

# PROVIDER UPDATE

MAY 1, 2020

NEWS FOR THE NETWORK



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

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

\*Throughout *Provider Update* articles, you will see products referenced as Commercial products (including Tufts Health Freedom Plan), Senior Products and Tufts Health Public Plans products. Changes will apply to all those specified products unless product exclusions are specified for that particular change.

## CORONAVIRUS UPDATES FOR PROVIDERS

During the rapidly evolving situation around COVID-19, Tufts Health Plan's Pandemic Planning work group continues to meet on a regular basis to respond to changing events. It continues to monitor and follow recommendations from the [CDC](#), [World Health Organization \(WHO\)](#), state public health departments (Connecticut, New Hampshire, Massachusetts and Rhode Island) and other official sources on an ongoing basis.

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

As the COVID-19 situation continues to develop, updates will be posted on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites. Please check back regularly.

### 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.

### WHAT'S INSIDE

<a href="#">60-Day Notifications</a> .....	2
<a href="#">Behavioral Health</a> .....	9
<a href="#">Administrative Updates</a> .....	9
<a href="#">Plans</a> .....	10
<a href="#">Reminders</a> .....	11
<a href="#">For More Information</a> .....	17

### 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.

# 60-DAY NOTIFICATIONS

## COVERAGE UPDATES

### 60-DAY NOTIFICATIONS

The following changes are effective for dates of service on or after July 1, 2020:

#### **Lower Limb Prosthetic Devices (Including Microprocessor Controlled Knee)**

Tufts Health Plan will no longer cover an upgrade or enhancement of a member's current lower limb prosthesis; an additional or duplicate lower limb prosthesis; and repair or replacement of a spare, backup or duplicate lower limb prosthesis. This change is documented in the Medical Necessity Guidelines for [Lower Limb Prosthetic Devices \(Including Microprocessor Controlled Knee\)](#).

#### **Upper Limb Prosthesis**

Tufts Health Plan will no longer cover an upgrade or enhancement of a member's current upper limb prosthesis; an additional or duplicate upper limb prosthesis; and repair or replacement of a spare, backup or duplicate upper limb prosthesis. This change is documented in the Medical Necessity Guidelines for [Upper Limb Prostheses](#).

#### **Genetic Testing: Prenatal, Preconception**

Genetic testing for a male reproductive partner will now require prior authorization. Tufts Health Plan will not cover carrier screenings for a specific genetic condition more than once in a member's lifetime. This change is documented in the Medical Necessity Guidelines for [Genetic Testing: Prenatal, Preconception](#).

#### **Zolgensma® (onasemnogene abeparvovec) Gene Therapy for Treatment of Spinal Muscular Atrophy (SMA) Type I**

Tufts Health Plan will no longer cover Zolgensma infusion for premature neonates who have not reached full-term gestational age. This change is documented in the Medical Necessity Guidelines for [Zolgensma \(onasemnogene abeparvovec\) Gene Therapy for Treatment of Spinal Muscular Atrophy \(SMA\) Type I](#).

## OTHER COVERAGE UPDATES

### **Prior Authorization Update**

It was [previously communicated](#) that Tufts Health Plan was going to require prior authorization for ThyroSeq® (0026U), hyperbaric oxygen therapy (G0277 and 99183) and dorsal column neurostimulator insertion (63650, 63655, 636663, 63685 and 95972) as of April 1, 2020. However, Tufts Health Plan has decided to delay the prior authorization requirement of these items until January 1, 2021.

This update applies to Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) and is documented in the [Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List](#) and the [Tufts Health Plan SCO Prior Authorization List](#).

### **Prior Authorization Requirements**

Prior authorization is required for:

- Polidocanol endovenous microfoam 1% (Varithena) for treatment of tortuous varicose veins. Refer to the Medical Necessity Guidelines for [Procedures for the Treatment of Symptomatic Varicose Veins](#).
- HLA-B27 genotyping for ankylosing spondylitis. Refer to the Medical Necessity Guidelines for [Genetic and Molecular Diagnostic Testing](#).
- Modification to InterQual® thyroid nodule genetic testing criteria has been added. A repeat fine needle aspiration is not required for Bethesda III, atypia or follicular lesion of undetermined significance. This change is documented in the Medical Necessity Guidelines for [Genetic and Molecular Diagnostic Testing](#).

