or deductibles.
- Providers are prohibited from balance billing members for out-of-network emergency care or care with an out-of-network provider at an in-network facility without documented consent. Members can only be billed for the in-network cost share in this scenario.
- Providers are required to verify their contact information every 90 days. Failure to update or attest to current information will result in the removal of a provider from the provider directory. For more information on the provider directory, refer to [Reminder: Review and Update Tufts Health Plan Provider Directory Information](#).

## Review and Update Tufts Health Plan Provider Directory Information

### All products

All Tufts Health Plan Massachusetts, New Hampshire, Rhode Island, Maine and Vermont providers have been enrolled in the directory section of [CAQH ProView®](#). **Note:** On January 1, 2021, Tufts Health Plan began to phase out acceptance of provider directory edits directly from providers. On a quarterly basis, providers (or their designee) should log into [CAQH ProView](#) and review all their individual provider information to validate and provide updates in ProView as needed. Information that should be validated includes, but is not limited to:

- Availability to see new patients

- Phone number
- Practice locations (where members may make an appointment to see the individual provider at that location)

It is important that health plans and providers work together to ensure provider directories are more accurate and robust for members searching for care. Both Tufts Health Plan and CAQH have been actively seeking provider participation in connection with these efforts to keep our provider directories as up to date as possible. Therefore, Tufts Health Plan now requires that providers attest to the accuracy of their provider directory information every 90 days. **Note:** In order to ensure the directories are as accurate as possible, **Tufts Health Plan may suppress any provider who has not re-attested to their information within the required timeframe.** A provider's directory information will be reinstated upon that provider's confirmation of the accuracy of their information or by the submission of updated information.

Once enrolled, provider directory information (demographic data) will be transferred directly to Tufts Health Plan by CAQH, so providers will no longer need to notify Tufts Health Plan of these changes directly. **Note:** This change applies to directory information only. This does not apply to providers working exclusively within the Association for Behavioral Healthcare (ABH) or any individual provider who is not listed in the directory.

Other updates, such as adding or removing an affiliation or completely terminating from Tufts Health Plan, are considered contractual and must still be sent directly to Tufts Health Plan with the appropriate documentation.

Providers can update billing addresses by completing the appropriate Provider Information Change form and selecting "billing" as the address type. For more information on which form to use, refer to the Reminder: Update Your Billing and Contract Information [article](#).

For more information about the provider directory, including a brief demonstration video by CAQH of how the system works, visit the CAQH [website](#).

## Update Your Billing and Contract Information

### All products

#### Commercial Products (Including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan SCO

Providers should update their billing information as soon as possible by completing the Provider Information Form for [medical providers](#) or [BH providers](#) and returning it to Tufts Health Plan by email ([provider\\_information\\_dept@tufts-health.com](mailto:provider_information_dept@tufts-health.com)), as noted on the form.

#### Tufts Health Public Plans Products

Providers should update their billing information and contact information as soon as possible by completing the Provider Information Form for [medical providers](#) or [BH providers](#) (available in the [Forms](#) section of the Resource Center) and returning it to Tufts Health Plan by email ([provider\\_data\\_request@tufts-health.com](mailto:provider_data_request@tufts-health.com)), as noted on the form.

## Update Practice Information

### Tufts Health Unify

**Note:** Refer to the [Reminder: Review and Update Tufts Health Plan Provider Directory Information](#) article before following the below instructions. Massachusetts behavioral health (BH) providers, allied health providers and providers who have been notified by Tufts Health Plan of their enrollment through CAQH should update their directory information as changes occur using ProView®. Additionally, providers will be reminded to review and validate their information no later than every 90 days. For questions about this program, providers can contact [CAQH](#).

If CAQH has not yet notified you of your enrollment through CAQH, confirm current practice information using the Find a Doctor search on the Tufts Health Plan public [website](#). If the information listed is incorrect, update it as soon as possible by completing the Provider Information Form either for [medical providers](#) or for [BH providers](#) and returning it by fax to 857.304.6311 or email to [provider\\_data\\_request@tufts-health.com](mailto:provider_data_request@tufts-health.com), as noted on the form. Updated contact information will be applied across all Tufts Health Public Plans products with which a provider is contracting.

## Provider Training

### All products

The Training sections of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites contain helpful webinars, training videos, and printable guides and resources to assist staff with day-to-day operations. Providers will find visuals with step-by-step instructions on how to navigate the secure Provider [portal](#) to verify member eligibility, view and adjust claims, submit notifications and prior authorization requests, and more.

The newest [training videos](#) are available on demand and are designed to help providers understand Tufts Health Plan's policies as well as learn how to access and use the tools and resources available on the public Provider [website](#).

If you have questions regarding provider office staff education or would like to see a specific topic addressed in an upcoming [Office Managers Meeting](#), [webinar](#) or [training video](#), email [Provider\\_Education@tufts-health.com](mailto:Provider_Education@tufts-health.com). Inquiries unrelated to provider education should be directed to the appropriate provider [call center](#).

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## Monthly Pharmacy Formulary Changes

### All products

As a reminder, for the most up-to-date information about Tufts Health Plan's monthly pharmacy formulary changes, refer to the following product-specific pharmacy update pages on Tufts Health Plan's public Provider [website](#):

- [Commercial products](#)
- [Tufts Health Freedom Plan](#)
- [Senior Products \(Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options \[SCO\]\)](#)
- [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\)](#)

Be sure to check back monthly for the most recent updates.

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## Contact Information for Providers Calling Tufts Health Plan

### All products

Before contacting Tufts Health Plan, providers are reminded to refer to the Contact Us pages, available on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites, to identify the appropriate provider call center.

Phone numbers are listed by product and state (if applicable), so the information is easily identifiable.

## FOR MORE INFORMATION

### PUBLIC PROVIDER WEBSITES

- [Tufts Health Plan](#)
- [Tufts Health Freedom Plan](#)

### SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

### CONTACT INFORMATION

- [Tufts Health Plan](#)
- [Tufts Health Freedom Plan](#)

