

# PROVIDER UPDATE

FEBRUARY 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).

**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. Please 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.

## 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](https://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, 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.

As reminder, and effective January 1, 2021, upon provider request, Tufts Health Plan will provide reasonable extensions of timeframes for provider audits.

## WHAT’S INSIDE

<a href="#">60-Day Notifications</a>	2
<a href="#">Administrative Updates</a>	7
<a href="#">Behavioral Health</a>	9
<a href="#">Reminders</a>	10
<a href="#">Quality</a>	17
<a href="#">For More Information</a>	18

## 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.

## Reminder: Harvard Pilgrim Health Care-Tufts Health Plan Combination Finalized

As previously communicated, the combination of Harvard Pilgrim Health Care and Tufts Health Plan received all the necessary regulatory approvals and [officially closed](#) on January 1, 2021.

While Harvard Pilgrim Health Care and Tufts Health Plan are officially one organization, our heritage brands and products will remain in the market for a period of time as we transition technologies and processes. There are no immediate changes for our network providers — claims and reimbursement processes, policies, public websites and secure portals, vendors, and resources remain the same. The one exception is for Tufts Health Freedom Plan, which was sold to UnitedHealthcare in connection with this transaction. Please see [separate communications](#) on this subject.

As transitions are planned and poised to occur, we are committed to sharing clear, timely updates with providers to keep you well informed.

For more information about the combination, please refer to our online [FAQs](#) and visit [here](#). We'll be updating the FAQs as new information is available, so be sure to check back regularly.

Harvard Pilgrim Health Care and Tufts Health Plan are known for working collaboratively with providers, and that will continue in this new organization. We're excited for the future and look forward to working with you.

## 60-DAY NOTIFICATIONS

### 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

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

As [previously communicated](#) and effective for fill dates on or after January 1, 2021, Tufts Health Plan implemented MassHealth's COBI for Tufts Health Together – MassHealth MCO Plan and ACPPs. As part of COBI, members who fill opioid and benzodiazepine medications together for at least 60 days, within a 90-day period, 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 concomitantly. Members who were administered an opioid and benzodiazepine concomitantly have not been grandfathered. For a list of medications included in COBI and 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.

##### Avastin® (bevacizumab) and Spinraza® (nusinersen): Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs

Effective for prior authorization requests submitted on or after April 1, 2021, Tufts Health Plan will update its prior authorization criteria for Avastin (bevacizumab) and Spinraza (nusinersen) for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs. This change will apply to new requests for prior authorization. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

##### Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors: Tufts Health RITogether

Effective for prior authorization requests submitted on or after April 1, 2021, Tufts Health Plan will update its prior authorization criteria for sodium-glucose co-transporter 2 (SGLT2) inhibitors for Tufts Health RITogether. This change will apply to new requests for prior authorization. For these requests, the prescribing provider must request coverage through the medical review process for the Pharmacy Medical Necessity Guidelines for Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors.

## Drugs Moving to Noncovered Status

### Miacalcin® (calcitonin salmon) injection: Tufts Health RITogether

Effective for fill dates on or after April 1, 2021, Tufts Health Plan will move Miacalcin (calcitonin salmon) injection to noncovered status for Tufts Health RITogether. **Note:** Calcitonin nasal spray will continue to be covered without prior authorization.

For a member to continue taking this medication when 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.

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

## Specialty Pharmacy Program

Effective for fill dates on or after April 1, 2021, Cometriq® (cabozantinib), ElELYso® (taliglucerase alfa) and Palynziq® (pegvaliase-pqpz) will be added to the specialty pharmacy program for Tufts Health Together – MassHealth MCO Plan and ACPPs.

### Avastin® (bevacizumab)

As [previously communicated](#) and effective for fill dates on or after October 1, 2020, Tufts Health Plan requires prior authorization for Avastin (bevacizumab) for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs. Per the Pharmacy Medical Necessity Guidelines for Avastin® (bevacizumab), the policy only applies to HCPCS code J9035 (injection, bevacizumab, 10mg) and requires documented previous failure of or clinical inappropriateness with a bevacizumab biosimilar for any submitted diagnosis.

The policy does not apply to HCPCS code C9257 (injection, bevacizumab, 0.25mg), which is commonly billed when bevacizumab is used for the treatment of ophthalmic conditions, such as neovascular (wet) age-related macular degeneration (AMD), in the office setting. HCPCS code C9257 does not require prior authorization and is the preferred HCPCS code when bevacizumab is used for the treatment of ophthalmic conditions.