### Noncovered Investigational Services

Tufts Health Plan has added the following items to the Medical Necessity Guidelines for [Noncovered Investigational Services](#). These changes apply to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Public Plans products:

- Hydrodissection in the treatment of neuropathic pain
- Pharmacogenetic testing for single-gene variants in the CYP2D6, CYP3A4, CYP3A5, ABCB1 and UGT2B7 genes for general opioid prescribing
- Freedom Spinal Cord Stimulators (Stimwave LLC) for the treatment of back pain

## PHARMACY COVERAGE CHANGES – TUFTS HEALTH RITTOGETHER AND 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

#### Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after July 1, 2020, Tufts Health Plan will update its prior authorization criteria for the medications and programs listed below. These changes will apply to new requests for prior authorization for one of these medications. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines below:

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

- |   |   |
|---|---|
| • Acromegaly Agents                         | • Isotretinoin  |
| • Amifampridine (Firdapse®, Ruzurgi®)       | • Nityr™ and Orfadin® (nitisinone)  |
| • Ampyra® (dalfampridine)                   | • Respiratory Interleukins: Cinqair® (reslizumab), Fasenra® (benralizumab), Nucala® (mepolizumab) |
| • Antipsychotic Medications                 | • Signifor® (pasireotide)   |
| • Cinryze® (C1 Esterase Inhibitor [Human])  | • Takhzyro® (lanadelumab-flyo)  |
| • Dificid® (fidaxomicin)                    | • Testosterone Replacement Therapies  |
| • Dupixent® (dupilumab)                     | • Triptan Medications   |
| • Exondys 51® (eteplirsen)                  | • Xolair® (omalizumab)  |
| • Haegarda® (C1 Esterase Inhibitor [Human]) |   |
| • Hypnotic Agents                           |   |

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

- Anti-Anxiety Medications

#### Tufts Health RITogether

- Buspirone

#### New Prior Authorization Programs

##### Dificid® (fidaxomicin)

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will require prior authorization for coverage of Dificid (fidaxomicin). This change will apply to members of Tufts Health Together – MassHealth MCO Plan and ACPPs who are currently using Dificid or 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 Dificid (fidaxomicin).

### Methyltestosterone Capsule

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will require prior authorization for coverage of methyltestosterone capsule. This change will apply to members of Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs who are currently using methyltestosterone capsule 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 Testosterone Replacement Therapies.

## DRUGS STATUS CHANGES

### Update to Coverage of Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists:

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

Effective for dates of service on or after July 1, 2020, Tufts Health Plan will update coverage of drugs in the glucagon-like peptide-1 (GLP-1) receptor agonist class.

More information, including a list of drugs affected by this change (if any), will be available in the full web article in the [News](#) section of the public Provider website prior to this date. For questions, call Provider Services at 888.257.1985.

### Drugs Moving to Excluded Status

The following drugs are moving to excluded status. These changes apply to Tufts Health Together – MassHealth MCO Plan and ACPPs and are effective for fill dates on or after July 1, 2020:

- Deprizine™ FusePac™ (ranitidine suspension)
- Dicopanol™ FusePac™ (diphenhydramine suspension)

### Drugs Moving to the Medical Benefit

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will move the following testosterone replacement therapies to the medical benefit for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs:

- Aveed® (testosterone undecanoate) injection
- Testopel® (testosterone pellet)

## QUANTITY LIMITATIONS

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will apply new quantity limitations to diclofenac sodium 1% gel. This change applies to Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs. In order for a member to receive coverage for quantities above the new daily limits, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations for Tufts Health RITogether and for Tufts Health Together – MassHealth MCO Plan and ACPPs.

## VOLUNTARY 90-DAY MEDICATION SUPPLY AT RETAIL PHARMACIES – TUFTS HEALTH RITOGETHER

Effective for fill dates on or after May 1, 2020, select generic maintenance medications used for the treatment of common chronic conditions can be filled for a 90-day supply at a retail pharmacy. The [list of medications](#) that will be eligible in this voluntary 90-day medication supply program is available on Tufts Health Plan's public Provider website.

Beginning May 1, 2020, providers and members can refer to the Tufts Health RITogether Preferred Drug List (PDL) to determine which medications will be available through this program.

### Drugs Moving to Noncovered Status

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will move drugs in the following classes to noncovered status. For a member to continue taking any of the medications moving to noncovered status, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Pharmacy Products Without Specific Criteria for Tufts Health RITogether and Non-Covered Pharmacy Products for Tufts Health Together – MassHealth MCO Plan and ACPPs.

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

### Anti-Anxiety Medication

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will move meprobamate to noncovered status.

### Testosterone Replacement Therapies

Effective for fill dates on or after July 1, 2020, Tufts Health Plan will move the following drugs to noncovered status:

- Androxy™ (fluoxymesterone) tablet
- First-Testosterone transdermal cream
- First-Testosterone transdermal ointment

For the applicable medications, providers are encouraged to consider writing prescriptions for a 90-day supply for those members who would benefit from being able to fill a three-month supply of their medications at one time and would be able to store their medications appropriately. If a medication is lost or stolen, the member can contact Tufts Health Plan and may be authorized to fill a quantity sufficient to bring them to the time of the next scheduled fill.

**Note:** Any current restrictions (e.g., prior approval, quantity limits) will continue to apply.

## ONCOLOGY BIOSIMILAR COVERAGE

Tufts Health Plan covers all available biosimilars for the following oncology agents: bevacizumab, rituximab and trastuzumab.

## PHARMACY COVERAGE CHANGES – COMMERCIAL AND TUFTS HEALTH DIRECT

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

### SPECIALTY INFUSION AND SPECIALTY PHARMACY PROGRAM

Effective for fill dates on or after July 1, 2020, Vimizim® (elosulfase alfa) will be added to the specialty infusion program provided by CVS Specialty™ for Commercial products (including Tufts Health Freedom Plan).

