

PROVIDER UPDATE

JULY 1, 2022

NEWS FOR THE NETWORK



Provider Update includes information for all Tufts Health Plan products: Commercial products, Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Public Plans products (Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify). You will also see these products referenced as “All products.” Changes will apply to all those specified products unless product exclusions are specified for that particular change.

Provider Update is a monthly, online provider newsletter. We encourage you to [register](#) to receive *Provider Update* by email. If you have registered for email distribution but aren't receiving *Provider Update* at the beginning of each month, look in your spam folder or check with your organization's system administrator to ensure the organization's firewall is adjusted to allow for receipt of *Provider Update* from providerupdate@email-tuftshealth.com.

60-DAY NOTIFICATIONS

New Telehealth Payment Policy to Replace Temporary COVID-19 Policy

Commercial products, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred HMO

In the early days of the COVID-19 pandemic, Tufts Health Plan instituted an interim payment policy to address the unique needs of our providers and members during the unprecedented public health crisis. The Temporary COVID-19 Telehealth Payment Policy was developed to temporarily replace the previously existing policy, expand the scope of coverage during the pandemic, and offer guidance on coverage and billing.

For dates of service beginning Sept. 1, 2022, this interim policy will be retired, and Tufts Health Plan's new, Telehealth/Telemedicine Payment Policy will take effect.

With the implementation of the new policy, we will introduce a number of claim edits, which are intended to support industry standard correct coding principles and will not apply a reduction in payment. (All telehealth services will continue to be reimbursed at parity.)

Tufts Health Plan will deny any procedure code that is billed with place of service (POS) 02 (telehealth services rendered in a location other than the patient's home) or POS 10 (telehealth services rendered in the patient's home) if an appropriate telehealth modifier is not also appended to the claim. We will also deny any procedure code appended with a telehealth modifier when POS 02 or POS 10 is not also reported.

Keep in mind that a telehealth modifier should not be appended when billing codes with “telehealth” or “telephone” are in the description — such as Q3014 (Telehealth originating site facility fee), 98966 (Telephone assessment) or 99441 (Telephone evaluation and management) — as billing one of these procedure codes inherently indicates that the service was provided via a telehealth modality. These services should be reported with the applicable POS only.

As a reminder, Tufts Health Plan will deny a telephone service when it is billed on the same day as a face-to-face evaluation and management (E/M) service, as the telephone encounter is considered part of the pre-service work associated with the face-to-face E/M service. Tufts Health Plan will also deny a telephone service when a face-to-face E/M service was performed in the previous seven days, because the telephone encounter would be considered part of the previous service.

Please refer to the new [Telehealth/Telemedicine Payment Policy](#) (effective for dates of service on or after Sept. 1, 2022) for complete information. The new payment policy includes details about how Tufts Health Plan defines telehealth/telemedicine, a list of telehealth modifiers, reimbursement criteria, examples of services that will and will not be reimbursed, and more.

Hypoglossal Nerve Stimulation Update

Commercial products, Tufts Health Public Plans products

Tufts Health Plan is updating our Hypoglossal Nerve Stimulation for Treatment of Moderate to Severe Obstructive Sleep Apnea Medical Necessity Guidelines for Commercial and Tufts Health Public Plans Products, effective for dates of service beginning Sept. 1, 2022.

The updates include a criteria change indicating that patients must have a body mass index of less than 32 kg/m² to be covered for the treatment. With this change, the Tufts Health Plan and Harvard Pilgrim Health Care policies for hypoglossal nerve stimulation will be aligned; as you likely are aware, Tufts Health Plan and Harvard Pilgrim Health Care have combined under the parent organization Point32Health.

For more information, please refer to updated [Medical Necessity Guidelines for Hypoglossal Nerve Stimulation for Treatment of Moderate to Severe Obstructive Sleep Apnea](#).