### Botox® (onabotulinumtoxinA)

Effective for dates of service on or after April 1, 2021, CVSHealth® will no longer have access to Botox (onabotulinumtoxinA). As of this date, providers should "buy and bill" Botox (onabotulinumtoxinA) 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. This change applies to Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs.

## 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 April 1, 2021, unless otherwise noted.

### Coverage of the 3mL Insulin Vials

Effective for fill dates on or after April 1, 2021, all the 3mL insulin vials, intended for institutional use, will be excluded from pharmacy benefit coverage for Commercial products (including Tufts Health Freedom Plan and Tufts Health Direct). The preferred 10mL insulin vials and autoinjector pens will continue to be covered on the formularies.

### Specialty Infusion and Specialty Pharmacy Programs

#### ElELYso® (taliglucerase alfa)

Effective for fill dates on or after April 1, 2021, ElELYso (taliglucerase alfa) will be added to the specialty infusion program for Commercial products (including Tufts Health Freedom Plan).

Effective for fill dates on or after April 1, 2021, ElELYso (taliglucerase alfa) will be added to the specialty pharmacy program for Tufts Health Direct.

### Cometriq® (cabozantinib) and Palynziq® (pegvaliase-pqpz)

Effective for fill dates on or after April 1, 2021, Cometriq (cabozantinib) and Palynziq (pegvaliase-pqpz) will be added to the specialty pharmacy program for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

## **Prior Authorization**

### New Prior Authorization Programs

Effective for fill dates on or after April 1, 2021, Tufts Health Plan will add prior authorization criteria for Taytulla® tablets. This coverage change applies to members currently utilizing Taytulla tablets and members 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 Brand Hormonal Contraceptives with Therapeutically Equivalent Generic.

### Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after April 1, 2021, Tufts Health Plan will update its prior authorization criteria for Avastin® (bevacizumab) and Spinraza® (nusinersen). For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

## **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 April 1, 2021:

### Drugs Moving to Noncovered Status

- Alinia tablets
- Kuvan® 100mg and 500mg packet
- Kuvan® 100mg tablet
- Meclizine 50mg tablet
- Samsca® 15mg tablet
- Sklice® lotion
- Tecfidera® (dimethyl fumarate)
- Tykerb® 250mg tablet

### Drugs Moving to Tier 3 Status

- Taytulla® tablets

## **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 April 1, 2021:

### Drugs Moving to Noncovered Status

- Monurol® granules

### Drugs Moving to Tier 3 Status

- Banzel suspension

## **Small Groups – Commercial Massachusetts and Rhode Island Products**

The following drugs are moving to noncovered status, apply to small-group Commercial Massachusetts and Rhode Island products and are effective for fill dates on or after April 1, 2021:

- Banzel suspension
- Monurol granules

## **Tufts Health Direct**

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

- Banzel suspension
- Monurol granules

## **Avastin® (bevacizumab)**

As [previously communicated](#) and effective for dates of service on or after October 1, 2020, Tufts Health Plan requires prior authorization for Avastin® (bevacizumab) for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct. Per the Pharmacy Medical Necessity Guidelines for Avastin® (bevacizumab), the policy only applies to HCPCS code J9035 (injection, bevacizumab, 10mg) and requires

documented previous failure of or clinical inappropriateness with a bevacizumab biosimilar for any submitted diagnosis.

The policy does not apply to HCPCS code C9257 (injection, bevacizumab, 0.25mg), which is commonly billed when bevacizumab is used for the treatment of ophthalmic conditions, such as neovascular (wet) age-related macular degeneration (AMD), in the office setting. The HCPCS code C9257 does not require prior authorization and is the preferred HCPCS code when bevacizumab is used for the treatment of ophthalmic conditions.

### **Botox® (onabotulinumtoxinA)**

Effective for dates of service on or after April 1, 2021, CVSHealth® will no longer have access to Botox (onabotulinumtoxinA). As of this date, providers will be required to "buy and bill" Botox (onabotulinumtoxinA) 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 it to the member. This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

## **Pharmacy Coverage Changes**

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

### **Viscosupplementation for Osteoarthritis**

Effective for dates of service on or after April 1, 2021, Tufts Health Plan will no longer require prior authorization for viscosupplements. However, effective for dates of service on or after April 1, 2021, additional claim edits for viscosupplements will be implemented. For more information, refer to the drugs and biologicals payment policies for [Senior Products](#) and [Tufts Health Unify](#).