Effective for fill dates on or after July 1, 2020, Vimizim (elosulfase alfa) will be added to the specialty pharmacy program provided by CVS Specialty for Tufts Health Direct.

### OBTAINING MEDICAL BENEFIT DRUGS THROUGH BUY AND BILL

Medications that are excluded from the pharmacy benefit and are covered under the medical benefit require providers to “buy and bill” for these medications to receive payment. For covered medications, prescribers may purchase the drug from the distributor and stock it in their clinic or office. Providers must then bill Tufts Health Plan for the cost of the drug and the administration costs after administration to the member. For medical benefit drugs that require prior authorization, as indicated on the formulary, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

### PRIOR AUTHORIZATION

#### New Prior Authorization Programs

Effective for prior authorization requests submitted on or after July 1, 2020, Tufts Health Plan will add prior authorization criteria to Hydrocortisone Butyrate 0.1% Ointment and brand Nuvaring®, which now has a covered A-rated generic. These coverage changes will apply to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct. 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 July 1, 2020, Tufts Health Plan will update its prior authorization criteria for:

- Cinryze® (C1 Esterase Inhibitor [Human])
- Difucid® (fidaxomicin)
- Dupixent® (dupilumab)
- Eucrisa® (crisabrole)
- Exondys 51® (eteplirsen)
- Glaucoma Step Therapy
- Haegarda® (C1 Esterase Inhibitor [Human])
- Medications for the Treatment of Hypoactive Sexual Desire Disorder (HSDD)
- Non-Covered Drugs with Suggested Alternatives
- Respiratory Interleukins: Cinqair® (reslizumab), Fasentra® (benralizumab), Nucala® (mepolizumab)
- Signifor® (pasireotide)
- Signifor® LAR (pasireotide)
- Takhyzro® (lanadelumab-flyo)
- Topical Corticosteroids
- Xolair® (omalizumab)

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 July 1, 2020:

### Drugs Moving to Noncovered Status

- Carafate suspension
- FloLipid suspension
- Moxeza™ solution
- Travatan Z® 0.004% eye drops

### Drugs Moving to Excluded Status

- Albuterol sulfate HFA (manufactured by Proficient Rx — only)

### Drugs Moving to Medical Benefit

- Bicillin® CR
- Bicillin® LA

### Tufts Health Direct

The following drugs are moving to noncovered status. These changes apply to Tufts Health Direct formularies and are effective for fill dates on or after July 1, 2020:

- Apriso® capsules
- Depen® titratabs

### Large Groups

The following drugs are moving to noncovered status. These changes apply to large-group Commercial formularies and are effective for fill dates on or after July 1, 2020:

- Apriso capsules
- Depen titratabs

### Large Groups — Commercial New Hampshire and Rhode Island Products

The following drugs are moving to noncovered status. These changes apply to large-group Commercial New Hampshire and Rhode Island formularies and are effective for fill dates on or after July 1, 2020:

- Afinitor® 2.5, 5 and 7.5mg tablets
- Jadenu® 90 and 360mg tablets
- Sensipar® tablets

### Small Groups — Commercial Rhode Island Products

The following drugs are moving to noncovered status. These changes apply to small-group Commercial Rhode Island formularies and are effective for fill dates on or after July 1, 2020:

- Afinitor (everolimus) 2.5, 5 and 7.5mg tablets
- Apriso capsules
- Depen titratabs
- Jadenu 90 and 360mg tablets
- Sensipar tablets

### Small Groups — Commercial Massachusetts Products

The following drugs are moving to noncovered status. These changes apply to small-group Commercial Massachusetts formularies and are effective for fill dates on or after July 1, 2020:

- Apriso capsules
- Depen titratabs

## ONCOLOGY BIOSIMILAR COVERAGE

Tufts Health Plan covers all available biosimilars for the following oncology agents: bevacizumab, rituximab and trastuzumab.

## BIOLOGICS FOR THE TREATMENT OF INFLAMMATORY CONDITIONS

As [previously communicated](#), Tufts Health Plan prefers the following biologics for the treatment of inflammatory conditions:

Medication	Mechanism of Action
Enbrel® (etanercept)	Tumor Necrosis Factor Inhibitor
Humira® (adalimumab)	Tumor Necrosis Factor Inhibitor
Remicade® (infliximab)	Tumor Necrosis Factor Inhibitor
Rinvoq™ (upadacitinib)	Janus Kinase Inhibitor
Skyrizi™ (risankizumab-rzaa)	Interleukin 23 Blocker
Simponi® (golimumab)	Tumor Necrosis Factor Inhibitor
Simponi Aria® (golimumab)	Tumor Necrosis Factor Inhibitor
Stelara® (ustekinumab)	Interleukin 23 Blocker
Tremfya® (guselkumab)	Interleukin 23 Blocker

## BEHAVIORAL HEALTH: ADDITIONAL REQUIRED BENEFITS FOR CHILD-ADOLESCENT BEHAVIORAL HEALTH DISORDERS

The following requirements apply to all Massachusetts fully insured Commercial products and Tufts Health Direct for groups or members that renew on or after July 1, 2020.\*

As [previously communicated](#) and effective July 1, 2019, Tufts Health Plan increased coverage for behavioral health benefits for children and adolescents up to 19 years of age with serious emotional disturbances in accordance with the Massachusetts Division of Insurance (DOI) and Department of Mental Health (DMH) joint [Bulletin 2018-07](#).

