

PROVIDER UPDATE

OCTOBER 1, 2022

NEWS FOR THE NETWORK



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.

What's Ahead at Point32Health: Integration Updates

All products

As you know, Harvard Pilgrim Health Care and Tufts Health Plan combined under the parent organization Point32Health on Jan. 1, 2021. We are confident that this combination will enable us to keep high-quality health care accessible and affordable, while at the same time investing in programs and initiatives that enhance the quality of care and the overall experience we provide our customers.

As a newly combined organization, we want to keep our network providers aware of the work we have done in transitioning our processes and products — as well as share our plans for what's ahead. We invite you to view our newly developed, in-depth provider [FAQ](#) that provides information on what is coming in 2023 including:

- **More unified product portfolio** — Beginning on Jan. 1, 2023, Tufts Health Plan's employer group clients and members of individual and small group products (including those serviced by our intermediary partners) in Massachusetts will begin transitioning to the Harvard Pilgrim Health Care product portfolio, as the Commercial Markets business moves toward a more unified product portfolio. These transitions will occur on the plan renewal date.
- **Efforts to ensure a smooth transition** — Learn more about the efforts we are undertaking to ensure that you and your patients experience a smooth transition, including continuity of care, plans to migrate open referrals and prior authorizations, and training and education sessions.
- **Behavioral Health** — Read about our plans to offer an insourced behavioral health program for both Harvard Pilgrim Health Care and Tufts Health Plan. While Tufts Health Plan currently operates using an insourced behavioral health model, this is a change for Harvard Pilgrim Health Care, which currently utilizes a carve-out model managed by Optum/United Behavioral Health. Harvard Pilgrim Health Care will utilize an insourced behavioral health program effective July 1, 2023.
- **Medical Drug Program** — Learn about our aligned approach for Medical Benefit Drug utilization management. Point32Health has developed medical necessity guidelines for medical benefit drugs and will conduct utilization review, effective Jan. 1, 2023. Currently, CVS Health-Novologix conducts utilization management for medical drugs for Harvard Pilgrim Health Care members; however, as of Jan. 1, 2023, CVS Health-Novologix will no longer accept medical drug authorization requests for these members.

- **Pharmacy Benefit Manager** — Find answers to your questions about our pharmacy benefit manager for 2023, OptumRx, including key changes for each legacy organization, services provided by OptumRx, information on drug formularies and requesting prior authorization, and support for members migrating from a Tufts Health Plan Commercial plan to a Harvard Pilgrim Commercial plan.
- **Education and training** — Hear about our plans to keep you and your office staff well informed throughout the coming year and find links to handy resources.

We encourage you to visit the [FAQ](#) periodically as we'll be updating it with additional information in the coming months — and to look to future issues of this provider newsletter for more updates.

60-DAY NOTIFICATIONS & POLICY UPDATES

Medical Necessity Guidelines (MNG) Updates

Commercial products, Tufts Health Public Plans products

We're introducing the following enhancement in how we present updates to our Medical Necessity Guidelines. Each month, MNG updates will be presented in a chart format to make it easier for providers and office staff to review changes, updates, and new policies in a more streamlined way.

MNG Title	Products Affected	Effective Date	Summary
Custom Fabricated Oral Appliances for Obstructive Sleep Apnea (OSA)	Commercial, Public Plans	Dec. 1, 2022	Clinical coverage criteria revised.
Sinusotomy, Endoscopic	Commercial, Public Plans	Dec. 1, 2022	Policy updated to include additional codes that will require prior authorization: CPT codes 31254 and 31255. InterQual criteria modified to allow ethmoidectomy for members under 18.
Procedures for the Treatment of Benign Prostatic Hypertrophy (BPH)	Commercial, Public Plans	Dec. 1, 2022	Water Vapor Thermal Therapy (Rezum) (CPT code 53854) will be covered, with prior authorization, and dedicated clinical coverage criteria for this therapy will be added to the MNG. Prior authorization will be required for Cryoablation of the Prostate (CPT code 55873) and InterQual criteria will be utilized for prior authorization review.
Percutaneous Posterior Tibial Nerve Stimulation (PTNS)	Commercial, Public Plans	Nov. 1, 2022	New MNG. CPT code 64566 will be covered, with prior authorization.
Chimeric Antigen Receptor T-Cell Therapy (CAR-T Cell Therapy)	Commercial, Public Plans	Oct. 1, 2022	Breyanzi is now approved to treat patients with disease refractory to first-line chemoimmunotherapy or with