Currently available viscosupplements are listed below:

<b>Brand Name</b>	<b>HCPCS Code</b>
Durolane®	J7318
GenVisc® 850	J7320
Hyalgan®, Supartz®	J7321
Hymovis®	J7322
Euflexxa™	J7323
Orthovisc®	J7324
Synvisc®, Synvisc One®	J7325
Gel-One®	J7326
Monovisc®	J7327
GELSYN-3®	J7328
TrivVsc®	J7329
Synjoynt™	J7331
Triluron®	J7332
Visco-3™	J7333

### **Botox® (onabotulinumtoxinA)**

Effective for dates of service on or after April 1, 2021, CVSHealth® will no longer have access to Botox (onabotulinumtoxinA). As of this date, providers should "buy and bill" Botox (onabotulinumtoxinA) 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. This change applies to Tufts Medicare Preferred HMO, Tufts Medicare Preferred PDP, Tufts Health Plan SCO and Tufts Health Unify.

## **Claim Edits**

### **All products**

The following claim edits are effective for dates of service on or after April 1, 2021. These claim edits are derived from CMS, the AMA's CPT Manual, HCPCS, ICD-10, nationally accredited societies and Tufts Health Plan payment policies.

Tufts Health Plan will implement claim edits for the following:

- Anatomical Modifiers
- Anesthesia Maximum Units

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

## Drugs and Biologicals

Effective for dates of service on or after April 1, 2021, Tufts Health Plan will implement additional claim edits for drugs and biologicals. These edits will apply to all Tufts Health Plan products. Tufts Health Plan's policies regarding drugs and biologicals are derived from the 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](#).

## USFHP Utilizing NIA High-Tech Imaging Program Effective April 1

### US Family Health Plan

Effective for dates of service on or after April 1, 2021, Tufts Health Plan's prior authorization program for the management of high-tech imaging will apply to US Family Health Plan (USFHP). As part of this change, the National Imaging Associates Inc. (NIA) will provide utilization management for coverage of magnetic resonant imaging/magnetic resonant angiogram (MRI/MRA), computerized axial tomography (CT/CTA) scans, positron emission tomography (PET) scans and nuclear cardiology procedures using evidence-based criteria and guidelines.

Beginning April 1, 2021, providers must request prior authorization for USFHP members (including members younger than 18 years of age) for coverage of MRI/MRAs, CT/CTA scans, PET scans and nuclear cardiology procedures through NIA at [radmd.com](http://radmd.com) or call 866.642.9703.

For more information, refer to the [High-Tech Imaging Code Matrix](#) and [High-Tech Imaging Program](#) landing page, available in the [Resource Center](#) on Tufts Health Plan's public Provider website. To obtain and verify authorizations or access medical necessity guidelines, log in to [RadMD](#) or call 866.642.9703.

## Commercial Physician and Outpatient Hospital Fee Schedules to Be Updated

### Commercial products (including Tufts Health Freedom Plan)

Tufts Health Plan reviews its Commercial physician and outpatient hospital fee schedules quarterly 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 or existing codes to supplement the fees already on the fee schedule.

Changes will occur on April 1, 2021, and may involve both new and existing CPT and HCPCS codes as well as the planned quarterly update to physician immune globulin, vaccine and toxoid fees.

**Note:** These changes do not apply to allied health providers.

Detailed information about changes to existing fee schedules will be distributed to provider organizations and hospital leadership. 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.

## ADMINISTRATIVE UPDATES

### Coverage Updates

#### All products

#### Prior Authorization

##### Lower Limb Prosthetic Devices (including Microprocessor Controlled Knee and Foot/Ankle)

Tufts Health Plan requires prior authorization for microprocessor controlled foot/ankle prosthetic components for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products. For more information, refer to the Medical Necessity Guidelines for [Lower Limb Prosthetic Devices \(including Microprocessor Controlled Knee and Foot/Ankle\)](#).

##### Spinal Cord Stimulator (SCS) Insertion

Tufts Health Plan requires prior authorization for dorsal root ganglion 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 [Spinal Cord Stimulator \(SCS\) Insertion](#).