As required thereunder, effective for plans issued or renewed on or after July 1, 2020, Tufts Health Plan will provide coverage for additional medically necessary intermediate and outpatient services, including Family Support and Training (FS&T) and Therapeutic Mentoring (TM). Prior authorization will not be required for these services; however, the services must be referred by a clinical hub provider. The clinical hub provider serves as the primary behavioral health care provider for the member and will coordinate with other service providers to meet clinical needs. Services provided by a clinical hub provider (intensive care coordination, in-home therapy and outpatient therapy) require prior authorization by Tufts Health Plan.

These additional behavioral health services for children and adolescents are documented in the medical necessity guidelines for [Family and Support Training \(FS&T\)](#) and [Therapeutic Mentoring \(TM\)](#) available in the Resource Center on Tufts Health Plan's public Provider website.

For more information, refer to the DOI and DMH Bulletin 2018-07, [Access to Services to Treat Child-Adolescent Mental Health Disorders](#).

**\*Note:** This date may be subject to change based on guidance from the DOI in response to the public health emergency.

## CLAIM SUBMISSION — TUFTS HEALTH RITOGETHER

Effective for dates of service on or after July 1, 2020, Tufts Health Plan will require providers rendering services to Tufts Health RITogether members to include a National Drug Code (NDC) number and quantity and measurement type when submitting any claim line(s) that have a J procedure code. If this information is not included, the entire claim will be rejected, and the provider will need to resubmit the claim no later than 60 days from the date of service.

## GROUP INSURANCE COMMISSION (GIC) NAVIGATOR AND SPIRIT PLAN CHANGES

Effective July 1, 2020, there will be no change to existing provider organization/IPA or hospital system tiers; however, any change to an individual provider's contract affiliation may result in a change in that provider's tier. Providers and members can refer to [GIC Navigator and Spirit Tiering Information](#) on Tufts Health Plan's public Provider [website](#) to verify provider and hospital tier placement by product.

### GIC NAVIGATOR TIER DESIGN

Providers and hospitals will continue to be placed in one of three tiers for the GIC Navigator plan. PCPs and specialists will continue to be tiered, and providers and hospitals falling under the same contracting provider system will be placed in the same tier.

### GIC SPIRIT TIER DESIGN

The GIC Spirit tier design applies only to those providers and hospitals that participate in the GIC Spirit plan. With this tier design, hospitals will continue to be placed in one of two tiers. All specialists will continue to be placed in one of three tiers.

**Note:** PCPs and PCP/specialists are not tiered under the GIC Spirit plan design.

Members of Tufts Health Plan's GIC Navigator and Spirit plans have lower out-of-pocket health care costs when they receive nonemergency covered services from Tier 1 hospitals and providers. To help GIC members manage their out-of-pocket costs, and in support of the GIC's tiered plan designs to promote efficient care, the GIC asks that participating providers refer their GIC plan members to Tier 1 providers.

For more information, refer to the public Provider [website](#).

## NEW DIABETES MANAGEMENT PROGRAM FOR GIC NAVIGATOR AND SPIRIT PLANS

Effective July 1, 2020, Tufts Health Plan will introduce a new diabetes management program for the Group Insurance Commission (GIC) Navigator and Spirit plans. To improve the health and productivity of GIC members living with Type 2 diabetes, Tufts Health Plan will be collaborating with Onduo. This virtual diabetes clinic incorporates diabetic tools, coaching and clinical support to help members take control of their condition.

Onduo's program structure is designed to provide members with a virtual clinic, which contains a personalized journey for each member based on their individual risk, engagement level and motivators, as well as recommended interventions. At no additional cost, GIC members who enroll in Onduo's program will receive a blood glucose monitor, and those who qualify will receive a continuous glucose monitor (CGM) system.

## BEHAVIORAL HEALTH: CODE CHANGES FOR SUBSTANCE USE DISORDER (SUD) SERVICES – TUFTS HEALTH RITOGETHER

Effective for dates of service on or after July 1, 2020, providers rendering services to Tufts Health RITogether members are required to use the corrected behavioral health (BH) codes for the billing of selected substance use disorder (SUD) services. The Rhode Island EOHHS and the Behavioral Health Developmental Disabilities and Hospitals (BHDDH) instituted these changes to BH codes that were identified as being incorrect, which was attributed to EOHHS' oversight of BH services.

Coding instructions for billing SUD services and Mental Health Psychiatric Rehabilitation Residential (MHPRR) services are documented in the [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Professional Payment Policy](#), available in the Resource Center on the public Provider website. These are services that EOHHS/BHDDH monitors on a periodic basis to ensure content and continuity of care. Providers contracting with Tufts Health RITogether should bill using consistent codes. These services should not be billed with an inpatient room and board revenue code (i.e., any revenue code less than 0220).