			relapse within 12 months of first-line chemoimmunotherapy.
Bronchial Thermoplasty	Commercial, Public Plans	Oct. 1, 2022	Clinical coverage criteria revised. Updates include, but are not limited to, requiring that a member be a non-smoker for at least one year in order for bronchial thermoplasty to be authorized for the treatment of asthma. Coverage exclusions added for bronchial thermoplasty.
Guardant 360 CDx	Commercial	Oct. 1, 2022	New MNG. Guardant 360 CDx liquid biopsy test (CPT code 0242U) was previously noncovered but is now covered, with prior authorization.

Pharmacy Coverage Changes

Commercial products, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together

Updates to Existing Prior Authorization Programs			
Drug	Plan	Eff. date	Policy & Additional Information
Nurtec ODT, Qulipta	Tufts Health Together – MassHealth MCO Plan and ACPPs	12/1/2022	Pharmacy Medical Necessity Guidelines: Migraine Medications: CGRP Receptor Antagonists, Serotonin (5-HT) 1F Receptor Agonists, and Triptans
Avsola, Renflexis, Rinvoq, Skyrizi	Tufts Health Together – MassHealth MCO Plan and ACPPs	12/1/2022	Pharmacy Medical Necessity Guidelines: Targeted Immunomodulators – Biological Agents
Nexavar	Tufts Health Together – MassHealth MCO Plan and ACPPs	12/1/2022	Pharmacy Medical Necessity Guidelines: Oral Cancer Medications
Drug Status Changes			
Drug	Plan	Eff. date	Policy & Additional Information
Nexavar	Tufts Health Together – MassHealth MCO Plan and ACPPs	12/1/2022	Brand Nexavar will be preferred over generic sorafenib Pharmacy Medical Necessity Guidelines: Oral Cancer Medications

Changes to Reimbursement of Modifier JW

Tufts Health Together

As you are likely aware, Point32Health (the combined organization of Harvard Pilgrim Health Care and Tufts Health Plan) is in the process of reviewing existing payment policies as part of our integration work and identifying opportunities for alignment.

In support of these efforts, effective for dates of service beginning Dec. 1, 2022 for members of Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), we will no longer provide reimbursement for professional or facility claims billed with the modifier JW (Drug amount discarded/not administered to any patient), regardless of payment methodology.

Modifier JW is not considered an allowed modifier as identified in Subchapter 6 of the Acute Outpatient Hospital (AOH)/Physician Manual for MassHealth Providers.

For more information, please refer to Tufts Health Plan's [Drugs and Biologicals Payment Policy](#).

ADMINISTRATIVE UPDATES

Point32Health's Pharmacy Program

All products

As a reminder, Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, has selected OptumRx as the pharmacy benefit manager (PBM) for all products, effective Jan. 1, 2023. The new collaboration between Point32Health and OptumRx further broadens the long-term strategic relationships Harvard Pilgrim Health Care and Tufts Health Plan have had with Optum. Harvard Pilgrim Health Care has utilized OptumRx as a PBM since Jan. 1, 2020, while Tufts Health Plan will be newly utilizing OptumRx as a PBM.

OptumRx will be administering pharmacy claims payment, providing specialty pharmacy and mail-order services, and managing the pharmacy network across both legacy organizations. Point32Health will continue to manage its own pharmacy program, including drug formularies, the development of utilization management criteria, and the appeals function.

