

PROVIDER UPDATE

NOVEMBER 1, 2021

NEWS FOR THE NETWORK



Provider Update includes information for all Tufts Health Plan products: Commercial* products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO,* Tufts Health Plan Senior Care Options (SCO)* and Tufts Health Public Plans* products (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify).

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

Note: If you have registered to receive *Provider Update* by email but are still not receiving it, check your spam folder or check with your organization’s system administrator to ensure the organization’s firewall is adjusted to allow for receipt of *Provider Update* (SENDER: providerupdate@email-tuftshealth.com).

Current and recent past issues of *Provider Update* are also available in printable format in the News section of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites. **Note:** Providers can filter by product in the News section by selecting the appropriate product from the navigation options on the left-hand side.

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

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

*Throughout *Provider Update*, you will see products referenced as Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO and Tufts Health Public Plans products. You will also see these products referenced as “All products.” Changes will apply to all those specified products unless product exclusions are specified for that particular change.

REMINDERS

Browser Note

If you are using an outdated or unsupported browser, certain features on Tufts Health Plan’s websites may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.

Avoid Printing

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

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IMPORTANT REMINDERS

Coronavirus (COVID-19) Updates for Providers

All products

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

Secure Provider Portal Self-Service Tools

All products

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

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

60-DAY NOTIFICATIONS

Coverage Updates

All products

60-Day Notifications

The following changes are effective for dates of service on or after January 1, 2022:

Gene Therapy: Treatment of Inherited Retinal Disorders

Tufts Health Plan will require prior authorization for gene therapy for the treatment of inherited retinal disorders for Tufts Health Unify. For more information, refer to the Medical Necessity Guidelines for [Gene Therapy: Treatment of Inherited Retinal Disorders for Tufts Health Together and Tufts Health RITogether](#).

Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea

Tufts Health Plan will require prior authorization for Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea using CPT codes 64568, 0466T, 0467T and 0468T for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO). For more information, refer to the [Tufts Health Plan SCO Prior Authorization List](#) and [Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List](#).

Other Coverage Updates

Whole Genome Sequencing and Whole Exome Sequencing

Effective for dates of service on or after December 1, 2021, Tufts Health Plan covers whole genome sequencing and whole exome sequencing with prior authorization for Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and ACPPs and Tufts Health Unify. For more information, refer to the Medical Necessity Guidelines for [Whole Exome Sequencing and Whole Genome Sequencing](#).

Community Support Programs (CSP) for Chronically Homeless Individuals (CHI) and Social Innovation Financing

Effective October 1, 2021, Tufts Health Plan has added diagnosis codes: Z59.01 and Z59.02 to its Medical Necessity Guidelines for [Community Support Programs \(CSP\) for Chronically Homeless Individuals \(CHI\) and Social Innovation Financing \(SIF\)](#) for Tufts Health Together – MassHealth MCO Plan and ACPPs and Tufts Health Unify.

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Power Wheelchair Components

Effective January 1, 2022, Tufts Health Plan will cover power-assisted standing system (HCPCS code E2301) and power seat elevation system (HCPCS code E2300) with prior authorization for Tufts Health Plan Senior Care Options (SCO). For more information, refer to the [Tufts Health Plan SCO Prior Authorization List](#).

Maternal Tests for Fetal Trisomy

Effective October 20, 2021 Tufts Health Plan has changed the title of Maternal Tests for Fetal Trisomy to Genetic Testing: Cell- Free DNA Testing for Fetal Trisomy. In addition to the title change, criteria has been updated. The requirement for maternal age, fetal aneuploidy screening, and member family history have been removed. For more information, refer to the Medical Necessity Guidelines for [Genetic Testing: Cell-Free DNA Testing for Fetal Trisomy](#).

Transcatheter Mitral Valve Repair (TMVR)

Effective October 20, 2021, Tufts Health Plan has changed the Transcatheter Mitral Valve Repair (TMVR) Medical Necessity Guidelines to no longer require prior authorization. For more information, refer to the Medical Necessity Guidelines for [Transcatheter Mitral Valve Repair](#).

Imaging Services Payment Policy Update

Commercial products and Tufts Health Public Plans products

As previously communicated, Tufts Health Plan and Harvard Pilgrim Health Care are reviewing existing payment policies and assessing opportunities for consistency, in addition to standard periodic reviews. Based on a review of the Imaging Services Payment Policy, effective for dates of service on or after January 1, 2022, Tufts Health Plan will be updating the compensation amounts for imaging services that are subject to multiple procedures reduction logic.