**Note:** Providers may begin using these codes as of April 1, 2020, but are required to do so as of July 1, 2020.

## CORRECT CODING REMINDER

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.

## COMMERCIAL PHYSICIAN AND OUTPATIENT HOSPITAL FEE SCHEDULES TO BE UPDATED

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 July 1, 2020, 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.



## BEHAVIORAL HEALTH

### BEHAVIORAL HEALTH 60-DAY NOTIFICATIONS

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.

### NEW BEHAVIORAL HEALTH PROVIDER RESOURCE GUIDE

Tufts Health Plan developed the [Behavioral Health Provider Resource Guide](#) to provide a central resource to help behavioral health providers find the information they need. This guide includes information on Tufts Health Plan's online tools, product overviews, notifications and prior authorization, claims submission, and payment policies for Commercial (including Tufts Health Freedom Plan), Senior Products and Tufts Health Public Plans products. The guide is available on the [Guides and Resources page](#) of the [Training](#) section of the public Provider website.

For more information, refer to the Provider Training [article](#).

### DIABETES SCREENING NEEDED FOR PATIENTS TAKING ANTIPSYCHOTIC MEDICATIONS

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

Based on these guidelines, Tufts Health Plan encourages all providers who are prescribing antipsychotic medications to ensure members receive annual screenings for diabetes using an HbA1c test or a fasting glucose test. This applies to Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify.

## ADMINISTRATIVE UPDATES

### INTERQUAL TRANSPARENCY TOOL

Effective June 20, 2020, providers can search and review InterQual (IQ) criteria that Tufts Health Plan Commercial products (including Tufts Health Freedom Plan) and Senior Products use as prior authorization. The IQ transparency tool will replace the informational documents found on the secure Provider [website](#) and allow Tufts Health Plan's provider network to access the IQ criteria in an intuitive, reference-only format. Visit the secure Provider [website](#), select "Authorizations," and then select "Prior Authorizations applying InterQual."

**Note:** This change will also apply to Tufts Health Public Plans products (excluding Tufts Health RITogether) in the coming months. For more information about Tufts Health Public Plans products' migration to the Enterprise's secure Provider [website](#), refer to the New Secure Provider Website – Tufts Health Public Plans [article](#).

### NEW SEARCH TIPS IN THE PROVIDER RESOURCE CENTER

As part of an ongoing effort to improve providers' experience on the public Provider [website](#), Tufts Health Plan created search tips on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites to assist providers in accessing important information in the [Provider Resource Center](#).

This tool provides detailed information on how and when to use filters and search terms, and explains the necessary steps to yield successful search results in the [Provider Resource Center](#).

## NEW MINDFULNESS PROGRAMS FOR MEMBERS

As of January 1, 2020, Tufts Health Plan offers new mindfulness programs focused on yoga and meditation to members of Commercial products (including Tufts Health Freedom Plan) and Tufts Medicare Preferred HMO.

### OMPRACTICE

Tufts Health Plan has collaborated with Ompractice, a platform that provides access to live, online yoga and meditation classes led by an instructor. Tufts Health Plan members can now subscribe to Ompractice at a discounted rate. For more information, refer to the Ompractice website for [Commercial](#), [Tufts Health Freedom Plan](#) and [Tufts Medicare Preferred HMO](#).

### MEDITATION 101

Meditation 101 is a free 10-session audio series that introduces members to meditation while enabling them to develop the tools needed for their own meditation practice. To access this program, members can visit the [landing page](#) and enter the corresponding product-specific access code below:

- **Commercial:** THP
- **Tufts Health Freedom Plan:** THFP
- **Tufts Medicare Preferred HMO:** TMP

## NEW APP FOCUSED ON THE HPV VACCINE

Tufts Health Plan would like to inform providers of the human papilloma virus (HPV) app HPV Vaccine: Same Way, Same Day, a free educational tool created to assist providers with patient discussions around the importance of receiving HPV vaccinations as a regular part of preventive care for females and males of certain ages. This app applies to Commercial (including Tufts Health Freedom Plan) and Tufts Health Public Plans products.

**Note:** Use of the tool is voluntary.

More about the free app:

- Offers brief, interactive role-play simulation
- Designed to enhance health care professionals' ability to introduce the HPV vaccine and address parent concerns
- Developed by the Academic Pediatric Association, American Academy of Pediatrics and Kognito

To download the HPV Vaccine: Same Way, Same Day app, visit the [Google Play Store](#) or the [iTunes Store](#). For recommended immunization schedules, refer to the CDC [website](#).

