

PROVIDER UPDATE

NOVEMBER 1, 2020

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).

Note: Tufts Health Freedom Plan is a New Hampshire-based Commercial product offered by Tufts Health Plan and Granite Health. As a reminder, providers contracting with Tufts Health Plan Commercial products are required to render services to members of Tufts Health Freedom Plan as they would to other Tufts Health Plan Commercial members.

*Throughout *Provider Update* articles, 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.

REMINDER: 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 and avoid printing.

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 diagnostic testing, COVID-19 treatment, telehealth/telemedicine, pharmacy policies, authorization 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.

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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.

60-DAY NOTIFICATIONS

Pharmacy Coverage Changes

Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct

The following changes apply to [Commercial](#) products (including Tufts Health Freedom Plan) and [Tufts Health Direct](#) and are effective for fill dates on or after January 1, 2021, unless otherwise noted.

BD Insulin Syringes and Pen Needles Preferred

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will prefer the BD insulin syringes and BD pen needles for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

Note: This change applies to all members. Members who are using BD insulin syringes and pen needles for their current treatment will be able to continue to do so. All other brands of insulin syringes and pen needles will be noncovered. For these requests, the prescribing provider can write a new prescription for BD insulin syringes and pen needles or must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Drugs with Suggested Alternatives.

Blood Glucose Monitors: Free Meter Program

Effective for fill dates on or after January 1, 2021, blood glucose monitors will be moved to excluded status for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

The CDC recommends that members with diabetes use a blood glucose monitor, or glucometer, to check their blood sugar. Members are eligible to obtain a free OneTouch® glucometer every plan year via CVS Caremark's Diabetic Free Meter Program by calling 800.588.4456. Members will need to provide their Tufts Health Plan member ID number and their prescriber's name and fax number. A representative will help the member order a free glucometer and get a new prescription for test strips. The glucometer will be mailed to the member.

If preferred, members could instead obtain a free OneTouch Verio Flex® meter at an in-network pharmacy via the Pharmacist Meter Voucher Program. Providers can write a prescription for their patients and instruct them to bring the prescription to an in-network pharmacy where the meter can be provided at no cost to the member.

Note: Glucometers should be replaced every one to two years. Members are eligible to receive a free replacement through the CVS Caremark Diabetic Meter Program once every plan year.

Specialty Infusion and Specialty Pharmacy Programs

Effective for fill dates on or after January 1, 2021, Cutaquig® (immune globulin subcutaneous [human]-hipp, 16.5% solution) will be added to the specialty infusion program for Commercial products (including Tufts Health Freedom Plan) and the specialty pharmacy program for Tufts Health Direct.

Human Immunodeficiency Virus (HIV)

Tufts Health Plan is considering changes to the coverage of drugs used for the treatment of HIV, to be effective on or after January 1, 2021, for Commercial products (including Tufts Health Freedom Plan).

More information, including a list of drugs affected by this change (if any), will be available in the [News](#) section on Tufts Health Plan's public Provider website, prior to this date. For questions, call Provider Services at 888.884.2404.

The following changes apply to all Commercial products (including Tufts Health Freedom Plan) and are effective for fill dates on or after January 1, 2021:

Drugs Moving to Tier 1 Status

- ampicillin capsules
- chlorzoxazone tablets
- losartan/HCTZ tablets
- propranolol tablets

Prior Authorization

New Prior Authorization Programs

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will add prior authorization criteria for Denavir (penciclovir) cream and Proleukin® (aldesleukin). These coverage changes apply to members currently utilizing Denavir (penciclovir) cream and Proleukin (aldesleukin) and members initiating a new course of treatment. Members who are already taking this drug during their current course of treatment will be able to continue to do so without prior authorization. For these requests, the prescribing provider must

request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2021, Tufts Health Plan will update its prior authorization criteria for the following:

- Botulinum Toxins
- Complement Inhibitors (Soliris®, Ultomiris®)
- Increlex® (mecasermin)
- Migraine Medications: CGRP Receptor Antagonists and More
- Oral Cancer Medications
- Overactive Bladder Medications
- Parathyroid Hormone Analogs
- Prolia® and Xgeva® (denosumab)

For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Quantity Limitations

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will have new quantity limitations for Trelegy Ellipta. For a member to receive coverage for quantities above the new limit, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

Drug Status Changes

The following changes apply to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct and are effective for fill dates on or after January 1, 2021:

Drugs Moving to Noncovered Status

- Azelex® 20% cream
- Bethkis nebulizer solution
- Ciprodex® suspension
- clindamycin phosphate-tretinoin 1.2-0.25 gel
- Demser® capsules
- doxycycline monohydrate 40mg DR capsule
- Forteo® (teriparatide)
- Jadenu® Sprinkle tablets/granules
- ketoprofen capsule
- ketoprofen ER capsule
- Moviprep
- naproxen CR tablet
- Noritate® (metronidazole) 1% cream
- Protonix® Suspension Packets
- Ridaura capsule
- Samsca® 30mg tablet
- Ubrelvy™ tablets

Drugs Moving to Excluded Status

- Baclofen powder
- Carbidopa powder
- ceftazidime vials
- ciprofloxacin injection
- meropenem injection
- piperacillin-tazobactam injection
- tobramycin vials
- Topical Benzoyl Peroxide
- Topical Sulfacetamide Sodium combinations

Drugs Moving to Tier 3

- dapsone 7.5% gel
- ethacrynic acid tablet
- Fluoroplex® (fluorouracil) 1% cream
- fluorouracil 0.5% cream
- frovatriptan tablet
- lanthanum chewable tablet

- naproxen 125mg/5mL suspension
- nitrofurantoin 25mg/5ml suspension
- sumatriptan-naproxen 85-500mg tablet
- Synarel® (nafarelin) 2mg/ml nasal solution

Drugs Moving to Tier 2

- acyclovir suspension
- alosetron tablet
- chlorpromazine tablet
- clarithromycin suspension
- erythromycin 2% gel
- erythromycin tablet and capsule
- erythromycin-benzoyl peroxide 3%-5% gel
- fluphenazine tablet
- nadolol tablet
- prednisolone ODT tablet
- sumatriptan nasal sprays and injections
- terconazole vaginal suppository
- tizanidine capsule
- ursodiol capsule
- valganciclovir tablet

Large Groups

The following changes apply to large-group Commercial products (including Tufts Health Freedom Plan) and are effective for fill dates on or after January 1, 2021:

Drugs Moving to Noncovered Status

- Lovenox® syringes (brand)
- Revatio® (sildenafil)
- Trulance® tablets

Drugs Moving to Tier 3

- Emtriva® capsules
- Symfi
- Symfi Lo

Small Groups

The following drugs are moving to noncovered status. These changes apply to small-group Commercial products and are effective for fill dates on or after January 1, 2021:

- Emtriva® capsules
- Renvela® 800mg tablets
- Symfi
- Symfi Lo

Small Groups – New Hampshire

The following drugs are moving to noncovered status. These changes apply to small-group Commercial New Hampshire products and are effective for fill dates on or after January 1, 2021:

- Afinitor® 2.5, 5 and 7.5mg tablets
- Apriso capsules
- Daraprim® tablets
- Depen titratabs
- Jadenu® tablets
- Sensipar® tablets
- Zortress® tablets

3-Tier Formularies

The following changes apply to 3-tier Commercial products and are effective for fill dates on or after January 1, 2021:

- Granix® (tbo-filgrastim)
- Neupogen® (filgrastim) vials
- Nivestym® (filgrastim-aafi)

4-Tier Formularies

The following changes apply to 4-tier Commercial products and are effective for fill dates on or after January 1, 2021:

- bexarotene
- everolimus 0.25mg, 0.5mg and 0.75mg tablets
- Cystaran® (cysteamine)
- Mesnex® (mesna)
- Ravicti (glycerol phenylbutyrate)
- Sancuso® (granisetron)

Tufts Health Direct

The following drugs are moving to noncovered status. These changes apply to Tufts Health Direct products and are effective for fill dates on or after January 1, 2021:

- Emtriva® capsules
- Renvela® 800mg tablets
- Symfi
- Symfi Lo

Continuous Glucose Monitors (CGMs)

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will no longer cover CGMs and their accompanying supplies through durable medical equipment (DME) suppliers for Tufts Health Direct. All CGMs and their accompanying supplies will be covered with prior authorization and will be available through the pharmacy only with a prescription under the pharmacy benefit. Dexcom G6® and its supplies will continue to require prior authorization and will be reviewed against criteria in the Pharmacy Medical Necessity Guideline for Devices for the Management of Diabetes – Continuous Monitoring Systems. Dexcom G4®, Dexcom G5®, FreeStyle® Libre and Medtronic Guardian™ will be noncovered. For a member to continue using any of these drugs, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Drugs with Suggested Alternatives. Should a request for any of these drugs be approved, members will have to fill their CGM and its supplies at the pharmacy as they will not be available through the DME supplier. All CGMs will be restricted with quantity limitations. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines via the Pharmacy Utilization Management Department fax at 617.673.0988.

Pharmacy Coverage Changes

Tufts Health RITogether, Tufts Health Together

The following changes apply to [Tufts Health RITogether](#) and [Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans \(ACPPs\)](#) and are effective for fill dates on or after January 1, 2021, unless otherwise noted.

Prior Authorization

New Prior Authorization Programs

Proleukin® (aldesleukin): Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will require prior authorization for coverage of Proleukin (aldesleukin).

Note: This change applies to members initiating a new course of treatment. Members who are already taking this drug during their current course of treatment will be able to continue to do so without prior authorization. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Proleukin (aldesleukin). In addition, effective for fill dates on or after January 1, 2021, Proleukin (aldesleukin) will be excluded under the pharmacy benefit. Coverage will remain on the medical benefit only.

Concomitant Opioid and Benzodiazepine Initiative (COBI): Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will implement MassHealth's COBI for Tufts Health Together – MassHealth MCO Plan and ACPPs. As part of COBI, members who fill opioid and benzodiazepine medications concomitantly for at least 60 days, within a 90-day period, will require prior authorization for their benzodiazepine medication. The goal of COBI is to focus on safe prescribing practices for members who are using opioids and benzodiazepines together. Members who are currently administered

an opioid and benzodiazepine concomitantly will not be allowed to continue without prior approval. For a list of active ingredients included in COBI as well as the prior authorization approval criteria, refer to the Pharmacy Medical Necessity Guidelines for Anti-Anxiety Medications (Benzodiazepines and Buspirone) for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Donepezil, Memantine, Naltrexone Tablet: Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will require prior authorization for coverage of donepezil, memantine and naltrexone tablets when prescribed for members less than 6 years of age. This is part of MassHealth’s Pediatric Behavioral Health Medication Initiative (PBHMI). Donepezil, memantine and naltrexone tablets will also be included in the polypharmacy component of PBHMI, requiring prior authorization if a member less than 18 years of age has pharmacy claims for four or more behavioral health medications in a 45-day period.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2021, Tufts Health Plan will update its prior authorization criteria for the medications and programs listed below. 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 below:

Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

- Complement Inhibitors (Soliris®, Ultomiris™)
- Gastrointestinal Medications
- Gonadotropin-releasing Hormone (GnRH) Agonists
- Increlex (mecasermin)
- Oral Cancer Medications
- Parathyroid Hormone Analogs
- Prolia® and Xgeva® (denosumab)

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Analeptic CNS Stimulants: Modafinil and Armodafinil
- Anti-Anxiety Medications (Benzodiazepines and Buspirone)
- Glaucoma Medications
- Pediatric Behavioral Health Medication Initiative (PBHMI) – Polypharmacy

Tufts Health RITogether

- Anti-Emetic Medications

Drugs Status Changes

Drugs Moving to Noncovered Status

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will move the following medications to noncovered status. For a member to continue taking any of the medications moving to noncovered status, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Pharmacy Products Without Specific Criteria for Tufts Health RITogether and Non-Covered Pharmacy Products for Tufts Health Together – MassHealth MCO Plan and ACPPs.

To submit a prior authorization request for any medications moving to noncovered status, complete the [Tufts Health Plan Medication Prior Authorization Form](#) for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs. This form can be faxed or mailed to Tufts Health Plan’s Pharmacy Utilization Management Department, as indicated on the form.

Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

- Ethacrynic acid
- Evzio® (naloxone auto injector)
- Forteo® (teriparatide injection)

Note: Bumetanide, furosemide and torsemide will continue to be covered without prior authorization.

Note: Narcan® (naloxone) nasal spray and generic naloxone injection will continue to be covered without prior authorization.

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Trulance® (plecanatide) tablet
- Zioptan® (tafluprost ophthalmic solution) 0.0015%

Note: Effective for fill dates on or after January 1, 2021, Amitiza® (lubiprostone) will be covered with prior authorization.

Note: Generic latanoprost (Xalatan) 0.005% ophthalmic solution will continue to be covered without prior authorization. Effective January 1, 2021, generic travoprost (Travatan® Z) 0.004% ophthalmic solution and bimatoprost (generic Lumigan®) 0.03% ophthalmic solution will be covered without prior authorization.

Tufts Health RITogether

- Asmanex® HFA (mometasone furoate)
- Asmanex® Twisthaler® (mometasone furoate inhalation powder)
- Flovent® Diskus® (fluticasone propionate inhalation powder)
- Flovent® HFA (fluticasone propionate inhalation aerosol)
- Humalog® Mix75/25™ (insulin lispro protamine/insulin lispro) vial
- Humalog® Mix75/25™ (insulin lispro protamine/insulin lispro) KwikPen®
- NovoLog® Mix 70/30 (insulin aspart protamine/insulin aspart) vial
- NovoLog® Mix 70/30 (insulin aspart protamine/insulin apart) FlexPen®
- Pulmicort Flexhaler™ (budesonide inhalation powder)

Note: Alvesco® (ciclesonide inhalation aerosol) and Qvar RediHaler® (beclomethasone dipropionate HFA) will continue to be covered without prior authorization. Effective for fill dates on or after January 1, 2021, Arnuity® Ellipta® (fluticasone furoate inhalation powder) will also be covered without prior authorization.