##### Hearing Aids – Tufts Health Plan Senior Care Options (SCO)

It was previously communicated that Tufts Health Plan was going to remove prior authorization for hearing aids for Tufts Health Plan SCO, but the removal of prior authorization has been delayed until further notice. For more information, refer to the [Tufts Health Plan SCO Prior Authorization List](#).

#### MassHealth Evaluation Criteria

##### Modified T-Cell Therapies

For more information about MassHealth evaluation criteria for the approval of Kymriah<sup>®</sup> and Yescarta<sup>®</sup>, refer to the Medical Necessity Guidelines for [Modified T-Cell Therapies](#). These criteria apply to Tufts Health Plan Senior Care Options (SCO), Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify.

##### Zolgensma<sup>®</sup>

For more information about MassHealth evaluation criteria for Zolgensma, refer to the Medical Necessity Guidelines for [Zolgensma \(onasemnogene abeparvovec\) Gene Therapy for Treatment of Spinal Muscular Atrophy \(SMA\)](#). These criteria apply to Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and ACPPs and Tufts Health Unify.

#### Noncovered Investigational Services

##### Additions

Tufts Health Plan has added the following items to the Medical Necessity Guidelines for [Noncovered Investigational Services](#):

- Pulsed radiofrequency treatment of complex regional pain syndrome of the lumbar region
- Bone substitute injection for subchondral bone cysts
- Occipital nerve stimulation (ONS) for treatment of debilitating, medically refractory cluster headache
- Minimally invasive sacroiliac joint (SIJ) fusion with cylindrical threaded implants (CTIs)

## Removal

Tufts Health Plan has removed SpaceOar (absorbable perirectal spacer) from the Medical Necessity Guidelines for [Noncovered Investigational Services](#). This service is now covered.

## Behavioral Health

Effective January 1, 2021, Tufts Health Plan revised the name of the Medical Necessity Guidelines for Behavioral Health Level of Care Determinations to [Behavioral Health Inpatient Level of Care Determinations](#) in order to clarify inpatient notification and prior authorization requirements for inpatient services. Additionally, these guidelines list the specific criteria used for each service. Outpatient services were removed from these guidelines and placed in the newly created Medical Necessity Guidelines for [Behavioral Health Level of Care for Non-24 Hour/Intermediate/Diversionary Services](#). These guidelines were created to clarify inpatient notification and prior authorization requirements for intermediate services and list the specific criteria used for each service.

## Medical Necessity Guidelines Feedback

Tufts Health Plan develops clinical policies based on sound evidence to evaluate the medical appropriateness of health care services. Therefore, Tufts Health Plan welcomes feedback from all interested parties, which include but are not limited to providers, chronic disease associations, health care professional organizations, consumer advocacy groups, employers and sponsors of health plans who would like to comment on Tufts Health Plan medical necessity guidelines and processes. Tufts Health Plan aims to have medical policies that are bias free with an emphasis on race, ethnicity, socioeconomic disparities and gender disparities in health. Providers who would like to give clinical feedback on any medical policies are encouraged to contact Tufts Health Plan's Medical Policy Department at [Medical\\_Necessity\\_Guideline\\_Feedback@tufts-health.com](mailto:Medical_Necessity_Guideline_Feedback@tufts-health.com). Provider feedback will be incorporated into the medical policy review process. **Note:** Emails to the Medical Policy Department should not contain personal health information (PHI).

# Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

## All products

Tufts Health Plan will participate in the CAHPS survey this year to better understand member satisfaction. Members are selected to participate at random and will be asked for their opinions regarding the quality, timeliness and availability of care from providers and pharmacies. The results of this survey will be used to help Tufts Health Plan improve the services provided, identify opportunities for improvement of clinical care and provide critical insight on patient-provider relationships.

The CAHPS survey will be administered by SPH Analytics, an independent research firm, and will run from March to May 2021. Members will be asked to look back on their experiences with their health plan, its services and providers over the past 6-12 months.

**Note:** Providers are an integral part of Tufts Health Plan's delivery system and help drive performance on several key CAHPS quality measures. Thus, it is encouraged that providers talk to their patients about completing and returning these surveys so that Tufts Health Plan can continue monitoring improvement opportunities and identifying areas of strength.

## Medical Assistance With Smoking and Tobacco Use Cessation

Patients report whether their providers have advised smokers and tobacco users to quit, if they discussed cessation medications or if they discussed cessation strategies. Providers are encouraged to review the QuitWorks [article](#), which discusses the free program available for their patients.