Pharmacy Coverage Changes

Tufts Health RITogether, Tufts Health Together

Updates to Existing Prior Authorization Programs			
Drug	Plan	Eff. date	Policy & Additional Information
Complement Inhibitors	Commercial products, Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and ACPPs, Tufts Health RITogether	9/1/2022	Pharmacy Medical Necessity Guidelines for Complement Inhibitors (Empaveli™ [pegcetacoplan], Soliris® [eculizumab], Ultomiris™ [ravulizumab])
Erythropoiesis Stimulating Agents	Tufts Health Together – MassHealth MCO Plan and ACPPs	9/1/2022	Pharmacy Medical Necessity Guidelines for Erythropoiesis Stimulating Agents (Aranesp®. Epogen®, Procrit®, Retacrit®)
Drug Status Changes			
Drug	Plan	Eff. date	Policy & Additional Information

Olumiant (baricitinib)	Commercial products, Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and ACPPs, Tufts Health RITogether	9/1/2022	<p>Olumiant will require quantity limitations in line with FDA approved package labeling.</p> <p>Pharmacy Medical Necessity Guidelines for Drugs With Quantity Limitations (Commercial products, Tufts Health Direct)</p> <p>Pharmacy Medical Necessity Guidelines for Drugs With Quantity Limitations (Tufts Health Together)</p> <p>Pharmacy Medical Necessity Guidelines for Drugs With Quantity Limitations (Tufts Health RITogether)</p>
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Medical Necessity Guidelines: Mohs Micrographic Surgery

All products

Tufts Health Plan has developed medical necessity guidelines, that will take effect Sept. 1, 2022, for Mohs micrographic surgery, a specialized surgical technique for the thorough removal of complex and ill-defined skin cancers..

Mohs surgery will be considered reasonable and medically necessary when it is performed by a dermatologist and the criteria outlined on the document are met, and prior authorization will not be required.

Please refer to Tufts Health Plan’s newly developed [Medical Necessity Guidelines for Mohs Micrographic Surgery](#) for complete information, including covered indications, limitations, skin cancer staging levels, and applicable diagnosis codes.

Inpatient Facility Payment Policy Update

Tufts Health Direct, Tufts Health RITogether, Tufts Health Together

Tufts Health Plan’s current Inpatient Facility Payment Policy for Tufts Health Public Plans indicates that, for facilities with a diagnosis related group (DRG) payment arrangement, we may deny payment related to Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether members for readmission to the same acute facility within 14 days if it is determined that the readmission was due to a premature discharge or related to the previous admission, or that the readmission was for services that should have been rendered during the previous admission.

Effective for dates of service beginning Sept. 1, 2022 for DRG facilities, Tufts Health Plan is expanding that timeframe to include readmission to the same acute facility **within 30 days**, as is currently the case for Tufts Health Unify members, as well as Commercial members ([as we announced](#) in the April issue of *Provider Update*).

For more information, please refer to the updated [Inpatient Facility Payment Policy](#).

Correct Coding Updates for COVID-19 Specimen Collection

All products

Tufts Health Plan is updating our Laboratory and Pathology Payment Policy to reflect correct coding related to specimen collection for COVID-19 testing. As a result, effective for dates of service beginning Sept. 1, 2022, the following billing and reimbursement practices will apply.

HCPCS codes G2023 or G2024 for COVID-19 specimen collection will only be reimbursed when billed by an independent clinical laboratory, and HCPCS code C9803 should be reported when COVID-19 specimen collection occurs during a hospital outpatient clinic visit.

CPT code 99211 should only be billed when a specimen collection is the only service rendered by clinical staff during a physician office visit. If the specimen collection is performed as part of another service or procedure, such as a higher-level visit furnished by the billing practitioner, that higher-level visit code should be billed and the specimen collection would not be separately payable.

Please keep in mind that G2023/G2024 or C9803 should only be used when the provider or facility is **not** running the test. If the provider or facility is running the test, the appropriate test code should be billed, not the specimen collection code. Modifier CR or CS should be appended, as appropriate, to a COVID-19 testing/specimen collection code and any related E/M code on professional and outpatient facility claims.

For more information, please refer to the updated Laboratory and Pathology Payment Policy and Tufts Health Plan's [COVID-19 Vaccine, Testing, and Treatment Codes](#) grid.

ADMINISTRATIVE UPDATES

Point32Health HEDIS Tip Sheets

All products

Harvard Pilgrim and Tufts Health Plan, under the parent organization Point32Health, are always looking for ways to support our valued provider network and make it as easy as possible for you to work with us in delivering exceptional patient care.