Note: The authorized generics for Humalog® Mix75/25™ KwikPen®, NovoLog® Mix 70/30 vial and FlexPen® will continue to be covered without prior authorization. Providers should begin transitioning patients to the authorized generics to avoid disruptions of care. The authorized generics may not be automatically interchanged for the brand agents at the pharmacy, so providers should specify the generic on the prescription.

Specialty Pharmacy Program

Effective for fill dates on or after January 1, 2021, Veletri® (epoprostenol) will be added to the specialty pharmacy program for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Tufts Health Together Coverage Changes

Effective for fill dates on or after January 1, 2021, for Tufts Health Together – MassHealth MCO Plan and ACPPs, coverage changes and/or changes in prior authorization requirements may occur for select medications within the following therapeutic categories based on requirements provided by MassHealth.

- Anticoagulants
- Antidiabetic agents (oral and injectable)
- Anti-hypoglycemic agents
- Antiretrovirals
- Asthma and allergy monoclonal antibodies
- BCL-2 Inhibitors
- Bevacizumab and biosimilars
- Cerebral stimulants and ADHD medications
- CGRP inhibitors
- Colony stimulating factors
- Diabetic testing supplies
- Erythropoiesis-stimulating agents
- Growth hormone
- Hemophilia agents
- Hepatitis antiviral agents
- Immune suppressants – topical
- Immunomodulators
- Insulin products
- Kinase inhibitors
- Long-acting injectable antipsychotics
- MTOR kinase inhibitors for breast cancer
- Multiple sclerosis agents
- Opioid and alcohol treatment agents
- Opioid dependence and reversal agents
- Remicade and biosimilars
- Respiratory agents
- Spinal muscular atrophy agents
- Trastuzumab and biosimilars
- Tyrosine kinase inhibitors

Pharmacy Coverage Changes

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

Noncovered Drugs

Effective for fill dates on or after January 1, 2021, Tufts Health Plan will no longer cover several [drugs](#) for Tufts Health Medicare Preferred HMO, Tufts Medicare Preferred PDP, Tufts Health Plan SCO and Tufts Health Unify, including those drugs with interchangeable generics or therapeutic alternatives. For members currently taking these drugs, coverage will continue without disruption through December 31, 2020. For a member to continue taking one of these noncovered drugs, the prescribing provider must submit a formulary exception request.

Drugs Status Changes

Effective for fill dates on or after January 1, 2021, several drugs will be moving [tiers](#) for Tufts Medicare Preferred HMO and Tufts Medicare Preferred PDP. For members currently taking these drugs, coverage will continue without disruption through December 31, 2020. If your patient cannot afford the new copayment, refer to the formulary for potential therapeutic alternatives at lower tiers. If the available alternatives are not clinically appropriate, a tier exception can be requested and will be reviewed in accordance with CMS regulations, as not all drugs are eligible for tier exceptions.

Coverage Updates

All products

60-Day Notifications

The following changes are effective for dates of service on or after January 1, 2021, for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO):

Prior Authorization

Tufts Health Plan will require prior authorization for FoundationOne® CDx (0037U), ThyroSeq® (0026U), hyperbaric oxygen therapy (G0277 and 99183) and dorsal column neurostimulator insertion (63650, 63655, 63663, 63685 and 95972). These changes are documented in the [Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List](#) and the [Tufts Health Plan SCO Prior Authorization List](#).

Other Coverage Updates

Prior Authorization

Tecartus™

Tufts Health Plan requires prior authorization for Tecartus (brexucabtagene autoleucl) for all products. For more information, refer to the Medical Necessity Guidelines for [Modified T-Cell Therapies](#).

Hypoglossal Nerve Stimulation

Tufts Health Plan requires prior authorization for hypoglossal nerve stimulation for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products. For more information, refer to the Medical Necessity Guidelines for [Hypoglossal Nerve Stimulation for Treatment of Moderate to Severe Obstructive Sleep Apnea](#).

Limitations

Bariatric Surgery

Adjustable gastric banding in adolescents is now considered a limitation for all products. For more information, refer to the Medical Necessity Guidelines for [Bariatric Surgery](#).

Review and Update Tufts Health Plan Provider Directory Information

All products

All Tufts Health Plan Massachusetts providers have been enrolled in the directory section of ProView by CAQH®. As of January 1, 2021, Tufts Health Plan will begin to no longer accept provider directory edits directly from providers. All Massachusetts providers are directed to ProView to submit updates on their demographic information. On a quarterly basis, please review all information listed for you as an individual

provider (or the information for each individual provider whose information you are responsible for updating) to validate that all information is correct and provide updates in ProView as needed. Information that should be validated includes, but is not limited to, availability to see new patients, telephone number, physical addresses (including whether the individual provider provides services at each address listed in the Provider Directory) and network status. Other updates, such as billing and contracts, must still be sent directly to Tufts Health Plan.

Tufts Health Plan is actively working to enroll providers in ProView in the remaining states it services. As of September 2020, all Rhode Island and New Hampshire allied, behavioral health and independently contracted providers had been added to the program. Contracting providers in Rhode Island, New Hampshire, Connecticut, Maine and Vermont will be added to the CAQH directory by June 2021. Providers will receive email notifications from CAQH when they become enrolled in the directory by any health plan. Once enrolled, the next time a provider logs in to ProView, they will be prompted to review their existing information as well as correct and add more details about their practice.

The directory program engages providers in reviewing and maintaining up-to-date provider directory information to help ensure health care consumers have access to accurate provider demographic information when seeking health care services. Every three months, providers will be prompted to confirm their information. If nothing has changed, providers will still need to reconfirm that data. If changes or updates are needed, providers may do so at any time and reconfirm their new data is accurate.

Once providers are enrolled, their provider directory information (including demographic data) will be transferred 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.

Contracting and billing questions should still be directed to Tufts Health Plan. 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 How to Update Your Practice and Billing 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](#).

Level of Care for Total Joint Replacement (Hip and Knee)

Commercial products (including Tufts Freedom Plan), Tufts Health Public Plans products

Effective for dates of service on or after January 1, 2021, CMS will remove total joint arthroplasty procedures (hip and knee) from the Medicare inpatient-only list of procedures to allow for these procedures to be performed in an outpatient setting.

Both providers and members have recognized the benefits associated with procedures performed in the outpatient setting, and some providers are already doing this with same- or next-day discharge followed by outpatient physical therapy (PT), including PT at home.

Although total joint arthroplasty procedures (hip and knee) performed in the outpatient setting are appropriate, there is a select group of members for whom elective hip or knee arthroplasty may be more appropriately performed in the inpatient setting.