## Annual Flu Vaccine

Patients report on whether they received the flu vaccine during the flu season prior to the survey timeline. Providers are encouraged to ask patients if they received the flu vaccine(s). If a patient did not have the vaccine(s), providers are encouraged to offer to administer it during their visit.

## Obtaining Needed Care

Patients rate how often they could easily schedule appointments with providers; how often they could easily get the care, tests or treatment they needed through their health plan; and how often they saw their provider within 15 minutes of their appointment time. Providers are encouraged to:

- Make scheduling as easy as possible.
- Ask staff to schedule specialist appointments and write down the details for patients.
- Break up wait times by moving patients from the waiting room into an exam room to take vitals.



- Contact patients when delays are expected via telephone, text or email.
- Advise patients of the best days or times to schedule appointments.

## Coordination of Care Measures

Patients rate their providers' familiarity with their medical history and prescriptions by how well the provider is following up with their patient after tests and how well "personal doctors" (PCPs) are managing care with specialists or other health care providers. Providers are encouraged to:

- Expedite the time it takes to follow up on blood tests, X-rays and other tests.
- Remind patients to bring a list of their prescriptions.
- Prior to appointments, speak with patients' specialists to review the care they have provided.
- Remind patients to prompt their providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.

## How Well Providers Communicate

The CAHPS survey asks patients to rate how well providers listen carefully, explain things in a way that is easy to understand, show respect for what patients have to say, and whether they spend enough time with the patient.

## Obtaining Medications

For some surveys patients may be asked to rate how often they could easily use their health plan to get prescribed medications, to fill a prescription at a local pharmacy or to use their health plan to fill prescriptions by mail. Providers are encouraged to use the formularies, consider 90-day fills, synchronize medications where appropriate, process prior authorizations (if applicable) in a timely manner and set expectations with patients regarding resolution time if prior authorization is needed.

# 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.

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## Behavioral Health: Expanded Prior Authorization Process for Home-Based Treatment Services (HBTS)

### Tufts Health RITogether

Beginning in November 2020, Tufts Health Plan expanded the prior authorization process for HBTS for Tufts Health RITogether. In addition to making prior authorization requests via phone, providers now have the option to fax the [Home and Community Based Services \(HBTS\) Prior Authorization Form](#) to Tufts Health Plan's Utilization Management Department.

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## Behavioral Health: Elimination of Copayments for Same-Day Behavioral Health Visits

### Rhode Island Commercial products

Effective for dates of service on or after January 1, 2021, and per the [Rhode Island Affordability Standards](#), Tufts Health Plan has eliminated copayments for members who have a behavioral health (BH) visit with an in-network BH provider on the same day and in the same location as a PCP visit at a Qualifying Integrated BH Primary Care Practice, as determined by the Rhode Island Office of the Health Insurance Commissioner. Providers should not collect a copayment at the time of the visit to avoid potentially having to issue a reimbursement to the member. For questions, call Provider Services at 888.884.2404.

## Behavioral Health: Community Support Program for Chronically Homeless Individuals (CSP-CHI)

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

[MassHealth's Managed Care Entity Bulletin 44](#) is effective January 1, 2021, and clarifies coverage and billing requirements for CSP-CHI services. CSP-CHI is a more intensive form of a CSP for chronically homeless individuals who have identified a Permanent Supportive Housing (PSH) opportunity. Members participating in a CSP may receive CSP-CHI services if within 120 days of moving to housing. CSP-CHI services include assistance from specialized professionals who, based on their unique skills, education or lived experience, have the ability to engage and support individuals experiencing chronic homelessness in searching for PSH, preparing for and transitioning to an available housing unit, and, once housed, coordinating access to physical health, behavioral health and other needed services geared toward helping them sustain tenancy and meet their health needs.

As outlined in [MassHealth's Managed Care Entity Bulletin 44](#), for admission and subsequent requests, providers must submit written documentation that the member receiving CSP-CHI services is chronically homeless. Documentation of chronic homelessness should meet the United States Department of Housing and Urban Development (HUD) standards for recordkeeping and be generated from the local Continuum of Care Homeless Management Information System (HMIS). Tufts Health Plan requests that providers fax this [notification form](#), following instructions as outlined on the form. If HMIS records are not available, the provider must collect and submit other documents proving chronic homelessness status to Tufts Health Plan. **Note:** These other documents must meet the HUD standards for determining and documenting chronic homelessness.