New enhancements

To make it easier to do business with us, we're committed to delivering a more seamless and consistent provider experience across our legacy organizations. Here's a look at some of the enhancements to our pharmacy program beginning Jan. 1:

- **Unified pharmacy medical necessity guidelines** – Point32Health is unifying our pharmacy medical necessity guidelines within product lines to ensure that our criteria is consistent across our legacy organizations. For example, the same pharmacy medical necessity guidelines will apply for Commercial Harvard Pilgrim Health Care and Commercial Tufts Health Plan members. Guidelines may vary across product lines, however (for example, Commercial and Public Plans policies may differ).
- **Streamlined utilization management for pharmacy and medical benefit drugs** - Point32Health will conduct utilization management for both pharmacy and medical benefit drugs. By streamlining the intake and review of pharmacy and medical benefit drug prior authorizations, you'll have a simplified experience and a single point of contact to support you.
- **Online prior authorization submissions** - A new online prior authorization submission tool, PromptPA, will be available for you to access through our provider portals starting on Jan 1. With PromptPA, you can submit both pharmacy and medical benefit drug prior authorization requests using the same platform. Through online submission, you can easily view drug specific criteria questions, attach clinical information, and receive a response more quickly.

What's changing?

The following chart notes the key changes for each legacy organization:

		Before Jan. 1, 2023	Starting Jan. 1, 2023
Tufts Health Plan	Pharmacy Benefit Manager	CVS Caremark	OptumRx
	Retail Pharmacy		
	Mail Order Services		
	Pharmacy Claims Processing		
	Specialty Pharmacy	CVS Specialty	Optum Specialty
	Prescription Drug Program (formularies, pharmacy medical necessity guidelines, appeals)	Point32Health	Point32Health (no change)
	Utilization Management Determinations	Point32Health	Point32Health (no change)
Harvard Pilgrim Health Care	Pharmacy Benefit Manager	OptumRx	OptumRx (no change)
	Retail Pharmacy		
	Mail Order Services		
	Pharmacy Claims Processing		
	Specialty Pharmacy	CVS Specialty	Optum Specialty
	Prescription Drug Program (formularies, UM decision criteria, appeals)	Point32Health	Point32Health (no change)
	Utilization Management Determinations (Pharmacy Drugs)	OptumRx	Point32Health
	Utilization Management Determinations (Medical Drugs)	NovoLogix	Point32Health
	Infertility Pharmacy Program	Freedom Drug, Inc and Village Pharmacy	Optum Specialty

For more information on our pharmacy program, refer to our [Quick Reference Guide](#) with an overview of what to expect in 2023.

MHK Portal Update

Tufts Health Direct, Tufts Health Together

Now, you can submit behavioral health (BH) notifications and prior authorization requests for many levels of care for Tufts Health Direct and Tufts Health Together (including MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members in the MHK (formerly MedHOK) provider portal.

We encourage you and your office staff to take advantage of this new capability, which was released on Sept. 27, as it can save time and automatically directs requests to the BH Utilization Management team for review. It may also reduce wait times on determinations (when all information is included in the request).

Other benefits include:

- Most direct way to submit requests, eliminating the risk of a misdirected fax
- Allows providers to attach clinical documentation and notes
- Providers can view and confirm request in the system
- Updates in real time — so you can see determination as soon as it is made
- On the spot determination for certain services

Please note, online BH notifications and prior authorization requests are not currently available for Tufts Health RITogether, Tufts Health Unify, or Tufts Health Plan Senior Care Options (SCO) members.

For more information, including step-by-step instructions for how to submit BH notifications and prior authorization requests, please refer to the newly updated [Behavioral Health MHK Portal User Guide](#). Providers can access MHK via the secure Provider portal. If you have not yet registered for the secure Provider portal, instructions are available on our [website](#).

Compensation for Individual Consideration Services

Tufts Health Together

Effective for dates of service on or after Dec. 1, 2022, Tufts Health Plan will determine the appropriate compensation amounts for individual consideration (IC) services listed in the MassHealth Physician Manual, where possible. Compensation will be based on discretionary review of submitted documentation and industry standard pricing methodologies, and in accordance with applicable provider contracts, when applicable. Refer to the updated [Individual Consideration Services Payment Policy](#) for more information.

Coding Update: Applied Behavior Analysis for Autism Spectrum Disorder

Tufts Health Public Plans products

In accordance with a bulletin from the [Executive Office of Health and Human Services](#) related to coding and rates of payment for applied behavior analysis (ABA), Tufts Health Plan will follow the new required procedure codes, which providers must report in order to be reimbursed for ABA services provided to Tufts Health Public Plans members with autism spectrum disorder:

- 97151 – Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
- 97153 – Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes.
- 97154 – Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes.
- 97155 – Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes.
- 97156 – Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes.
- 97157 – Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes.
- H0031-U2 – Mental health assessment by physician or other qualified health professional (Assessment and case planning for home services by a licensed professional. 15-minute rate.)