## PLANS

### COMMUNITY PARTNERS PROGRAM FOR TUFTS HEALTH TOGETHER – MASSHEALTH MCO PLANS

The MassHealth Community Partners (CP) Program is available to Tufts Health Together – MassHealth MCO Plans members who need assistance with social determinants of health needs, long-term supports/services or care coordination of community services. PCPs contracting with Tufts Health Together – MassHealth MCO Plans can refer their patients who will benefit from the CP program by emailing [CPPProgram@tufts-health.com](mailto:CPPProgram@tufts-health.com) and providing the patient name, date of birth, ID# or MassHealth ID# and a brief description of the patient's needs. Tufts Health Plan will review the provider's request and submit a referral to MassHealth to enroll the patient in the CP program, if appropriate. For more information on the CP program, refer to the MassHealth [website](#).

### TUFTS HEALTH PLAN COLLABORATING WITH CITYBLOCK HEALTH – TUFTS HEALTH UNIFY

In March 2020, Tufts Health Plan began a collaboration with Cityblock Health to provide comprehensive care management services to Tufts Health Unify members residing in Worcester County. With Cityblock, these members have access to care management and a range of additional services that address medical, behavioral health and social needs. Cityblock care teams are led by Community Health Partners, and include nurse care managers, LICSWs, RNs, NPs or MDs, depending on members' needs.

Cityblock has contacted Tufts Health Unify members residing in Worcester County to familiarize them with their services and new care management team. Cityblock looks forward to continuing its partnerships with members' existing providers (including PCPs, specialists and behavioral health providers) to create a comprehensive care plan for these members.

For more information, contact Provider Services at 888.257.1985.

## REMINDERS

### PROVIDER TRAINING REQUIREMENT CLARIFICATION – 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 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 requires that providers take, at minimum, the following training modules:

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

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

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 directly at 888.257.1985.

### PAYMENTS AND FORM 1099 REPORTING

Tufts Health Plan would like to remind providers to review all payments prior to deposit to confirm they are payable to the correct entity. This reminder applies to all Tufts Health Plan products. According to IRS regulations, Tufts Health Plan is obligated to issue a Form 1099 to the payee listed on the check and not to the person or entity that endorses or deposits the check. If you receive a payment payable to the wrong entity, contact your Contract Specialist at 800.442.0422 ext. 52169 and return the check for reprocessing prior to deposit.

#### TRACK TWO

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

This track 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 [website](#) and the Tufts Health Provider Connect [website](#)
- Information about doing business with Tufts Health Plan
- Important provider resources

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

## QUANTITY LIMITS FOR MEDICAL SURGICAL SUPPLIES

Quantity limits for medical surgical supplies were removed for dates of service on or after January 28, 2020, for Tufts Health Public Plans products and March 31, 2020, for Commercial products (including Tufts Health Freedom Plan). While this change is for medical supplies only, some medical supplies, such as formulas and glucose monitoring supplies, still require prior authorization.

**Note:** Certain durable medical equipment (DME) items still require prior authorization and are subject to limitations.

These changes are documented in the [Durable Medical Equipment and Medical Supplies Payment Policy](#) for Tufts Health Public Plans, the [Durable Medical Equipment Payment Policy](#) for Commercial products (including Tufts Health Freedom Plan) and the Medical Necessity Guidelines for the [Devices for the Management of Diabetes \(Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems\)](#).

## CLAIM SUBMISSIONS WITH PRESENT ON ADMISSION (POA) INDICATORS

To ensure correct billing practices, Tufts Health Plan would like to remind providers to bill Present on Admission (POA) indicators only on diagnosis codes that require them. This reminder applies to all Tufts Health Public Plans products. Providers who bill POA indicators incorrectly will receive the following denial message code on their claim: “UMD118: The POA indicator is invalid/missing for the submitted Principal/Other/External diagnosis code.”

For more information on correct billing practices for POA indicators, refer to the coding guidelines on the CMS [website](#).

## NEW SECURE PROVIDER WEBSITE – TUFTS HEALTH PUBLIC PLANS

In the coming months, Tufts Health Provider Connect, the secure Provider website for Tufts Health Public Plans providers, will be replaced by the secure Provider website currently utilized by Tufts Health Plan’s other lines of business (Commercial products [including Tufts Health Freedom Plan] and Senior Products). This applies to Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify.

**Note:** This change does not apply to Tufts Health RITogether.

**Note:** Data from the previous 12 months on Tufts Health Provider Connect will be available on the secure Provider website.

Any Tufts Health Public Plans providers who are not currently registered for the secure Provider website will need to register. Step-by-step instructions on how to register will be available on Tufts Health Plan’s public Provider [website](#). Providers who are already registered do not need to take any additional action.

Providers and office staff can utilize the secure Provider website to view a member’s benefits or referrals, submit claims, and more. For additional information, refer to the [FAQs](#) on Tufts Health Plan’s public Provider website. More information on this change will be made available prior to implementation.

## CLAIM SUBMISSION FOR COVERING PCPs – TUFTS HEALTH DIRECT

As a reminder to covering PCPs submitting claims for Tufts Health Direct members, Tufts Health Plan applies the appropriate PCP cost share based on the PCP specialty that the provider self-identifies. Providers should confirm multiple specialties, as needed, to ensure they are compensated correctly.