In addition to the payment reduction logic currently in place regarding the technical and/or global component of an imaging procedure (which is outlined in further detail within the policy), a 25% reduction will be applied to the lower allowable service(s) when two or more applicable codes are billed for the professional component of an imaging procedure (indicated by modifier 26) for a single member within the same visit. While the primary procedure will continue to be compensated at 100% of the compensation rate, any subsequent services subject to the reduction logic will be compensated at the reduced rate.

The list of codes subject to this reduction logic will also be expanded to include additional ultrasound codes. For an updated list of procedure code combinations, refer to the [Imaging Services Payment Policy](#).

New Smart Saver Rx Plan

Tufts Medicare Preferred HMO

Effective for dates of service on or after January 1, 2022, Tufts Medicare Preferred HMO will introduce a new \$0 plan called Tufts Medicare Preferred HMO Smart Saver Rx (HMO). Key features of this plan include, but are not limited to:

- \$0 premium with \$0 medical deductible
- Low maximum out-of-pocket (MOOP) cost of \$5,900
- \$0 PCP and \$0 lab copayments
- Prescription drug benefits including low deductibles on Tier 3, 4 and 5 drugs; \$0 copayment on Tier 1 drugs at preferred pharmacies, and \$0 for Tier 6 vaccine drugs
- \$1,500 embedded dental benefit with no copayments for preventive visits and 50% coinsurance for basic and major services after the \$100 deductible is met
- \$50 per calendar quarterly allowance for Medicare approved over-the-counter (OTC) items
- Similar referral and prior authorization requirements to existing Tufts Medicare Preferred HMO plans

Note: 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 tools, even for members seen on a regular basis.

2022 Benefit Changes

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, 2022, upon the plan's effective or renewal date:

Additional Telehealth Benefit

- Additional telehealth coverage beyond Medicare will be expanded to include Other Health Care Professionals (PAs & NPs), Kidney Disease Education Services, Diabetes Self-Management Training, Group Sessions for Mental Health Specialty Services, Group Sessions for Psychiatric Services, Group Sessions for Outpatient Substance Abuse, and Urgently Needed Services. **Note:** 2021 coverage categories include 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 requirements and cost-sharing rules are the same as for the corresponding in-person visit.

Other Benefit Changes

The following changes may not apply to all plans.

- Added an embedded dental benefit to the Value Rx and Value No Rx plans with \$1,000 annual limit, \$0 copayment for preventive services and 50% coinsurance for basic services. **Note:** Major services are not covered.
- Enhanced Medicare Part D coverage on the Value Rx plan with \$0 deductible and reduced Tier 1 and Tier 2 copayments at preferred pharmacies.
- Increased copayment amount from \$10 per visit to \$20 per visit for Medicare-covered acupuncture for chronic lower back pain. PCP referral is required for acupuncture services, including services by licensed acupuncturists.
- Changed copayment periodicity for ambulance services from "per day" to "per trip" for Value, Prime, and Prime Rx Plus plans.
- Increased inpatient mental health care copayment from \$315 to \$350 per day for days one to five for the Saver Rx plan.
- Increase SNF copayment by \$20 per day for days 21 to 44 for all plans (excluding Prime Rx Plus).
- Increased copayment amount for urgently needed care at an urgent care facility to \$30 for Value, Prime and Prime Rx Plus plans and \$50 for Saver and Basic plans.
- \$0 copayment for therapeutic Continuous Glucose Monitors (CGMs) with prior authorization.
- \$0 copayment for e-visits and virtual check-ins with PCPs, other primary care providers or specialists.
- Emergency care copayment will be waived and applicable outpatient surgery copayment will apply to an emergency room visit resulting in surgery performed in an operating room, other hospital outpatient facility or ambulatory surgical center on the same date of service.
- Introduced a [Medicare Part B Step Therapy Policy](#) for certain Part B prescription drugs (Individual HMO plans only).
- Introduced Drug Management Program (DMP) to help members safely use their opioid medications.
- Removed quantity limitations from eyewear coverage so long as the member stays within the allowed amount.
- Wellness Allowance benefit expanded to include costs associated with online wellness classes or subscriptions, such as Peloton.
- Select premium increases on all non-\$0 premium Rx plans.