Refer to the [Medical Necessity Guidelines for Inpatient Setting for Elective Total Joint Arthroplasty; Hip and Knee](#), which is available in the [Resource Center](#) on the public Provider website, effective January 1, 2021.

Note: Tufts Health Plan will continue to allow elective total joint arthroplasty (hip and knee) procedures to be performed in the inpatient setting for certain groups of members when medical necessity criteria are met.

At this time, Tufts Health Plan will not require prior authorization for these procedures to be performed at the inpatient level of care. However, Tufts Health Plan strongly recommends that providers assess each patient's individual clinical situation using these newly issued guidelines to determine the appropriate setting for performing the procedure.

The prior authorization requirement for total joint arthroplasty (hip and knee) procedures that are currently in place to determine medical necessity for the surgical procedure, regardless of level of care, will remain in place for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products. All such procedures are subject to National Imaging Associates' (NIA) prior authorization requirements.

Claim Edits

All products

Drugs and Biologicals

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will implement additional claim edits for drugs and biologicals. These edits 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
- FDA
- ICD Manual
- Medical Journals
- Micromedex® and DRUGDEX®
- National Comprehensive Cancer Network Drugs & Biologics Compendium™
- National Government Services Inc. website
- Pharmaceutical Compendium

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.

This information is documented in the drugs and biologicals payment policies for [Commercial and Senior Products](#) and [Tufts Health Public Plans](#) products.

Critical Care and Telemedicine

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will implement critical care and telemedicine claim edits. These edits 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. These claim edits are derived from CMS, AMA's CPT Manual, HCPCS, ICD-10, nationally accredited societies and Tufts Health Plan payment policies.

These edits are documented in the applicable Tufts Health Plan payment policies available in the [Resource Center](#) on the public Provider website.

Annual Updates to Commercial Physician and Outpatient Hospital Fee Schedules

Commercial products (including Tufts Health Freedom Plan)

Effective January 1, 2021, Tufts Health Plan will update its Commercial physician and outpatient hospital fee schedules. Tufts Health Plan will continue to base fees on the CMS fee schedules adjusted to achieve the contracting level of compensation, unless otherwise stated in your provider contract.

Outpatient Hospitals

- Consistent with prior years, compensation will be based on a combination of ancillary and surgical fee schedules.
- Drug pricing will continue to be set in relation to CMS.

Physicians

- Consistent with prior years, additional funding will continue to be directed toward the compensation of certain primary care services when provided by a PCP or PCP/SCP, as initially modeled by CMS.
- Tufts Health Plan will allocate a higher proportion of funds compared with CMS to the following services: pathology codes, radiology codes, ED visits with emphasis on the lower-level codes and certain E&M codes when performed in an office setting.
- Tufts Health Plan will continue to base vaccine and toxoid compensation on CMS Part B levels when these rates are at 95% of average wholesale price (AWP), as indicated on the CMS Part B drug quarterly notices. When a rate for a vaccine is not AWP-based, Tufts Health Plan will set the compensation at the wholesale acquisition cost (WAC). Compensation for vaccines and toxoids will continue to be updated on a quarterly basis.
- As in prior years, pricing for oncology and non-oncology drugs will continue to be set in relation to CMS, or to AWP/WAC if no CMS pricing is available.

- Tufts Health Plan will continue to compensate for consultations, diverging from CMS.

Note: These changes do not apply to Allied Health providers. Additional details on fee schedule changes and applicable 2021 fee schedules will be distributed to hospital and provider organization leadership. For more information, refer to the [Noncovered/Nonreimbursable Services Payment Policy](#) for a comprehensive list of all nonreimbursable procedures. Independent physicians who have questions about fee schedule changes should contact Tufts Health Plan's Network Contracting Department at 888.880.8699, ext. 52169.

New Secure Provider Portal for Tufts Health RITogether

Tufts Health RITogether

Effective January 11, 2021, Tufts Health Provider Connect, the secure Provider portal used for Tufts Health RITogether, will be replaced by the secure Provider [portal](#) currently utilized by all other Tufts Health Plan lines of business.

Any Tufts Health RITogether provider that is not currently registered for the secure Provider [portal](#) will need to register. Step-by-step instructions on how to register will be available on Tufts Health Plan's public Provider [website](#). **Note:** Providers who are already registered do not need to take any additional action.

As a senior access administrator (SAA) on the secure Provider [portal](#), Tufts Health Plan encourages SAAs to confirm that their staff also register for the secure Provider [portal](#) and are set up with the proper access.

Note: User access for the secure Provider [portal](#) is at the NPI level. User access for Tufts Health Provider Connect was at the TIN level.

The secure Provider [portal](#) allows providers and office staff to access claim information, submit and view referrals, view and make updates to member care plans, and more.

Note: To submit a behavioral health (and all other) authorization requests for Tufts Health Plan RITogether members, fax the proper authorization request form to Tufts Health Plan at 857.304.6304. For questions, providers should call Tufts Health Public Plans Provider Services at 844.301.4093 (RI).

Note: Tufts Health Provider Connect claims data, for Tufts Health RITogether members for dates of service on or after April 26, 2019, will be available on the secure Provider [portal](#). For more information, refer to the [FAQs](#) on Tufts Health Plan's public Provider website.

2021 Benefit Changes – Tufts Health Plan SCO

Tufts Health Plan SCO

The following benefit changes apply to Tufts Health Plan Senior Care Options (SCO) members and are effective for dates of service on or after January 1, 2021, upon the plan's effective or renewal date:

Additional Telehealth Benefit

- Expanded telehealth coverage beyond Medicare requirements for PCP visits, specialist visits, individual behavioral and psychiatric health visits, observation services, opioid treatment program services, and outpatient substance abuse services.
- Coverage includes only synchronous audio and visual consultations using a HIPAA-compliant communication software.
- Services are covered with existing patients from any location.
- Referral and cost-sharing rules are the same as for the corresponding in-person visit.

Note: Tufts Health Plan has offered additional coverage during the COVID-19 pandemic. Current coverage includes the removal of referrals and prior authorizations for testing, as well as diagnosis and treatment services related to COVID-19. Coverage also includes an expanded telehealth benefit for medically necessary services. For more information, refer to [2020 Coverage Changes Related to the Coronavirus \(COVID-19\)](#).

Other Benefit Changes

- Increased allowance of Instant Savings Card from \$105 per calendar quarter to \$112 per calendar quarter for Medicare-approved over-the-counter (OTC) items.
- Decreased coverage for number of dental implants allowed per member.
- Added prior authorization requirements to certain behavioral health (BH) diversionary, BH emergency and BH inpatient services.
- Added prior authorization requirement for Adult Day Health services.
- Acupuncture for chronic lower back pain now covered under Medicare benefits, while other acupuncture services are covered under MassHealth benefits.

- Removed coverage limits for BH acupuncture treatment services per MassHealth requirements.
- Added coverage under MassHealth benefit for face-to-face individual and group tobacco cessation counseling and pharmacotherapy treatment, including nicotine replacement therapy.