CSP-CHI providers must submit claims using HCPCS code H2016 with the modifier "HK" and use a Z59.0 (homelessness) secondary diagnosis code for any member receiving CSP-CHI services.

For more information, refer to the medical necessity guidelines, performance specifications and notification forms available in the [Resource Center](#) of Tufts Health Plan's public Provider website.

### REMINDERS

## Change to Prior Authorization Requirement for DME Supplies Over \$1,000

### Tufts Health Public Plans products

Effective for dates of service on or after January 8, 2021, Tufts Health Plan no longer requires prior authorization for certain durable medical equipment (DME) or medical supplies that cost over \$1,000 for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

**Note:** DME supplies with separate medical necessity guidelines outside the general DME guidelines for supplies over \$1,000 still require prior authorization (e.g., wheelchairs, continuous passive motion (CPM) machines, power operated vehicles).

Tufts Health Plan will continue to require prior authorization for adaptive stroller and speech-generating device codes for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs. The Tufts Health Unify medical necessity guidelines for DME supplies over \$1,000 will remain unchanged and continue to be in effect. **Note:** Prior authorization is not required for DME supplies over \$1,000, adaptive stroller and speech-generating device codes for Tufts Health Direct.

For more information on DME and medical supplies that require prior authorization, refer to the applicable, DME-specific medical necessity guidelines available in the [Resource Center](#) on the Tufts Health Plan's public Provider website. For questions, contact Tufts Health Public Plans' Provider Services at 888.257.1985 (MA) and 844.301.4093 (RI).

## MassHealth Acute Hospital Carve-Out Drug Requirements

### Tufts Health Together

As [previously communicated](#), and per [Managed Care Entity Bulletin 42 – Updated MassHealth Acute Hospital Carve-Out Drug Requirements](#), Tufts Health Plan requires claims for drugs on the [MassHealth Acute Hospital Carve-Out List](#) to be billed on a claim separate from other services rendered as part of the office visit or hospital claim. This change applies to Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and is documented in the [Drugs and Biologicals Payment Policy](#).

Providers must submit claims using the actual acquisition cost (AAC) of the drug and include the following as separate attachments to the claim as part of the submission:

- A statement of the hospital's AAC
- A copy of the invoice for the carve-out drug from the drug manufacturer, supplier or distributor
- The National Drug Code (NDC) on the claim
- Corresponding HCPCS code(s) for the carve-out drug and the number of units administered to the member

In accordance with Tufts Health Plan's claim submission requirements, claims that require supporting documentation cannot be submitted electronically and must be submitted on paper claim forms. Refer to the "Claim Requirements, Coordination of Benefits and Dispute Guidelines" chapter of the [Tufts Health Public Plans Provider Manual](#) for more information on claim submission requirements. **Note:** Claims for carve-out drugs that are billed incorrectly will be returned to the provider for resubmission.

## 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 25, 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 the provider's Tufts Health Plan 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 Tufts Health Plan's public Provider [website](#).

## Expanded Coverage for At-Home Colorectal Cancer Screenings

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

As the rates of positive Coronavirus (COVID-19) cases increase across New England, there is concern that members will forgo preventive care to avoid exposure to the virus. While Tufts Health Plan is communicating to members that it is safe to visit provider offices during the pandemic, Tufts Health Plan will also recommend at-home screenings whenever possible for members who feel that the risk of in-person care is too high.

To help these members get needed care, Tufts Health Plan has launched a member awareness campaign to inform members about available coverage for Cologuard<sup>®</sup>, an at-home screening for colorectal cancer. **Note:** This member campaign does not apply to Tufts Health Freedom Plan.

Effective for dates of service on or after January 1, 2021, Tufts Health Plan expanded the age range for colorectal cancer screenings in adults from 50 to 75 years of age to 45 to 75 years of age. **Note:** This expansion in age range does apply to Tufts Health Freedom Plan.

For more information on the expanded age range for colorectal cancer screenings, refer to Tufts Health Plan's [Preventive Services Policy](#). For more information on Cologuard, refer to the Cologuard [website](#).

## QuitWorks Offers Free Smoking Cessation Assistance for Members

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

QuitWorks is a no-cost tobacco cessation referral service for Massachusetts and Rhode Island health care providers through the Department of Public Health's collaboration with major health plans.