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 tools, even for members seen on a regular basis.

2022 Benefit Changes

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, 2022, upon the plan's effective or renewal date:

Additional Telehealth Benefit

- Additional telehealth coverage beyond Medicare will be expanded to include Other Health Care Professionals (PAs & NPs), Kidney Disease Education Services, Diabetes Self-Management Training, Group Sessions for Mental Health Specialty Services, Group Sessions for Psychiatric Services, Group Sessions for Outpatient Substance Abuse, and Urgently Needed Services.

Note: Current coverage categories include 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 requirements are the same as for the corresponding in-person visit.

Other Benefit Changes

- Increased DailyCare+ Card allowance from \$25 per calendar quarter to \$70 per calendar quarter and expanded covered items to include groceries in addition to personal items.
Note: Allowance was increased to \$40 per calendar quarter and covered items expanded to include groceries started July 1, 2021 as part of COVID flexibilities.
- Reduced Instant Savings Card allowance from \$112 per calendar quarter to \$88 per calendar quarter for Medicare-approved over-the-counter (OTC) items.
- Removed prior authorization requirements for all Behavioral Health (BH) services, including Substance Use Disorder (SUD).
- Removed prior authorization requirement for Hearing Aids, Supplies, and Services.
- Removed prior authorization requirement for Partial Hospitalization Services.
- Introduced a [Medicare Part B Step Therapy Policy](#) for certain Part B prescription drugs.
- Introduced Drug Management Program (DMP) to help members safely use their opioid medications.
- Introduced requirement for notification and concurrent review of all 24-hour levels of care for BH services.
- Removed quantity limitations from eyewear coverage so long as the member stays within the allowed amount.
- Wellness Allowance benefit expanded to include costs associated with online wellness classes or subscriptions, such as Peloton.

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 tools, even for members seen on a regular basis.

Colorectal Cancer Screening Coverage Change

Fully Insured Rhode Island Commercial products

Per Rhode Island state [mandate](#), and effective for all Tufts Health Plan fully insured Rhode Island Commercial plans issued or renewed on or after January 1, 2022, in addition to providing coverage for prostate and colorectal preventive screening examinations and lab tests for cancer without cost share, carriers will also be required to cover in full a follow-up colonoscopy if the results of the initial medical test or procedure are abnormal.

In order to waive member cost in accordance with the mandate, providers must submit the appropriate colonoscopy HCPCS/CPT procedure code with modifier 33 to indicate the service is a follow-up to the initial preventive service. For more information on the mandate, click [here](#).

Pharmacy Coverage Changes

Commercial products, Tufts Health Direct

The following changes apply to [Commercial](#) products and [Tufts Health Direct](#), unless otherwise noted.

Prior Authorization

New Prior Authorization Programs

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will add prior authorization criteria for Velphoro®. These coverage changes apply to members initiating a new course of treatment. Members who are already taking one of these drugs 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, 2022, Tufts Health Plan will update its prior authorization criteria for the following medications:

- Complement Inhibitors
- Cushing's Disease Agents
- Evkeeza™ (evinacumab-dgnb)
- Insomnia Treatments

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, 2022, Tufts Health Plan will have new or updated quantity limitations for Viberzi®. For a member to receive coverage for quantities above the new or updated 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 and Tufts Health Direct, and are effective for fill dates on or after January 1, 2022:

Drugs Moving to Noncovered Status

- Bystolic tablets
- Epaned solution
- Intelence tablets
- Menostar transdermal patches
- Sutent capsules
- Evzio

Drugs Moving to Tier 2 Status

- Acamprosate DR tablets
- amlodipine/valsartan/hydrochlorothiazide tablets
- benzphetamine tablets
- bromocriptine mesylate capsules and tablets
- carbidopa tablets
- dextroamphetamine solution
- diethylpropion ER tablets
- diethylpropion IR tablets
- linezolid tablets
- methazolamide tablets
- nimodipine tablets
- nitazoxanide capsules
- ofloxacin 0.3% otic solution
- quinine sulfate capsules
- riluzole tablets

Drugs Moving to Tier 3 Status

- albendazole tablet
- colesevelam tablet and packet
- cromolyn sodium nebulizer solution
- phendimetrazine ER tablets