Note: This is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits using Tufts Health Plan's secure Provider [portal](#) or other self-service channels, even for members seen on a regular basis.

2021 Benefit Changes – Tufts Medicare Preferred HMO

Tufts Medicare Preferred HMO

The following benefit changes apply to Tufts Medicare Preferred HMO members and are effective for dates of service on or after January 1, 2021, upon the plan's effective or renewal date:

Additional Telehealth Benefit

- Expanded telehealth coverage beyond Medicare requirements for PCP visits, specialist visits, individual behavioral and psychiatric health visits, observation services, opioid treatment program services, and outpatient substance abuse services.
- Coverage includes only synchronous audio and visual consultations using a HIPAA-compliant communication software.
- Services are covered with existing patients from any location.
- Referral and cost-sharing rules are the same as for the corresponding in-person visit.

Note: Tufts Health Plan has offered additional coverage during the COVID-19 pandemic. Current coverage includes the removal of referrals and prior authorizations for testing, as well as diagnosis and treatment services related to COVID-19. Coverage also includes an expanded telehealth benefit for medically necessary services. For more information, refer to [Coverage Changes Related to Coronavirus \(COVID-19\)](#).

Other Benefit Changes

Note: The following changes may not apply to all plans.

- Introduced a \$50 per calendar quarter over-the-counter (OTC) benefit on the Saver Rx plan.
- Added coverage for acupuncture for chronic lower back pain per Medicare guidelines.
- Reduced copayments for outpatient behavioral health (BH) and substance abuse services to \$20 per visit on all Value plans, and to \$10 per visit on all Prime plans.
- Removed cost-share from diagnostic colonoscopies and diagnostic fecal immunochemical tests (FIT) for all plans.
- Reduced the Wellness Allowance to \$250 per calendar year on the Saver Rx plan.
- Select premium increases on most plans.

Note: This is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using Tufts Health Plan's secure Provider [portal](#) or other self-service channels, even for members seen on a regular basis.

2021 Benefit Changes – Tufts Health Direct

Tufts Health Direct

The following benefit changes are effective for dates of service on or after January 1, 2021, for Tufts Health Direct:

- Prior authorization will no longer be required (after 12 visits) for the following behavioral health (BH) outpatient psychotherapy CPT codes:

CPT Code	Description
90791	Psychiatric diagnostic evaluation (no medical services)
90832	Psychotherapy, 30 minutes with patient or family member
90834	Psychotherapy, 45 minutes with patient or family member
90837	Psychotherapy, 60 minutes with patient or family member
90846	Family psychotherapy (without patient present)
90847	Family psychotherapy (with patient present)
90849	Multiple-family group psychotherapy

- PCP referrals will no longer be required for Tufts Health Direct members to see specialists within the Tuft Health Direct network.

- Acupuncture services (CPT codes: 97810, 97811, 97813 and 97814) (which are currently limited to 30 visits for medical services) will no longer be limited for medical or BH services.
- Habilitation services (which currently have no limit) will be limited to 60 visits total (combined PT/OT) per member, per benefit year.

Other Benefit Updates

The following changes are effective for dates of service on or after November 1, 2020, for Tufts Health Direct:

- Therapeutic lightboxes (HCPCS code E0203*), currently excluded under the durable medical equipment benefit, will be covered for treatment of Seasonal Affective Disorder (SAD) (diagnosis codes F33.0 – F33.3). Prior authorization is not required.

*E0203 for therapeutic lightbox, minimum 10,000 lux, tabletop model or just “therapeutic lightbox tabletop.”

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.

Behavioral Health: Outpatient Notifications Change

Commercial products (including Tufts Health Freedom Plan)

Effective for dates of service on or after January 1, 2021, Tufts Health Plan will no longer require notification for behavioral health outpatient psychotherapy for Commercial products (including Tufts Health Freedom Plan). As a result, providers will no longer need to use the IVR or the secure Provider [portal](#) to submit notifications.

Providers are expected to continue to provide medically outpatient necessary treatment only. Prior authorization for certain outpatient procedures (ABA, PT/NPT, rTMS) is still required. Refer to the Medical Necessity Guidelines for Outpatient Psychotherapy, which can be found in the Resource Center on the Tufts Health Plan public Provider website.

Note: Tufts Health Plan reserves the right to conduct retrospective reviews of providers medical records to ensure appropriate guidelines are met.

BEHAVIORAL HEALTH

Behavioral Health 60-Day Notifications

All products

For 60-day notifications related to behavioral health, refer to the [60-Day Notifications section](#) of this issue of *Provider Update*. Providers are also able to filter by category (e.g., 60-Day Notifications, Behavioral Health) from the Provider News section of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

Permanent Addition of 15-Minute Code for Applied Behavior Analysis (ABA)

Tufts Health Direct, Tufts Health Together

[Tufts Health Together](#)

Tufts Health Plan is permanently adopting the 15-minute code that was put in place to offer additional flexibility for certain ABA services rendered in light of the COVID-19 pandemic. As outlined in MassHealth's [Managed Care Entity Bulletin 29](#), the rate and CPT code 97156 (family adaptive behavior treatment guidance, administered by a licensed professional [with or without the patient present], face-to-face with guardian(s)/caregiver(s), every 15 minutes) were added to allow providers to bill for time spent providing guardian/caregiver support in 15-minute units. MassHealth has added CPT code 97156 to [101 CMR 358, Rates of Payment for Applied Behavioral Analysis](#) to document this change.

Additionally, the same regulation includes an updated description for HCPCS code H2012 to behavioral health day treatment, per hour (direct instruction by a licensed professional for home services by a licensed professional). Guardian/caregiver training can only be billed using CPT code 97156 and not under HCPCS code H2012-U2.

Tufts Health Direct

CPT code 97156 became effective for Tufts Health Direct on August 1, 2020.

For billing details, refer to the [Autism Professional Payment Policy](#).

Diabetes Screening Needed for Patients Taking Antipsychotic Medications

All products

According to the [American Diabetes Association \(ADA\)](#), patients taking antipsychotic medications have an increased risk of developing Type 2 diabetes. The risk is even higher for those who have schizophrenia or bipolar disorder. The ADA and the American Psychiatric Association (APA) advise that all patients taking antipsychotic medications be screened for diabetes.

Based on these guidelines, Tufts Health Plan encourages all providers who are prescribing antipsychotic medications to ensure members receive annual screenings for diabetes using an HbA1c test or fasting glucose test.

The following approved CPT codes can be used to bill for diabetes screening for adults:

Test	CPT Codes
Glucose	80047; 80048; 80050; 80053; 80069; 82947; 82950; 82951
HbA1c	83036

According to the [ADA](#), use of antipsychotic medications in children and adolescents can increase their risk of developing serious metabolic health complications. ADA research has shown an increase in weight gain and diabetes, as well as increased LDL cholesterol and triglyceride levels and decreased HDL cholesterol levels.