QuitWorks now offers additional services to Tufts Health Plan members, including:

For Massachusetts members:

- Five or more phone coaching sessions
- Nine phone coaching sessions in the Perinatal Program: Five during pregnancy and four during postpartum
- Up to 10 phone coaching sessions in the American Indian Program
- Up to eight weeks of nicotine replacement therapy (choice of patch, gum or lozenge)
- Membership in an online community of others working toward becoming tobacco free
- Helpline coaches available 24/7 where members can work with tobacco quit coaches over the phone, or receive additional support via email, text or instant message
- Youth smoking and vaping program (for members 12 to 17 years of age) MY LIFE, MY QUIT

For Rhode Island members:

- Help quitting cigarette smoking, vaping nicotine and other tobacco use
- Available to members 13 years of age and older
- Members can connect with a Tobacco Treatment Specialist over the phone at times that work for them (24/7).
- Members 18 years of age and older can get nicotine replacement therapy (NRT) gum, patches or lozenges mailed direct to their home at no cost while supplies last. Some members may receive more quantities at no extra charge, while supplies last.
- Pregnant women can get up to nine counseling sessions by phone at no cost, plus free support tools and referrals to more services in Rhode Island.
- Youth smoking and vaping program (for members 13 to 17 years of age) MY LIFE, MY QUIT

**Note:** Coaching is available in English, Spanish and Arabic. Translation services are also available for 190 additional languages.

### Ways for Members to Connect to the Helpline

Members can choose from three different "quit" programs designed to meet their individual style of communication:

- A combination of phone coaching and online intervention through email, text and/or instant messaging
- Phone-only connection, plus mailed materials, planning and progress tracking
- Online-only communication, including website materials, planning and progress tracking

### Referring Members to QuitWorks

Providers can connect members to these evidence-based tobacco cessation services via fax, website or eReferral. Members may also self-refer by calling 800.QUIT.NOW (800.784.8669) directly. For more information, refer to the Massachusetts Smokers' Hotline [website](#), the Rhode Island Department of Health Tobacco Information for Providers [website](#), or call 800.QUIT.NOW (800.784.8669) for either state.

## Important Annual Tufts Health Plan Senior Care Options (SCO) Provider Topics

### Tufts Health Plan SCO

#### Model of Care Training

Tufts Health Plan SCO PCPs and high-volume specialists are required by the Commonwealth of Massachusetts and CMS to take the [Annual SCO Model of Care Training](#). This training provides updates on Tufts Health Plan SCO's Care Management Program, care coordination policies and procedures and the role PCPs and specialists play within them. The training is available on Tufts Health Plan's public Provider [website](#). **Note:** Providers are required to complete the training by March 1, 2021.

## Provider Satisfaction Survey

Providers' opinions matter and feedback helps Tufts Health Plan improve services administered to providers and members. Following the [Annual SCO Model of Care Training](#), providers will be asked to answer a series of [survey](#) satisfaction questions.

## Continuing Education Topics

Tufts Health Plan SCO PCPs are expected to have continued annual education in the following areas:

- Depression
- Alcohol and substance abuse
- Dementia, including Alzheimer's Disease
- Identification and treatment of incontinence
- Preventing falls
- Identification and mandatory reporting of abuse, neglect and exploitation of elderly individuals

Continuing education topics can be found on Tufts Health Plan's public Provider [website](#).

Tufts Health Plan appreciates your attention to the [Annual SCO Model of Care Training](#).

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## 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, which can be found by clicking the [Webinars](#) dropdown and selecting Recorded Webinars. 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, providers should 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.

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## 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 begin to no longer accept provider directory edits directly from providers. On a quarterly basis, providers should review all information listed for them 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, phone 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 organizational affiliation terminations, billing and contracts, must still be sent directly to Tufts Health Plan. **Note:** 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.

All Tufts Health Plan Rhode Island, New Hampshire, Connecticut, Maine and Vermont providers are now being added to the CAQH directory. Tufts Health Plan anticipates that all participating Tufts Health Plan providers will be enrolled in the new directory system 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 directory 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 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 (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 Reminder: 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](#).

## Update Your Practice and Billing Information

### All products

**Note:** Refer to the 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 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

Beginning January 2021, the Tufts Health Plan Provider Information Change Form is no longer used. Refer to the Review and Update Tufts Health Plan Provider Directory Information [article](#) for more information.