Drugs Moving to Excluded Status

- loperamide
- miconazole suppository
- Topical Salicylic acid products
- L-methylfolate tablets
- atropine 1% ophthalmic ointment

Commercial Products

The following changes apply to large and small group Commercial products formularies and are effective for fill dates on or after January 1, 2022:

Drugs Moving to Tier 1 Status

- fluoxetine solution
- guanfacine tablet

Commercial 3-Tier Formularies

The following changes apply to 3-Tier Commercial products and are effective for fill dates on or after January 1, 2022:

Drugs Moving to Tier 2 Status

- bexarotene capsules
- bosentan 62.5, 125 mg
- imatinib mesylate tablet
- tretinoin capsules

Drugs Moving to Tier 3 Status

- Actemra[®] ACTPen[™] (tocilizumab) auto-injector
- Kisqali[®] (ribociclib)

Commercial 4-Tier Formularies

The following changes apply to 4-Tier Commercial products and are effective for fill dates on or after January 1, 2022:

Drugs Moving to Tier 4 Status

- deferasirox 90, 180, 360 mg tablets
- Ibrance[®] (palbociclib)
- imatinib
- Leukeran[®] (chlorambucil)
- Lysodren[®] (mitotane)

Commercial Large Groups

The following changes apply to large group Commercial products formularies and are effective for fill dates on or after January 1, 2022:

Drugs Moving to Noncovered Status

- Adipex-P[®] capsules
- Adipex-P[®] tablets
- Albenza[®] tablet
- Alinia[®] tablet
- Firazyr[®] (icatibant injection)
- Lomaira[™]

Commercial Small Groups and Tufts Health Direct

The following changes apply to small group Commercial products' formularies and Tufts Health Direct formularies, and are effective for fill dates on or after January 1, 2022:

New Prior Authorization Programs

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will add prior authorization criteria to the following medications:

- Doxylamine-pyridoxine (Diclegis) tablets
- Non-preferred Basal Insulin and Insulin/GLP-1 Antagonist Combination Products
- Non-preferred Corticosteroid Inhalers
- NSAID Gastrointestinal Protectant Combination Products
- Azelastine-Fluticasone Nasal Spray

These coverage changes apply 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 applicable pharmacy medical necessity guidelines.

Quantity Limitations

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will have new or updated quantity limitations for the following medications:

- Duexis (famotidine/ibuprofen) tablets
- Levorphanol

Tufts Health Direct

The following changes apply to Tufts Health Direct formularies and are effective for fill dates on or after January 1, 2022:

Drugs Moving to Tier 2 Status

- bosentan 62.5, 125 mg

Drugs Moving to Tier 3 Status

- Actemra ActPen® (tocilizumab) auto-injector
- Kisqali® (ribociclib)

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 \(ACPPs\)](#) unless otherwise noted.

Prior Authorization**New Prior Authorization Programs****Antidiabetic Agents: Tufts Health Together – MassHealth MCO Plan and ACPPs**

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will implement the following coverage changes for antidiabetic agents as part of the MassHealth MCO/ACPPs Unified Pharmacy Product List (UPPL):

Medication Name	Current Coverage	Coverage Effective 1/1/2022
Adlyxin (lixisenatide)	Not Covered	PA, QL
Alogliptin (generic Nesina)	PA, QL, 90 DS	Not Covered, QL
Alogliptin/metformin (generic Kazano)		
Alogliptin/pioglitazone (generic Oseni)		
Duetact (pioglitazone/glimepiride)		
Glumetza (metformin ER gastric tablet)	Not Covered	PA, QL, Brand Preferred
Kazano (alogliptin/metformin)		PA, Brand Preferred
Nesina (alogliptin)		PA, QL, Brand Preferred
Oseni (alogliptin/pioglitazone)	PA, 90 DS	Not Covered
Metformin ER gastric tablet (generic Glumetza)		
Pioglitazone/glimepiride (generic Duetact)	Covered, 90 DS	Not Covered, QL
Qtern (dapagliflozin/saxagliptin)	Not Covered	PA, QL
Repaglinide/metformin	Covered, 90 DS	PA, QL, 90 DS
Steglujan (ertugliflozin/sitagliptin)	Not Covered	PA, QL
Trijardy XR (empagliflozin/linagliptin/metformin ER)		

90 DS = drug is available for a 90-day supply; ER = extended-release; PA = Prior Authorization required, QL = quantity limit

Current utilizers of Adlyxin, Duetact, pioglitazone/glimepiride, Qtern, repaglinide/metformin, Steglujan and Trijardy XR will not be grandfathered. For requests for impacted agents (except generic pioglitazone/glimepiride), the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Insulin Antidiabetic Agents. For requests for generic pioglitazone/glimepiride, the prescription provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Pharmacy Products.