Given these risks, and the potential lifelong consequences, baseline screening and ongoing metabolic monitoring of blood glucose levels and LDL-C or cholesterol is important to ensure appropriate management of children and adolescents taking antipsychotic medications.

In addition to the CPT codes above, the following approved CPT codes can be used to bill for diabetes screening for children and adolescents:

Test	CPT Codes
LDL-C	80061; 83700; 83701; 83704; 83721; 83722; 3030F
Cholesterol tests other than LDL	82465; 83718; 84478

Another important strategy for improving health outcomes is coordinating care with the patient's team, including PCPs and behavioral health specialists (psychiatrists, therapists, care managers, behavioral health community partners (BHCP) and long-term support services [LTSS]).

Role of PCP in Supporting Behavioral Health Aftercare

All products

The period immediately following a patient's discharge from an inpatient behavioral health (BH) hospitalization is a time of increased vulnerability. It has been shown that timely aftercare with a BH provider reduces the rate of avoidable readmissions, emergency room visits, suicide attempts and suicidal ideation. For more information, visit the National Committee for Quality Assurance (NCQA) [website](#).

How PCPs can help:

- Educate patients and families about the importance of scheduling a BH follow-up appointment within seven days after an inpatient BH hospitalization.
- Schedule a phone call or telemedicine appointment with the patient following discharge to ensure the patient has a follow-up appointment scheduled with a BH provider.
- If necessary, help facilitate the scheduling of an in-person or telemedicine appointment with a BH provider.
Note: It is important for PCP offices with an integrated care model to have BH specialists keep appointments available for patients who have been recently discharged from an inpatient BH hospitalization.
- The patient or PCP office can use Tufts Health Plan's [Find a Doctor](#) search to find a BH provider or the patient can call the member services number on their member ID card for assistance.

Note: For Tufts Medicare Preferred HMO members only, a PCP referral is required to be seen by a BH provider.

PCPs can be a critical factor in helping to increase compliance with BH outpatient follow-up care and to provide ongoing support that helps to improve treatment outcomes.

REMINDERS

Coverage Changes Related to Coronavirus (COVID-19)

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

Tufts Health Plan has offered additional coverage during the COVID-19 pandemic. Current coverage includes the removal of referrals and prior authorizations for testing, as well as diagnosis and treatment services related to COVID-19. Coverage also includes an expanded telehealth benefit for medically necessary services. This coverage is effective for dates of service on or after March 6, 2020, until further notice. While this additional coverage is not reflected in the 2021 benefits, Tufts Health Plan will reevaluate its COVID-19-related coverage and may extend or expand it as necessary if the pandemic continues during the 2021 benefit year, subject to regulatory requirements and approval.

For the most up-to-date information about Tufts Health Plan's coverage of COVID-19 diagnostic testing, COVID-19 treatment, telehealth/telemedicine, pharmacy policies, authorizations and any other applicable updates, refer to the Coronavirus (COVID-19) Updates for Providers [page](#) on Tufts Health Plan's public Provider website.

Be a Champion for the 2020-2021 Seasonal Flu Vaccine

All products

The 2020-2021 influenza season will coincide with the continued or recurrent circulation of coronavirus (COVID-19). Influenza vaccination for everyone 6 months of age and older will help reduce prevalence of illness caused by influenza and will reduce symptoms that might be confused with those of COVID-19. Prevention and reduction in the severity of influenza illness, as well as reduction of outpatient illnesses, hospitalizations and intensive care unit (ICU) admissions through influenza vaccination also could alleviate stress on the United States health care system. For more information, refer to the CDC [website](#) for guidance on vaccine planning during this pandemic.

Note: When patients come in for the flu vaccine, it is recommended that providers ensure their patients are up to date with any other preventive vaccines they may need.

Who Should Be Vaccinated?

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for everyone 6 months of age and older who does not have contraindications. For these individuals, a licensed, recommended and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recumbent influenza vaccine (RIV4) and live attenuated influenza vaccine (LAIV4) are expected to be available for the 2020-2021 flu season.

There are two new vaccines licensed for use during the 2020-2021 flu season:

1. A quadrivalent high-dose vaccine licensed for use in adults 65 years and older. This vaccine will replace the previously licensed trivalent high-dose vaccine.
2. A new vaccine that will be available as a quadrivalent adjuvanted vaccine licensed for use in adults 65 years of age and older. This vaccine is like the previously licensed trivalent vaccine containing MF59 adjuvant, but it has one additional influenza B component.

For more information on the new flu vaccine recommendations for the 2020-2021 flu season, refer to the CDC's [Morbidity and Mortality Weekly Report](#).

People at High Risk for Developing Flu-Related Complications

- [Children younger than 5 years of age, but especially children younger than 2 years of age](#)
- [Adults older than 65 years of age](#)
- [Pregnant women \(and women up to two weeks postpartum\)](#)
- [Residents of nursing homes and other long-term care facilities](#)
- [American Indians and Alaska Natives](#)
- People who have medical conditions including:
 - [Asthma](#)
 - Neurological and neurodevelopmental conditions, including disorders of the brain, spinal cord, peripheral nerve and muscle, such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy or spinal cord injury
 - Chronic lung disease, such as COPD and cystic fibrosis
 - [Heart disease](#), such as congenital heart disease, congestive heart failure and coronary artery disease
 - Blood disorders, such as sickle cell disease
 - Endocrine disorders, such as [diabetes](#)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders, such as inherited metabolic disorders and mitochondrial disorders
 - Weakened immune system due to disease or medication, such as [HIV/AIDS and cancer](#) or those on chronic steroids
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People who are morbidly obese: [body mass index \(BMI\)](#) of 40 or greater

CDC Recommendations for When to Start Immunizing

Balancing considerations regarding unpredictable influenza season onset and concerns that vaccine-induced immunity might wane over the course of a flu season, the CDC recommends people be vaccinated by the end of October. The CDC advises against early vaccination, as it may lead to reduced protection against influenza later in the season, particularly among older adults.

Children ages 6 months through 8 years of age who require two doses should receive their first dose as soon as possible after the vaccine becomes available to allow time for the second dose to be administered. **Note:** The two doses must be given at least four weeks apart.

Where to Get Immunized

- Provider offices
- CVS MinuteClinics® located in MA, NH, RI, CT and NY
- CVS/pharmacy stores in MA, RI and NH

Note: MA and RI have an age restriction of 18 years of age and older, whereas NH has an age restriction of 9 years and older. These restrictions are state regulations specific to pharmacy administration.

- Participating pharmacies within the Caremark network; this expanded network is for members who receive their pharmacy benefit through Tufts Health Plan
- At any other self-pay clinic/vaccination site (member reimbursement would apply)

Note: Age restrictions may apply for vaccines administered outside the provider office.

Note: Members can call the Member Services number listed on the back of their ID card if they have questions about where to go for their flu shot.

Coverage for Seasonal Flu Vaccine

For most plans, there is no cost to the member, and copayment and deductible do not apply. If members pay out of pocket for the flu vaccine, they can submit for reimbursement from Tufts Health Plan. Members can call a Members Services representative at the number listed on the back of their ID card if they are unsure whether their plan covers the flu vaccination in full.