Examples of PCP specialties are:

- Internal Medicine
- Family Medicine
- Pediatrics
- Nurse Practitioner
- Nurse Practitioner, Adult Health
- Nurse Practitioner, Pediatrics
- Nurse Practitioner, Women’s Health
- Nurse Practitioner, Family
- Physician Assistant
- Physician Assistant, Medical

**Note:** The provider identifies the specialty based on the rendering taxonomy code submitted by the provider on the claim. If this code is not submitted, it defaults to the taxonomy code Tufts Health Plan has on file for the practitioner records.

Providers can confirm current practice information using the Find a Doctor search for [Tufts Health Public Plans](#). If the information listed is incorrect, providers are encouraged to update it as soon as possible by completing the Provider Information Form for [medical 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. For additional information, refer to the Reminder: Update Your Practice and Billing Information [article](#).

**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.

## UPDATES TO TUFTS HEALTH PLAN PROVIDER DIRECTORY

As [previously communicated](#), Tufts Health Plan is working to improve provider directory information for its members. Late last year, Tufts Health Plan began implementing a contract with CAQH through the health plan collaborative, HealthCare Administrative Solutions, Inc. (HCAS), and began enrolling providers in the directory solution called DirectAssure® by CAQH. To date, Tufts Health Plan has added approximately 12,000 independently contracting providers to DirectAssure and will continue to enroll providers until the entire contracting network is included in the directory. This is expected to be completed by October 2020.

DirectAssure engages providers in reviewing and maintaining up-to-date provider directory information to ensure health care consumers have access to accurate provider demographic information when seeking health care services. DirectAssure is an online database that works in concert with ProView® by CAQH, a credentialing database already being used by providers across all lines of business for Tufts Health Plan.

Providers will receive email notifications from both Tufts Health Plan and CAQH when they are enrolled. They will then be prompted to review their existing information and add more details about their practice.

Every three months, providers will be prompted to confirm their information. If nothing has changed, providers will simply need to re-attest to that data. If changes or updates are needed, providers may do so at any time and reconfirm their new data is correct.

Provider directory information will be transferred to Tufts Health Plan by CAQH so providers will no longer need to notify Tufts Health Plan of these changes directly. This change applies to directory information only. Contracting and billing questions should go directly to Tufts Health Plan.

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

For questions about Tufts Health Plan's launch of DirectAssure, email [ProviderDirectoryData@tufts-health.com](mailto:ProviderDirectoryData@tufts-health.com).

## SLEEP PROGRAM AND PRIOR AUTHORIZATION – TUFTS HEALTH DIRECT AND TUFTS HEALTH TOGETHER

As [previously communicated](#), Tufts Health Plan selected eviCore Healthcare (eviCore) to provide utilization management for the coverage of sleep diagnostic studies, sleep apnea-related devices and durable medical equipment (DME) supplies for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs). Implementation of this new program has been delayed and is targeted for some time later this year. Once the program is implemented, providers must request prior authorization for members 18 years of age and older for:

- Diagnostic studies; facility-attended studies (FACs) and home sleep testing (HST)
- Sleep apnea-related devices (CPAP/BiPAP)
- DME supplies and resupplies

**Note:** On the date of implementation, Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and ACPPs providers **may no longer fax prior authorization requests for these services** to Tufts Health Plan's Precertification Operations Department.

For a list of procedures, services and items that will require prior authorization, refer to the [Prior Authorization/Notification Code List](#). Using evidence-based criteria and guidelines, eviCore will review coverage requests and provide authorization or notification confirmation for diagnostic studies and equipment and resupplies, as appropriate. When clinically appropriate, eviCore will redirect an FAC request to an HST study.

More information specific to implementation and when providers can begin contacting eviCore to request prior authorization for the above services will be available in the coming months.

eviCore will offer provider trainings on how to submit a prior authorization via the eviCore portal or phone. Training registration information will be available in the coming months.

For additional information, refer to the [Sleep Management Program page](#) available on Tufts Health Plan's public Provider website.

## MHK MEDICAL MANAGEMENT SYSTEM BENEFITS AND INTEGRATION UPDATES

As [previously communicated](#), providers contracting with Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) currently utilizing [Tufts Health Provider Connect](#) can use the MHK (formerly MedHOK – Medical House of Knowledge) medical management system to complete requests for inpatient and outpatient services, attach documentation, check authorization requests, and receive reference numbers online.

Beginning in June 2020, Tufts Health Plan will integrate the MHK medical management system into its secure Provider [website](#) for Commercial products (including Tufts Health Freedom Plan) and Tufts Medicare Preferred HMO. Additional information will be made available in the coming months.

**Note:** MHK integration for Tufts Health Plan Senior Care Options (SCO), Tufts Health RITogether and Tufts Health Unify will occur later in 2020.