Additionally, members currently taking generic alogliptin (Nesina), alogliptin/metformin (Kazano), alogliptin/pioglitazone (Oseni), and metformin extended-release gastric tablet (Glumetza) should switch to the equivalent brand formulation on or after January 1, 2022. For a member to fill the generic formulations of these medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-Covered Pharmacy Products.

For a member to receive coverage for quantities above the new quantity limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Products with Quantity Limitations. **Note:** The following agents will no longer be included in Tufts Health Together – MassHealth MCO Plan and ACPPs' voluntary 90-day supply pharmacy program:

- Alogliptin
- alogliptin/metformin
- alogliptin/pioglitazone
- metformin ER gastric tablet
- pioglitazone/glimepiride

Respiratory Agents: Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after January 1, 2022, Tufts Health plan will implement the following coverage changes for respiratory inhalers as part of the MassHealth MCO/ACPPs UPPL:

Medication Name	Current Coverage	Coverage Effective 1/1/2022
AirDuo Digihaler (fluticasone/salmeterol inhalation powder)	Not Covered	PA, QL
Armonair Digihaler (fluticasone inhalation powder)	Not Covered	PA
ProAir Respiclick (albuterol inhalation powder)	Covered	PA

PA = Prior Authorization required; QL = quantity limit

Note: Current utilizers of Airduo Digihaler, Armonair Digihaler and Proair Respiclick will not be grandfathered. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Respiratory Inhalers. For a member to receive coverage for quantities above the new quantity limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Products with Quantity Limitations.

Xifaxan (rifaximin) 550 mg tablet: Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will require prior authorization for coverage of Xifaxan (rifaximin) 550 mg tablet. This coverage change applies to members currently taking Xifaxan 550 mg tablet as well as those initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Xifaxan 550 milligram tablet.

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after January 1, 2022, 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:

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

- Anticonvulsants/Mood Stabilizers
- Antipsychotic Medications
- Complement Inhibitors
- Cushing's Disease Agents
- Difacid® (fidaxomicin)
- Gastrointestinal Medications
- Evkeeza™ (evinacumab-dgnb)
- Savella® (milnacipran)

Tufts Health Together – MassHealth MCO Plan and ACPPs

- ADHD CNS Stimulant Medications
- Amyloidosis Therapies
- Anticoagulants
- Buprenorphine/Naloxone Medications (Bunavail™, buprenorphine/naloxone tablets, Zubsolv®)
- Buprenorphine Sublingual Tablets
- Continuous Glucose Monitoring Systems – Dexcom G6 and FreeStyle Libre Systems Only
- Cosela™ (trilaciclib)
- Growth Hormone Replacement Therapy
- Multiple Sclerosis Agents
- Non-Insulin Antidiabetic Agents
- Oral Cancer Medications
- Products with Quantity Limitations
- Respiratory Inhalers
- Targeted Immunomodulators – Biological Agents
- Xifaxan® 550 milligram tablet
- Zeposia® (ozanimod)

Tufts Health RITogether

- Hypnotic Agents

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

Quantity Limitations

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will update its quantity limitations for the medications listed below. For a member to receive coverage for quantities above the new quantity limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Products with Quantity Limitations for [Tufts Health RITogether](#) and Tufts Health Together – MassHealth MCO Plan and ACPPs.