Provider Reimbursement for Seasonal Flu Vaccine Administration

Refer to Tufts Health Plan's [Immunization Payment Policy](#).

MyRewards Program Offering \$50 Reward for Eligible Members

Tufts Health Plan encourages providers to remind their patients that they may be eligible to receive a \$50 reward for covered children 6 to 35 months of age who receive the flu vaccine. Effective October 1, 2020, through February 28, 2021, this additional rewardable service is part of Tufts Health Plan's MyRewards program, available to Commercial fully insured members in Massachusetts and Rhode Island. Providers may refer their patients to member benefit documents for details regarding benefits and coverage. **Note:** This excludes tiered products, such as CareLink and Tufts Health Direct.

Reporting Adverse Events Following Vaccination

Refer to the [VAERS](#) website or call 800.822.7967.

CDC Information

- [Information for Health Professionals](#)
- [What You Should Know for the 2020–2021 Flu Season](#)
- [Free Flu Resources](#): Messaging (available in multiple languages) to address flu recommendations (free for download)
- [Flu Activity & Surveillance](#)

Reference: [CDC](#)

Core Administrative System Implementation for Tufts Health RITogether

Tufts Health Public Plans products

As [previously communicated](#), and effective for dates of service on or after September 1, 2020, Tufts Health Plan migrated Tufts Health RITogether to a new system to support claims adjudication and enrollment processing.

As part of the system implementation for Tufts Health RITogether, providers contracting for both Massachusetts and Rhode Island Tufts Health Public Plans products now receive combined payment information from Tufts Health Plan. Explanation of Payments (EOPs) include consolidated provider payment data across all Tufts Health Public Plans products. Providers will still be able to access payment-specific data by product on the secure Provider portals. For provider payment data specific to Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify, refer to the secure Provider [portal](#). For provider payment data specific to Tufts Health RITogether, refer to [Tufts Health Provider Connect](#).

Existing Tufts Health RITogether members prior to September 1, 2020, retained their member ID that starts with the letter "R." New Tufts Health RITogether members after September 1, 2020, will be assigned a member ID with a nine-digit alphanumeric value, with an alpha character in the middle.

For questions regarding the system change for Tufts Health RITogether, call Tufts Health Public Plans Provider Services at 844.301.4093 (RI) or 888.257.1985 (MA).

Modifier Reimbursement Changes

Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO

As [previously communicated](#), and effective for dates of service on or after February 26, 2021, Tufts Health Plan will implement changes to modifier reimbursement processing. When a modifier has been appropriately

applied, as determined through the coding validation process, providers will be reimbursed at 100% of the allowed amount for that service, unless otherwise specified in your Tufts Health Plan provider contract.

Note: This depends on the provider type, as there are provider types that could use the appropriate modifier (modifier AS) and still have a modifier reduction applied. In cases where a modifier has been incorrectly applied, payment will be denied. For more information, refer to the [Modifier Payment Policy](#) available in the Resource Center on the Tufts Health Plan public Provider [website](#).

Note: This change will not impact modifier 25.

Request for Claim Review Form

Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO

Tufts Health Plan encourages registered providers to submit claim adjustments for Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan (Senior Care Options (SCO) using the secure Provider [portal](#) or by using the fillable features on the online [Request for Claim Review Form](#), as opposed to handwritten form submissions, to expedite the review and processing of the dispute.

Note: Registered providers will be able to submit claim adjustments using the secure Provider portal for all Tufts Health Public Plans products in Q1 2021.

For more information, providers can refer to [Request for Claim Review Form and Mailing Information](#) on Tufts Health Plan's public Provider [website](#).

Fraud, Waste and Abuse Hotline

All products

Tufts Health Plan has a Fraud, Waste and Abuse Hotline to help Tufts Health Plan providers, members, employees and vendors who have questions, concerns or complaints related to possible wasteful, fraudulent or abusive activity. Common concerns may include the following:

- Have you ever seen indications that a patient might be using a Tufts Health Plan ID card fraudulently?
- Have patients ever reported receiving excessive, nonordered, or unnecessary medications or medical supplies?
- Have patients ever given you information about questionable billing practices by other providers?
- Have you been made aware or do you suspect that a patient may be seeking a prescription for a non-legitimate medical purpose, abusing the pharmacy benefit or receiving controlled substances from multiple prescribers?
- Have you ever received a fax request from an out-of-state pharmacy for pain cream, antibiotic ointments, etc., which may represent a fraudulent pharmacy scheme?

Anyone who has concerns like these can report them by calling the Tufts Health Plan Fraud, Waste and Abuse Hotline 24 hours a day, 7 days a week, at 877.824.7123. Providers can choose to identify themselves or report anonymously. The information provided will be forwarded to Tufts Health Plan's Compliance Department within one business day so provider concerns can be addressed in a timely manner.

Provider Training Requirement

Tufts Health Unify

Tufts Health Unify is required by the Massachusetts EOHHS and CMS to ensure Tufts Health Unify providers complete comprehensive training on the One Care program. In order to satisfy this requirement, Tufts Health Plan expects providers to complete the training program offered by both Tufts Health Unify and by MassHealth through the [One Care Shared Learning for Plans and Providers](#).

This training program has two tracks. Provider access to each of the training tracks is available on Tufts Health Plan's public Provider [website](#).

Track One

[Track One](#) is a general training series made available by MassHealth through the UMass Medical School and

One Care Shared Learning Program for both One Care plans and their network providers. Tufts Health Unify currently requires providers take, at minimum, the following training modules:

- One Care: An Introduction for One Care Plans
- Engaging One Care Enrollees in Assessments & Care Planning
- Americans with Disabilities Act (ADA) Compliance
- Principles of Cross-Cultural Competence
- Contemporary Models of Disability: Beyond the Medical Model (Independent Living, Self-Determination and Recovery Model)
- Promoting Wellness for People with Disabilities

Note: Providers will need to create a One Care account on the [One Care Shared Learning website](#) to take the trainings. All questions about Tufts Health Unify training requirements should be directed to Tufts Health Plan Provider Services at 888.257.1985.

Track Two

[Track Two](#) is a plan-specific training to introduce providers and their office staff to Tufts Health Unify.

This track currently includes:

- An overview of the care management model
- Review of the person-centered approach to care plan development and the role of the interdisciplinary care team
- Information about the secure Provider [portal](#)
- Information about doing business with Tufts Health Plan
- Important provider resources

Note: After completing the training, submit the [online attestation form](#).

For additional information or questions about these training requirements, refer to the [frequently asked questions \(FAQs\) page](#) for Tufts Health Unify available on the public Provider [website](#), or contact Tufts Health Plan Provider Services at 888.257.1985.