Our [Autism Professional Payment Policy](#) has been updated to reflect this coding change.

Monkeypox Information and Resources

Point32Health, the parent organization of Harvard Pilgrim Health Care and Tufts Health Plan, is carefully monitoring the recent outbreak of monkeypox. While experts do not believe monkeypox will reach epidemic proportions, the Centers for Disease Control and Prevention (CDC) reports that as of Sept. 14, 2022, there are 24,203 confirmed cases of monkeypox in the United States and 63,117 worldwide.

Point32Health is committed to health equity and recognizes the importance of identifying at-risk communities for monkeypox and supporting vaccination efforts. It's crucial that public health organizations, providers, and health plans work together to deliver accurate information to the community, particularly on how monkeypox is spread and by reinforcing that anyone can get monkeypox.

"We should ensure that we never stigmatize any group or sow complacency in others that may be vulnerable. Stigmatizing language can quickly disable an evidence-based response by creating cycles of fear. It is precisely this type of fear that turns people away from health services and ultimately impedes efforts to slow the spread of disease," explains Michael Sherman, MD, Chief Medical Officer at Point32Health.

The [CDC monkeypox website](#) offers detailed information, including [information specifically for health care professionals](#) and [on reducing stigma](#).

The JYNNEOS vaccine is approved for prevention of smallpox and monkeypox, and is the primary vaccine being used in the U.S. An alternative is the ACAM2000 vaccine, which is also approved to help protect against smallpox and monkeypox.

Government agencies are supplying monkeypox vaccine, and therefore, Point32Health does not reimburse for them (codes 90611 and 90622 are non-reimbursable). Laboratory testing for monkeypox (87593) and codes for the administration of the monkeypox vaccine are reimbursable. Consistent with American Medical Association guidance, existing CPT vaccine administration codes (90460, 90461, 90471, 90472) should be used to report the administration of vaccine products described by codes 90611 and 90622, depending on the age of the patient and the administration provided during the encounter.

To support a coordinated, equitable, and culturally relevant monkeypox response, healthcare providers are required to report cases of monkeypox to their state's public health department. For more information on monkeypox, including information on where patients can obtain a vaccine, please refer to these resources:

- [Massachusetts Department of Public Health](#)
- [Maine Department of Health and Human Services](#)
- [New Hampshire Department of Health and Human Services](#)
- [Rhode Island Department of Health](#)
- [Vermont Department of Health](#)
- [Connecticut Department of Public Health](#)

Synagis® (palivizumab) Coverage for the 2022-2023 Respiratory Syncytial Virus (RSV) Season

Commercial products, Tufts Health Direct, Tufts Health RITogether, Tufts Health Together

Tufts Health Plan has begun to accept prior authorization requests for Synagis (palivizumab) for the 2022-2023 RSV season. Synagis (palivizumab) 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 \(palivizumab\)](#).

Requesting authorization through Dec. 31, 2022

To obtain Synagis between now and Dec. 31, 2022, prescribing providers should contact Tufts Health Plan to request authorization. To view the Synagis criteria and access to the authorization forms, please visit <https://tuftshealthplan.com/provider>.

Synagis (palivizumab) can be obtained through CVS Specialty for authorized members, and prescribing providers are required to complete the [Synagis Seasonal Respiratory Syncytial Virus Enrollment Form](#). Access through CVS Specialty may be mandated based on coverage rules for a given plan. Be sure to check the appropriate [pharmacy formularies](#) for more details.

Requesting authorization on or after Jan. 1, 2023

Beginning on Jan. 1, 2023, prescribing providers should request authorization for Synagis via PromptPA — the new online tool Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) has developed to enable quick, easy submission of prior authorization requests for both pharmacy and medical benefit drugs. As of Jan. 1, you will be able to access PromptPA through our provider portals ([Tufts Health Plan](#) and [Harvard Pilgrim Health Care](#)).