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

- Difucid[®] (fidaxomicin) suspension
- Nayzilam[®] (midazolam) nasal solution
- Savella[®] (milnacipran) titration pack
- Secuado[®] (asenapine) transdermal patch

Tufts Health RITogether

- Baqsimi[®] (glucagon) nasal powder
- Belsomra[®] (suvorexant) tablet
- DayVigo[®] (10emborexant) tablet
- Glucagon injection
- GlucaGen[®] HypoKit[®] (glucagon) injection
- Gvoke[®] HypoPen[®] (glucagon injection)
- Gvoke (glucagon) prefilled syringe

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Adlyxin[®] (lixisenatide) injection
- AirDuo[®] Digihaler[®] (fluticasone/salmeterol inhalation powder)
- Azstarys[™] (serdexmethylphenidate/dexmethylphenidate) capsule
- Bunavail[®] (buprenorphine/naloxone) buccal film
- Buprenorphine sublingual tablet
- hBuprenorphine/naloxone sublingual tablet
- Duetact[®] (pioglitazone/glimepiride) tablet
- Jornay PM[®] (methylphenidate extended-release) capsule
- Pioglitazone/glimepiride tablet
- Qtern[®] (dapagliflozin/saxagliptin) tablet
- Repaglinide/metformin tablet
- Steglujan[™] (ertugliflozin/sitagliptin) tablet
- Trijardy XR[®] (empagliflozin/linagliptin/metformin extended-release) tablet
- Zubsolv[®] (buprenorphine/naloxone) sublingual tablet

Drugs Status Changes

Drugs Moving to Noncovered Status

Effective for fill dates on or after January 1, 2022, Aimovig[®] (erenumab-aooe) will be moved to noncovered status for Tufts Health RITogether. For a member to continue taking Aimovig, 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.

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. This form can be faxed or mailed to Tufts Health Plan's Pharmacy Utilization Management Department, as indicated on the form.

Note: Effective for dates of service on or after January 1, 2022, Emgality[®] (galcanezumab-gnlm) 120 mg/mL will be covered with prior authorization and quantity limitations.

Coverage of Select Drugs Requiring Skilled Administration

Effective for fill dates on or after January 1, 2022 for Tufts Health Together – MassHealth MCO Plan and ACPPs, the following medications will be excluded from the pharmacy benefit. **Note:** These medications will continue to be covered on the medical benefit with no change to current utilization management requirements. As January 1, 2022, providers should “buy and bill” these medications directly by purchasing the drug from the distributor, stocking it in their clinic or office and then billing Tufts Health Plan for the cost of the drug and the administration costs after administering to the member.

- Actemra® (tocilizumab) intravenous solution
- Avastin® (bevacizumab)
- Botox® (onabotulinumtoxinA)
- Entyvio® (vedolizumab)
- Exondys 51® (eteplirsen)
- Ilumya™ (tildrakizumab-asmn)
- Imfinzi® (durvalumab)
- Inflectra® (infliximab-dyyb)
- Keytruda® (pembrolizumab)
- Mvasi™ (bevacizumab)
- Orencia® (abatacept) intravenous solution
- Remicade® (infliximab)
- Renflexis® (infliximab-abda)
- Simponia Aria® (golimumab)
- Stelara® (ustekinumab) intravenous solution
- Tecentriq® (atezolizumab)
- Truxima® (rituximab-abbs)

Tufts Health Together Coverage Changes

Effective for fill dates on or after January 1, 2022 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 as part of the MassHealth MCO/ACPPs UPPL:

- Amyloidosis therapies
- Anticoagulants
- Antidiabetic agents (oral and injectable)
- Antiretrovirals
- Breast cancer therapies
- Cerebral stimulants and ADHD medications
- Continuous glucose monitors (CGMs)
- Growth hormone
- Kinase inhibitors
- Long-acting injectable antipsychotics
- Lung cancer agents
- Medullary thyroid cancer agents
- Melanoma agents
- Multiple sclerosis agents
- Opioid dependence and reversal agents
- Respiratory agents
- Targeted immunomodulators
- Tyrosine kinase inhibitors

Pharmacy Coverage Changes

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

Medicare Part B Step Therapy Policy

Effective for dates of service on or after January 1, 2022, Tufts Health Plan will implement a Medicare Part B Step Therapy Policy, which will require members to first try certain preferred drugs to treat their medical condition before coverage of another non-preferred drug for that condition is approved as medically necessary by Tufts Health Plan. These coverage changes only apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Unify members initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the [Medicare Part B Step Therapy Policy](#). **Note:** This change does not apply to Tufts Medicare Preferred HMO Employer Groups.