CMS Requirement for Billing of Inpatient and Skilled Nursing Facility Claims

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

As a reminder and per CMS requirements, a condition code of "40" must be present on inpatient and skilled nursing facility (SNF) claims, for Medicare beneficiaries, when the patient is transferred to another participating Medicare provider before midnight on the day of admission. Therefore, inpatient and SNF claims for Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Unify members not meeting this criterion will be rejected back to the submitting provider for correction and resubmission to Tufts Health Plan. For additional information on billing requirements for inpatient and SNF claims, refer to the applicable payment policies in the [Resource Center](#) on the Tufts Health Plan public Provider website.

Update Your Practice and Billing Information

All products

Note: Refer to the Announcement Regarding Updates to Tufts Health Plan's Provider Directory [article](#) before following the below instructions. Massachusetts behavioral health 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 by CAQH®. 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](#).

Members use Tufts Health Plan's online provider directory ([Find a Doctor](#)) to find physicians, specialists and allied health providers who meet their health care needs. To ensure your payments are being mailed to the correct address and your practice is accurately represented in the [Find a Doctor](#) search, it is critical that you regularly update your billing address and provider demographic information as changes occur.

If CAQH has not yet notified you of your enrollment through CAQH, providers are reminded to notify Tufts Health Plan of any changes to their contact or panel information, such as a change in their ability to accept new patients, a change in the practice or billing street address (including suite number, if applicable) or phone number, or any other change that affects their availability to see patients. Changes must be

communicated in writing as soon as possible so that members have access to the most current information in the provider directory.

Note: Providers are also reminded to update their covering provider list as needed. Tufts Health Plan does not automatically add providers new to your practice to the list of covering providers.

How to Update Your Information

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

Providers can confirm current practice information using the appropriate Find a Doctor search for either [Commercial/Tufts Medicare Preferred HMO/Tufts Health Plan SCO](#) or [Tufts Health Freedom Plan](#). If the information listed is incorrect, update it as soon as possible by completing either the [Standardized Provider Information Change Form](#) or Tufts Health Plan's [Provider Information Change Form](#) (available in the Forms section of the Resource Center on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites) and returning it to Tufts Health Plan, as noted on the form.

Tufts Health Public Plans products

Providers can confirm current practice information using the Find a Doctor search for [Tufts Health Public Plans products](#). If the information listed is incorrect, update it as soon as possible by completing the Provider Information Form for [medical providers](#) or [behavioral health 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), as noted on the form.

Billing Addresses

Providers can update billing addresses by completing the appropriate form indicated above and selecting "billing" as the address type.

Reimbursement Offered for Proof of Buprenorphine Certification

Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO

As [previously communicated](#) and as part of an ongoing effort to address substance use disorders (SUDs), Tufts Health Plan is offering reimbursement* to providers who become certified to prescribe buprenorphine to eligible members with SUDs.

This reimbursement program will continue to run through the 2020 calendar year. As part of this program, Tufts Health Plan is offering up to \$300 in reimbursement to the first 100 eligible providers who become certified to prescribe buprenorphine.

In order to receive reimbursement, providers must:

- Be a credentialed M.D., D.O., nurse practitioner or physician assistant and be contracting with Tufts Health Plan on the date of training
- Be one of the first 100 providers to complete the training within the 2020 calendar year and submit a completed [Buprenorphine Training Reimbursement Form](#) to Tufts Health Plan along with the required documentation (as noted on the form)
- Respond within five business days if Tufts Health Plan requests clarification

Note: Providers may not seek reimbursement for costs associated with maintaining an existing waiver or a request to increase patient limits.

Tufts Health Plan neither requires nor endorses a specific training course. To find a training course, refer to the Substance Abuse and Mental Health Services Administration [website](#).

*Tufts Health Plan is offering this incentive to providers who have a full, unrestricted license with the Massachusetts Board of Registration in Medicine, New Hampshire Board of Medicine or Rhode Island Board of Medical Licensure and Discipline; are in good standing with all regulatory requirements related to their license; and are to the best of their knowledge not under investigation by Tufts Health Plan or law enforcement agencies for prescribing practices.

Submit Transactions Electronically Using Online Self-Service Channels

All products

As a reminder, 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 refer to the [Electronic Services](#) page on Tufts Health Plan's public Provider website.

- **All products (excluding Tufts Health RITogether):** Secure Provider [portal](#)
- **Tufts Health RITogether:** [Tufts Health Provider Connect](#)*

Note: Registered providers will be able to submit claim adjustments on the secure Provider [portal](#) for all Tufts Health Public Plans products in Q1 2021, a functionality currently utilized by all other Tufts Health Plan lines of business.

Note: If you are not yet registered for the online self-service channels listed above, information on how to [register for secure access](#) is available on Tufts Health Plan's public Provider website.

*Effective January 11, 2021, Tufts Health Provider Connect, the secure Provider portal used for Tufts Health RITogether, will be replaced by the secure Provider portal currently utilized by all other Tufts Health Plan lines of business. For more information, refer to [New Secure Provider Portal for Tufts Health RITogether](#).

Disease Management

Tufts Health Direct, Tufts Health Together

Disease management and care management services are designed to assist with coordination and care and to provide education and coaching for members with asthma, diabetes, COPD and/or congestive heart failure. These services are available to members of Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

Tufts Health Direct members may be eligible to receive a \$25 supermarket gift card for completing five routine diabetes screenings. For more information about this member incentive, refer to the Tufts Health Plan public Member [website](#).

Cultural Competency Training

Tufts Health RITogether, Tufts Health Together, Tufts Health Unify

As an element of the online provider directory, Tufts Health Plan includes whether a participating provider rendering services for Tufts Health Public Plans products has completed cultural competency training. This inclusion is based in part on CMS requirements for Tufts Health Unify and is recommended for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs). Providers are asked to complete the [Cultural Competency Attestation Form](#) to have their completed cultural competency training status updated in the online provider directory or to learn more about suggested cultural competency training options.

What Is Cultural Competence?

Per the [Health Research and Educational Trust](#), cultural competence in health care describes the ability of systems and health care professionals to provide high-quality care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet each individual's social, cultural and linguistic needs.

Register to Receive *Provider Update* by Email

All products

Providers who have not yet registered to receive *Provider Update* by email must complete the [online registration form](#), available in the News* section of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

Providers who routinely visit the public Provider websites for updates and prefer not to receive *Provider Update* by email can indicate that preference on the [online registration form](#).

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).

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 if you call the applicable number located on the Contact Us pages on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

Provider Training

All products

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](#). Inquiries unrelated to provider education should be directed to the appropriate provider [call center](#).

The Training sections of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites provide 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 portals to view claims, submit claim adjustments, view authorizations and more.

Contact Information for Providers Calling Tufts Health Plan

All products

Before contacting Tufts Health Plan, providers are reminded to refer to the Contact Us page, 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 PORTALS

- [Commercial \(including Tufts Health Freedom Plan\), Tufts Health Public Plans Massachusetts products and Senior Products](#)
- [Tufts Health RITogether](#)

CONTACT INFORMATION

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

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705 Mount Auburn Street, Watertown, MA 02472