### 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 [BH providers](#) (available in the [Forms](#) section of the Resource Center) and returning it to Tufts Health Plan by email ([provider\\_data\\_request@tufts-health.com](mailto:provider_data_request@tufts-health.com)), as noted on the form.

### Billing Addresses

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

## Disease Management

### Tufts Health Direct, Tufts Health Together

Disease management is provided as part of the Integrated Care Management Program to provide Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members who have been diagnosed with diabetes, asthma, chronic obstructive pulmonary disease and/or heart failure with tools to increase their ability to self-manage their disease and any associated co-morbidities. Services are designed to assist with coordination and care as well as to provide education, coaching and advocacy for members.

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](#). **Note:** This member incentive does not apply to Tufts Health Together – MassHealth MCO Plan and ACPPs.

## 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](mailto:providerupdate@email-tuftshealth.com)).

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

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

## 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 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 view claims, submit claim adjustments, view authorizations and more.

## 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.

## 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.

## Submit Transactions Electronically Using Online Self-Service Tools

### 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.

**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.



## QUALITY

### Tufts Health Plan Web Resources

#### All products

Refer to the Pharmacy section of Tufts Health Plan's public Provider website at [tuftshealthplan.com/provider](https://tuftshealthplan.com/provider) for the most current pharmacy benefit information, including tier changes, online formularies and descriptions of pharmacy management programs. For pharmacy information pertaining to Tufts Health Freedom Plan, visit the Pharmacy section of Tufts Health Freedom Plan's public Provider website at [thfp.com/providers](https://thfp.com/providers). Pharmacy information on Tufts Health Plan's websites is updated regularly. Check pharmacy updates for postings of formulary changes, notification of new pharmacy programs and information about certain drug recalls and alerts from the FDA or drug manufacturers.

Also available online is other important business information, such as updates to Tufts Health Plan's Quality Improvement Program and progress toward meeting goals, complex case management (CCM) information (including access to CCM), population health management (PHM), notice of privacy practices, utilization management criteria/guidelines, Provider Manuals, Member Handbook and members' rights and responsibilities. Copies of the above information can also be mailed upon request by calling the applicable Provider Services phone number, located on the Contact Us page, available on the Tufts Health Plan ([tuftshealthplan.com/contact-us/providers](https://tuftshealthplan.com/contact-us/providers)) and Tufts Health Freedom Plan ([thfp.com/contact-us](https://thfp.com/contact-us)) public websites.

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### Tufts Health Plan's Collaboration With Healthy.io to Offer Home-Based Screening for Members at Risk for CKD

#### Fully insured Commercial products, Tufts Health Direct

Tufts Health Plan is collaborating with Healthy.io in a pilot program to improve adherence to screening for chronic kidney disease (CKD) in previously untested, at-risk populations. Healthy.io utilizes a smartphone application-based technology and camera to perform the test, with no need for the member to leave their home.

The Healthy.io Kidney Check service is offered at no cost to members of fully insured Commercial products and Tufts Health Direct who are:

- 21 years of age or older who have been diagnosed with diabetes and/or non-diabetic hypertension and
- Do not have a diagnosis of CKD or end stage renal disease (ESRD) and
- Have not had a urine screening test for albuminuria reported in the previous 12 months

Members who complete the screening will receive results directly through the smartphone application. Members with abnormal results will be directed to schedule an appointment with their PCP for follow-up. Members will also receive a letter in the mail displaying the results to bring with them to the appointment and may elect for Healthy.io to share the test results directly with their provider.

Tufts Health Plan's goal is to use this pilot program to analyze the benefits of home testing for early identification of CKD in order to help guide members to seek prompt and appropriate care for optimal disease management.

The pilot program is scheduled to launch in late February 2021, in anticipation of National Kidney Month, which occurs in March each year and is designated to raise awareness about the prevention and early detection of kidney disease. Members have up to 120 days from receipt of the Kidney Check Kit to complete the screening.

For more information about the program, providers can refer to Healthy.io's [FAQs](#). The clinical guidelines and importance of albumin-to-creatinine ratio (ACR) testing can be found on the National Kidney Foundation [website](#).

For additional questions, contact Healthy.io directly at 844.688.5055, Monday-Friday, 9 a.m.-6 p.m.

## 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](#)

## PROVIDER UPDATE

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