The policy applies a step therapy for the following drugs:

Drug Class	Non-preferred Product(s)	Preferred Product(s)
Autoimmune	Avsola	Inflectra
	Renflexis	Remicade

Drug Class	Non-preferred Product(s)	Preferred Product(s)
Bendamustine HCl Injection	Treanda	Bendeka Belrapzo
Bevacizumab – Oncology	Avastin	Mvasi Zirabev
Iron Preparation, Parenteral	Feraheme Injectafer Monoferric	Ferrlecit Infed Venofer
Leucovorin / LEVOleucovorin Injection	Fusilev Khapzory	leucovorin injection
Neutropenia Colony Stimulating Agents – long acting	Nyvepria Udenyca Ziextenzo	Fulphila Neulasta
Neutropenia Colony Stimulating Agents – short acting	Granix Leukine Neupogen Nivestym	Zarxio
Paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome	Soliris	Ultomiris
Retinal Disorders	Beovu Eylea Lucentis Macugen Visudyne	Avastin Mvasi Zirabev
Rituximab	Rituxan Rituxan Hycela	Riabni Ruxience Truxima
Trastuzumab	Herceptin Herceptin Hylecta	Herzuma Kanjinti Ogivri Ontruzant Trazimera
Triamcinolone Acetonide Injection	Zilretta	triamcinolone acetonide injection
Viscosupplements	Durolane Gel-One Gel-Syn Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc Supartz Synojoynt Synvisc Synvisc One Triluron Trivisc Visco-3	Euflexxa

Noncovered Drugs

Effective for fill dates on or after January 1, 2022, Tufts Health Plan will no longer cover several [drugs](#), including drugs with interchangeable generics or therapeutic alternatives, for Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP, Tufts Health Plan SCO and Tufts Health Unify. For members currently taking these drugs, coverage will continue without disruption through December 31, 2021. For a member to

continue taking one of these noncovered drugs, the prescribing provider must submit a formulary exception request.

Drug Status Changes

Effective for fill dates on or after January 1, 2022, 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, 2021. If a member 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.

Home Health Care Prior Authorization Change

Tufts Health Direct

As [previously communicated](#), and effective for dates of service on or after January 1, 2022, Tufts Health Plan will require prior authorization for home health care requests following the initial evaluation for skilled nursing, and/or a physical therapy home care assessment/evaluation visit for Tufts Health Direct. Speech therapy, occupational therapy and/or social work visits will require prior authorization for the initial evaluation when provided independently and not in conjunction with physical therapy or skilled nursing visits. Prior authorization requests for all home health care disciplines for Tufts Health Direct must be submitted to Tufts Health Plan within two business days of the start of care. **Note:** This change will align with the prior authorization requirements for home health care services for all Commercial products. For more information, refer to the Medical Necessity Guidelines for [Home Health Care Services](#).

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

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

Utilization and Care Management Change

Tufts Health Direct, Tufts Health Together

Effective January 1, 2022, utilization management and care management services for premature and medically complex infants requiring NICU care will no longer be rendered by ProgenyHealth for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs). **Note:** These services will be provided directly by Tufts Health Plan. This change applies to Tufts Health Direct and Tufts Health Together MCO Plan and ACPPs only.

Annual Updates to Commercial Physician and Outpatient Hospital Fee Schedules

Commercial products

Effective January 1, 2022, Tufts Health Plan will update its Commercial physician and outpatient hospital fee schedules. Tufts Health Plan will continue to base fees on CMS fee schedules adjusted to achieve the contracting level of compensation, unless otherwise stated in your provider contract.

Tufts Health Plan updates its Commercial physician and outpatient hospital fee schedules to ensure that they are current, comprehensive, and consistent with industry standards to the extent supported by its systems. In most cases, changes involve adding fees for new procedure codes and updating fees for existing codes.

These changes do not apply to Allied Health providers. Additional details on fee schedule changes and applicable 2022 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.

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

Behavioral Health: Diabetes Screening Needed for Patients Taking Antipsychotic Medications

All products

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

Based on these guidelines, Tufts Health Plan encourages collaboration between patients' PCPs and prescribers to ensure patients taking antipsychotic medications receive annual diabetes screenings using an HbA1c test or fasting glucose test.

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

Test	CPT Codes
Glucose	80047; 80048; 80050; 80053; 80069; 82947; 82950; 82951
HbA1c	83036; 83037; 3044F; 3046F; 3051F; 3052F

Note: Providers should complete the needed diabetes screening as part of the patient's quality care.