Tufts Health Plan encourages providers to use the MHK system, as it is the most direct way to submit requests for review to Tufts Health Plan. Doing so prevents the risk of a misdirected fax. Other benefits of using the MHK system versus faxing include, but are not limited to, the following:

- Saves time; requests are directed to the first-level reviewer's queue from [Tufts Health Provider Connect](#) for a decision
- Guarantees receipt so that when a request is in the system, providers can view and confirm it was received
- Allows providers to submit clinical documentation and notes
- Updates in real time; as soon as approval or denial is granted, the request updates automatically in Notes Link
- May reduce wait time on determinations, especially when all information is attached to the request in [Tufts Health Provider Connect](#)
- Certain procedures may be automatically authorized in the system (e.g., Upper Gastrointestinal [UGI] requests upon completion of the assessment)

If you are not yet a registered user of [Tufts Health Provider Connect](#), registration information is available on Tufts Health Plan's public Provider [website](#).

An [MHK Provider Portal User Guide](#) is also available in the Resource Center on Tufts Health Plan's public Provider website.

## PROVIDER TRAINING

A webinar on this topic is available in the [Training](#) section of the public Provider website. Providers who would like to schedule an MHK training can send a request to [Provider\\_Education@tufts-health.com](mailto:Provider_Education@tufts-health.com).

## ELECTRONIC VISIT VERIFICATION – TUFTS HEALTH RITOGETHER

As [previously communicated](#), and effective for dates of service on or after April 20, 2020, Rhode Island Medicaid will require providers who render services to Tufts Health RITogether members to participate in Electronic Visit Verification (EVV) based on Section 12006(a) of the [21st Century Cures Act](#) mandate.

EVV is an in-home visit, scheduling, tracking and billing system that supports members' quality of care within the scope of home-based services. Providers have the option of selecting their own EVV vendor or using the state's vendor, Sandata.

Tufts Health Plan has contacted providers to determine EVV vendor selection. If you are using a different EVV vendor, contact Tufts Health Plan to determine if any additional information is needed.

EVV services should be billed using the provider's practice group's NPI on a professional claim format (837P). For more information on EVV and the 21st Century Cures Act mandate, refer to the EOHHS [website](#).

## SUBMIT TRANSACTIONS ELECTRONICALLY USING ONLINE SELF-SERVICE CHANNELS

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](#) section on Tufts Health Plan's public Provider website.

## COMMERCIAL AND SENIOR PRODUCTS

Secure Provider [website](#): Transactions and information for Commercial products (including Tufts Health Freedom Plan) and Senior Products

## TUFTS HEALTH PUBLIC PLANS

[Tufts Health Provider Connect](#): Transactions and information for Tufts Health Public Plans products

## NOT YET REGISTERED?

Information on how to [register for secure access](#) is available on Tufts Health Plan's public Provider website.

## REGISTER TO RECEIVE PROVIDER UPDATE BY EMAIL

Tufts Health Plan's *Provider Update* newsletter applies to 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 who prefer not to receive *Provider Update* by email, can indicate that preference on the [online registration form](#).

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

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

## PROVIDER TRAINING

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

The Training sections of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites provide helpful webinars, training videos, and printable guides and resources to assist staff with day-to-day operations. You will find visuals with step-by-step instructions on how to navigate the secure Provider websites to view claims, submit claim adjustments, view authorizations and more.

Additionally, there is a new Behavioral Resource Guide available. For more information, refer to the New Behavioral Health Provider Resource Guide [article](#).

## CONTACT INFORMATION FOR PROVIDERS CALLING TUFTS HEALTH PLAN

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 websites, to identify the appropriate provider call center.

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

## CULTURAL COMPETENCY TRAINING

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.

## DISEASE MANAGEMENT PROGRAMS

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

Tufts Health Direct members may be eligible to receive a \$25 supermarket gift card for completing five routine diabetes screenings. More information about this member incentive is available on Tufts Health Plan's public [Member website](#).

## REIMBURSEMENT OFFERED FOR PROOF OF BUPRENORPHINE CERTIFICATION

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

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

In order to receive reimbursement, providers must:

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

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

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

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



## UPDATE YOUR PRACTICE AND BILLING INFORMATION

Members use Tufts Health Plan's online provider directory ([Find a Doctor](#)) to find physicians, specialists and Allied Health providers who fit 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 to regularly update your billing address and provider demographic information as changes occur.

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 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 (Including Tufts Health Freedom Plan) and Senior Products

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

#### Tufts Health Public Plans

Providers can confirm current practice information using the Find a Doctor search for [Tufts Health Public Plans](#). If the information listed is incorrect, update it as soon as possible by completing the Provider Information Form for [medical providers](#) or [behavioral health providers](#) (available in the [Forms](#) section of the Resource Center) and returning it to Tufts Health Plan by email ([provider\\_data\\_request@tufts-health.com](mailto:provider_data_request@tufts-health.com)) as noted on the form.

**Note:** Massachusetts behavioral health providers, allied health providers and providers who have been notified by Tufts Health Plan of their enrollment in DirectAssure® by CAQH should update their directory information as changes occur in DirectAssure®. 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](#).

#### Billing Addresses

Providers can update billing addresses by completing the appropriate form indicated above, selecting "billing" as the address type and including a W-9 as indicated on the form.

## FOR MORE INFORMATION

### PUBLIC PROVIDER WEBSITES

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

### SECURE PROVIDER WEBSITES

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

### CONTACT INFORMATION

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

PROVIDER  
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