To that end, we've developed a series of [Point32Health HEDIS Tip Sheets](#) to offer insight into specific HEDIS measures, one of health care's most widely used performance improvement tools. The best practices and tips highlighted on these tip sheets are intended to aid your practice in optimizing HEDIS scores by ensuring that the data is reported accurately and reflects your practice's performance and helps in identifying opportunities to improve patient care.

For now, we have tip sheets dedicated to the following HEDIS measures — but stay tuned, as we will be adding more in the near future:

- Asthma Medication Ratio (AMR)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

We hope these tip sheets prove to be a valuable clinical resource, and as always, we welcome your feedback. Please take a moment to fill out this [brief survey](#) and let us know what you think; we'd love to hear from you!

Updated Medical Necessity Guidelines: Hysterectomy, Certain Elective

Commercial products, Tufts Health RITogether, Tufts Health Together, Tufts Health Unify

Prior authorization is no longer required for coverage of the following CPT codes related to hysterectomy procedures for Tufts Health Plan's Commercial, Tufts Health RITogether, Tufts Health Together, and Tufts Health Unify members:

- 58267- Vaginal hysterectomy, for uterus 250 grams or less, with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
- 58275, Vaginal hysterectomy, with total or partial vaginectomy
- 58280, Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele

For more information, please refer to the updated [Medical Necessity Guidelines for Hysterectomy, Certain Elective](#).

Prior Authorization for Dental Procedures Requiring Hospitalization

Tufts Health Public Plans products

In support of guidance from the Massachusetts Executive Office of Health and Human Services, Tufts Health Plan has updated our Medical Necessity Guidelines for Dental Procedures Requiring Hospitalization. As a result, prior authorization is no longer required for dental procedures in the D0120-D9999 code range for members of Tufts Health Public Plans products.

Please refer to the [updated](#) Medical Necessity Guidelines for more information.

Behavioral Health Medical Necessity Guideline Updates

Commercial products, Tufts Health Direct

Tufts Health Plan has updated our Medical Necessity Guidelines for [Family Stabilization Treatment \(FST\) Criteria for Behavioral Health Services](#), as well as our Medical Necessity Guidelines for [Behavioral Health Level of Care for Non-24 Hour/Intermediate/Diversionary Services](#).

As a result, for Commercial products and Tufts Health Direct, prior authorization will no longer be required for family stabilization treatment (FST) — a short-term, intensive, and flexible service that assists with the stabilization of children and adolescents in their home environment during an acute psychiatric crisis.

For Commercial products, intensive outpatient services (IOP) will no longer require notification and concurrent review. The notification and concurrent review requirements will not change for any other products, including Tufts Health Direct.

Newborn NICU Notification and Billing

Tufts Health Together

Tufts Health Plan recently extended the inpatient notification window for NICU services to 25 days from date of birth for members of Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

In addition, a newborn member of Tufts Health Together changes enrollment during the inpatient stay, it's important to bill the entire NICU stay on one claim to ensure that the claim is priced correctly; please do not split the claims between Tufts Health Plan and MassHealth. During claims adjudication, we will pay only for the days the newborn was enrolled with us, denying days the newborn was covered by MassHealth.

The [Newborn Payment Policy](#) has been updated to reflect these changes. These updates are related to MassHealth's [All Provider Bulletin 305](#). In a previous [article](#), we provided details on this 2020 bulletin, which noted changes to eligibility, payment, and managed care plan enrollment processes for newborn children of MassHealth members.

Boston Children's Hospital Joins Select Network and Spirit Plan

Select Network, Spirit Plan

Tufts Health Plan is pleased to announce that Boston Children's Hospital now participates in our [Select Network](#) and [Tufts Health Spirit Plan](#). We're confident that this addition to the network will provide greater access to care for our pediatric members — which is particularly critical in light of the closure of Tufts Children's Hospital at Tufts Medical Center.

Members and providers should refer to Tufts Health Plan's online [Find a Doctor search tool](#) to review the latest information on participating providers. For any questions you may have, please contact the appropriate Tufts Health Plan [Provider Call Center](#).

Emergency Department Services Payment Policy Updated

All products

Tufts Health Plan has updated our Emergency Department Services Payment Policy for informational purposes only, to offer guidance on coding for evaluation and management (E/M) codes.

In the interest of supporting our provider community in caring for your patients, our members, the policy now contains dedicated coding grids specific to professional and facility E/M services with examples of how to document the three key components that must be met and documented for the level of service rendered: history, exam, and medical decision-making.