Online submission will enable you to easily view drug specific criteria questions, attach clinical information, and receive a response more quickly. Alternatively, you can submit prior authorization requests via fax using the corresponding request forms. Updated forms — with new fax numbers — will be available in the pharmacy sections of our provider websites by Jan. 1.

The CDC encourages broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19.

COVID-19 Boosters

All products

As you may be aware, the U.S. Food and Drug Administration (FDA) amended the emergency use authorizations (EUAs) of the Moderna and Pfizer BioNTech COVID-19 vaccines to authorize bivalent formulations for use as a single booster dose at least two months following primary or booster vaccination. Individuals aged 12 and older should only be offered the updated (bivalent) mRNA (Moderna or Pfizer-BioNTech) booster.

Our COVID-19 Updates for Providers [page](#) has been updated to reflect this change. For additional information, refer to the [FDA News Release](#) and the [Center for Disease Control and Prevention \(CDC\)](#) for up to date information regarding COVID-19 vaccinations, including primary series doses and boosters.

REMINDERS

AIM Genetic Testing Program Live: Sign up for a Webinar

Tufts Health Public Plans products

As a reminder, AIM Specialty Health® (AIM) will oversee medical necessity review for Tufts Health Public Plans, and as of Oct. 1, 2022, ordering providers are required to obtain prior authorization from AIM for the following genetic/genomic or molecular diagnostic testing services:

- Reproductive Carrier Screening
- Prenatal Testing
- Preimplantation Genetic Testing (PGT)
- Rare Disease Testing

- Whole Exome/Genome Sequencing
- Hereditary Cancer Testing
- Tumor Markers
- Hereditary Cardiac Testing
- Neurogenetic and Neuromuscular Testing
- Pharmacogenomics and Thrombophilia Testing
- Susceptibility Testing for Common Diseases

Additionally, preauthorization through AIM is required for the CPT codes 89290 and 89291 associated with preimplantation genetic diagnosis.

Submitting authorization requests

The ordering clinician is responsible for obtaining prior authorization through AIM Specialty Health for any genetic/genomic and molecular tests. To ensure that these services are eligible for reimbursement, providers rendering the services should verify that the necessary prior authorization has been obtained prior to performing the test.

Ordering providers can request prior authorization from AIM online (the preferred method for quick, convenient service) via the AIM [ProviderPortal](#), which is available 24 hours a day, 7 days a week. Alternatively, requests may be submitted by phone by calling AIM toll-free at 833-342-1255, Monday through Friday from 8 a.m. to 5 p.m. ET.

Provider education webinars

Tufts Health Plan and AIM offered webinars in September and is hosting an additional session in October for those who want to learn more about prior authorization for genetic/genomic and molecular testing:

- [Wednesday, Oct. 12 at 1 p.m. EDT](#)

Additional information

For more information, please refer to the Prior Authorization Program for Genetic Testing section of the [Tufts Health Plan Vendor Information page](#) on our provider website, as well as [this provider FAQ](#). In addition, you can find prior authorization information, AIM's genetic testing clinical guidelines, and other resources on the [microsite](#) AIM has developed specifically for Point32Health, which includes Tufts Health Plan and Harvard Pilgrim Health Care.

Register for Upcoming Provider Trainings

All products

This October, join Tufts Health Plan at any of our upcoming webinars and trainings to ensure you have the most-up-to-date information on working with us. Register for any of the following events by selecting the links below:

- Referral, Prior Authorization, and Inpatient Notification Overview: [Thursday, Oct. 6, 11 a.m.-12 p.m.](#)
- Telehealth Overview: [Tuesday, Oct. 11, 10-11 a.m.](#)
- Behavioral Health Overview: [Thursday, Oct. 13, 10-11 a.m.](#)
- Tufts Medicare Preferred HMO Overview: [Thursday, Oct. 20, 11 a.m.-12 p.m.](#)
- Navigating the Provider Website: [Thursday, Oct. 27, 10-11 a.m.](#)

Please also join us for our Behavioral Health Administrative Updates meeting (formerly known as Behavioral Health Office Managers Meeting) by Livestream: [Wednesday, Oct. 26, 10:30-11:30 a.m.](#) Be sure to visit the [Training](#) section of our provider website for a variety of self-service resources, including training videos and printable guides.

Helpful Information for Providers

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

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