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

Providers can refer Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members to a BH Community Support Program by emailing a patient's name, date of birth, member ID# or MassHealth ID# and a brief description of the patient's needs to CPPProgram@tufts-health.com.

The primary objective of the BH Community Partner is to provide enhanced care coordination for individuals with Serious Mental Illness (SMI).

The BH Community Partner will:

- Conduct patient outreach calls and home visits for health and wellness coaching
- Develop a care plan between PCPs, BH providers, LTSS providers and other specialists
- Support medication reconciliation and adherence
- Assist with community resources like food, housing and transportation

According to the [ADA](#), use of antipsychotic medications in children and adolescents can increase their risk for 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; 3048F; 3049F; 3050F
Cholesterol tests other than LDL	82465; 83718; 84478; 83722

REMINDERS

Modifier EP Update

Tufts Health Public Plans products

Effective for dates of service on or after November 1, 2021, modifier EP will no longer be reimbursed at 137% of Tufts Health Public Plans fee schedule/allowed amount. Guidance from MassHealth indicates that the use of modifier EP is considered obsolete for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for MassHealth members under the age of 21. Therefore, modifier EP will be considered an informational only modifier and will not impact reimbursement. For more information, refer to the [Modifier Payment Policy](#).

No More Two-Year Wait for Medicare Benefits for ALS Patients

All products

Tufts Health Plan would like to remind providers of the recent legislation eliminating the 24-month waiting period for Medicare Part A benefit eligibility for individuals diagnosed with amyotrophic lateral sclerosis (ALS)/Lou Gehrig's disease, and ask that you please share this information with patients who may benefit from it to ensure that they're aware of all their coverage options.

Typically, anyone eligible for Social Security Disability Insurance (SSDI) benefits is also eligible for Medicare after a 24-month qualifying period. However, [Public Law 106-554](#) amended section 226 of the Social Security Act to waive this waiting period for Medicare coverage for disabled individuals medically determined to have ALS. ALS patients can now access Part A benefits premium-free immediately upon SSDI eligibility, which means that they may be able to receive benefits such as home health care with no out-of-pocket cost in addition to their regular commercial Tufts Health Plan insurance.

As a reminder, certain patients may also be eligible for premium-free Part A benefits if they receive regular dialysis treatments or have received a kidney transplant, have filed an application for Medicare, and meet the necessary conditions.

For more information about eligibility, enrollment periods, and determining when coverage begins, it may be helpful to refer your patients to [this article](#) from the Centers for Medicare and Medicaid Services (CMS).

New TRICARE Comprehensive Autism Care Demonstration (ACD) Requirements

US Family Health Plan (USFHP)

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

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

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

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

ABA Assistant Behavior Analysts

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

ABA Technicians

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

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

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

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

For questions, contact Stephanie Milligan, Manager of Care Coordination, USFHP, at 617.562.5522. ***Note:** These changes apply to ABA providers treating USFHP members only.

Surprise Billing: Changes Effective January 1, 2022

Massachusetts and Rhode Island Commercial products, Tufts Health Direct

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

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

Billing for Vaccines and Immunizations

All products

As a reminder, providers must submit both the administration procedure code(s) and the vaccine/toxoid procedure code(s) on the same claim. If an administration procedure code is billed without a corresponding vaccine/toxoid procedure code, the administration line will deny, and Tufts Health Plan will deny the claim and request that it be resubmitted. **Note:** Providers must append modifier SL (state-supplied vaccine) to the vaccine/toxoid procedure code to indicate the state-supplied antigen.

For more information, refer to the applicable payment policies located in the Resource Center on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

Review and Update Tufts Health Plan Provider Directory Information

All products

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

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

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

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

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

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

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

Update Your Billing and Contract Information

All products

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

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

Tufts Health Public Plans Products

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

Reminder: Update Practice Information

Tufts Health Unify

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

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

Reminder: Provider Training

All products

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

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

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

Reminder: Monthly Pharmacy Formulary Changes

All products

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

- [Commercial products](#)
- [Tufts Health Freedom Plan](#)
- [Senior Products \(Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options \[SCO\]\)](#)
- [Tufts Health Public Plans products \(Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans \[ACPPs\], and Tufts Health Unify\)](#)

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

Contact Information for Providers Calling Tufts Health Plan

All products

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

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

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITES

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

SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

CONTACT INFORMATION

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

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