The examples identified in these grids are intended to be used as a helpful reference tool, and do not comprise an all-inclusive list of conditions that warrant each level of service.

As a reminder, professional codes should be selected based on complexity and the work performed, whereas facility codes should be selected based on the volume and intensity of resources used by the facility to provide care.

For more information, please refer to Tufts Health Plan's updated [Emergency Department Services Payment Policy](#).

Allergy Testing Professional Payment Policy Renamed

Commercial products, Tufts Health Public Plans products

Tufts Health Plan has updated the name of our Allergy Testing Professional Payment Policy for Commercial products and Tufts Health Public Plans products. It will now be referred to as the Allergy Testing and Treatment Professional Payment Policy, to more accurately reflect the nature and scope of the information contained in the policy and to align with the Harvard Pilgrim payment policy of the same name. Please refer to the updated [policy](#) for more information.

Tufts Health Public Plans Archiving Topical Fluoride Payment Policy

Tufts Health RITogether, Tufts Health Together

Tufts Health Plan has retired our Public Plans Topical Fluoride Payment Policy, and the pertinent information from this policy, which applies to Tufts Health Together and Tufts Health RITogether members, has been added to the [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Services Payment Policy](#). Please refer to that policy for complete information.

Let MassHealth Know You Provide Gender-Affirming Care

All products

As part of their efforts to support patients in finding gender-affirming care, MassHealth is collecting self-reported information from providers who provide gender-affirming care. MassHealth may utilize this information to create a publicly available MassHealth gender-affirming care provider directory on their [Gender-Affirming Care for MassHealth Members webpage](#).

Any active MassHealth provider may [complete the form](#), which enables providers to self-report the types of gender-affirming care and services offered. As this information is self-reported only, MassHealth reserves the right to verify any information submitted but assumes no obligation to do so. In addition, any providers completing this form must report to MassHealth any changes to their status as self-reported providers of specified gender-affirming care (e.g., change of address, new services offered, etc.).

If you have questions about the form, please email physicianservices@mass.gov with the subject line "gender-affirming care provider form." For additional information on MassHealth's gender-affirming care efforts, please visit the [Gender-Affirming Care for MassHealth Members webpage](#).

Mobile Urgent Care Now Available in Rhode Island

Tufts Health RITogether

Tufts Health Plan is working with instED®, an innovative mobile urgent care health provider, to treat patients in their homes while reducing unnecessary Emergency Department visits and inpatient admissions. This program offers patients an alternative to going to the Emergency Department to seek care for a variety of symptoms including acute illnesses (such as UTI or upper respiratory tract infection), exacerbations of chronic conditions (such as congestive heart failure and COPD), certain injuries and post hospital discharge visits.

Beginning July 18, a member's primary care physician or a Tufts Health Plan care manager may request an urgent care visit to the member's home by phone at 833-946-7833, [online](#), or via instED's smartphone app.

Once a request is made, instED's team of registered nurses will triage the patient and if appropriate, schedule an in-home appointment within hours of the request being made. Paramedics visit the patient's home to provide care. InstED providers then follow up with patient's PCP to communicate visit notes and discuss any further instructions.

For more information, visit the instED [website](#).

Editor's Note: This article was updated on July 6, 2022 to clarify that the member's primary care physician or a Tufts Health Plan care manager must request this service, not the member.

CT Contrast Dye Shortage

All products

We are aware of the concerns surrounding the CT contrast dye shortage, which is expected to last a few more weeks. As a reminder, prior authorization is not required for inpatient and emergency department studies and providers can redirect to other modalities, as needed. For non-urgent studies, our policies are not changing at this time. National Imaging Associates Inc. (NIA), [our high-tech imaging vendor](#) for Commercial and Tufts Health Public Plans products, is following the guidance of the [American College of Radiology](#).

Prior Authorization for Carvykti

All products

Tufts Health Plan requires prior authorization for coverage of chimeric antigen receptor (CAR) T-cell immunotherapies, now including the medication Carvykti for Commercial, Tufts Health Public Plans, Tufts Health Plan Senior Care Options, and Tufts Medicare Preferred members.

Tufts Health Plan will cover Carvykti (HCPCS C9098) for the treatment of relapsed or refractory multiple myeloma when all criteria outlined on our Medical Necessity Guidelines are met and the required documentation is submitted.

For complete information, including coverage criteria and limitations, refer to the updated [Medical Necessity Guidelines for Modified T-Cell Therapies](#).

REMINDERS

Send All Freedom Claims to UnitedHealthcare

As you may know, Tufts Health Freedom Plan was sold to UnitedHealthcare effective Jan. 1, 2021 and was renamed UnitedHealthcare Freedom Health Plan. Tufts Health Plan provided administrative support during a transition period that ended on June 30, 2022.

As a result, **as of July 1, 2022, all Freedom claim submissions and inquiries that were being sent to Tufts Health Plan must be directed to UnitedHealthcare.** Freedom claims sent to Tufts Health Plan after June 30, 2022 will deny.

Providers and members must contact UnitedHealthcare for assistance with any related inquiries. UnitedHealthcare can be reached at 1-866-460-9599.

You can also learn more about [claims, billing and payments](#) on the UnitedHealthcare [website](#). From that page, you can access the UnitedHealthcare Provider Portal to sign in with your One Healthcare ID and follow the steps to manage your claim. You may also visit the [UnitedHealthcare Payment Accuracy site for quick access](#) to tools and resources to assist you with submitting claims.

Claims submissions and written claims correspondence for services previously administered by Tufts Health Plan should be submitted to:

UnitedHealthcare
P.O. Box 740837
Atlanta, GA 30374

Doula Benefit Updated

Tufts Health RITogether

The Rhode Island Executive Office of Health and Human Services recently [announced](#) that doula services will be added to the Medicaid benefit package. This change is retroactive for dates of service on or after July 1, 2021.

Coverage for doula services for Tufts Health RITogether members includes three prenatal visits, one labor and delivery visit and three postpartum visits.

As a preventive health service, doula services must be recommended for a patient. It is not a formal referral, and does not require a referral form. The provider simply recommends a doula (certified by the state of Rhode Island) to the member. Recommendation may be recorded in a recommending practitioner's electronic health record. Patients may request a written recommendation to provide to the doula. A standing order may be established to implement the recommendation.

Doulas are trained professionals who offer emotional and informational support to pregnant individuals before, during and shortly after childbirth. Support may include culturally-specific antepartum, intrapartum and postpartum services, referrals and advocacy.

For more information, refer to the [Obstetrics/Gynecology Professional Payment Policy](#). To check the status of a doula's certification, visit the [Rhode Island Certification Board](#) website. In addition, for coverage of doula services for Rhode Island commercial members, please refer to the [article](#) in the June issue of *Provider Update*.

Billing for Opioid Treatment Program

Tufts Health Unify

As a reminder, Medicare is the primary payer for opioid treatment services for dual eligible beneficiaries. For billing instructions for these services, please refer to the [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Professional Payment Policy](#) and the [Opioid Replacement Therapy and Medication Assisted Treatment Payment Policy](#).

Unified Pharmacy Product List (UPPL) Updates

Tufts Health Together

[As previously communicated](#) and effective for fill dates on or after July 1, 2022, for Tufts Health Together – MassHealth MCO Plan and ACPPs, coverage changes and/or changes in prior authorization requirements may occur for select products within the therapeutic categories listed below based on requirements provided by MassHealth. For specific coverage changes, please refer to the [MassHealth Unified Pharmacy Product List \(UPPL\)](#) changes effective July 1, 2022. For changes in prior authorization requirements, please refer to the applicable pharmacy medical necessity guidelines, which can be found in the [Resource Center](#).

Overview

- I. Asthma and Allergy Monoclonal Antibodies
- II. Behavioral Health
 - a. ADHD CNS Stimulants
 - b. Long-acting injectable antipsychotics
- III. Cardiovascular
 - a. Anticoagulants
- IV. Endocrine
 - a. Basal insulins
 - b. Growth hormone
- V. Immunology
 - a. Targeted immunomodulators: biologic agents
- VI. Neurology
 - a. Calcitonin gene-related peptide (CGRP) inhibitors

Tufts Health Public Plans Reminder: EFT Through Payspan in August

Tufts Health Public Plans products

As we communicated in our June issue of Provider Update, beginning in early August, Tufts Health Plan will use Payspan Health for electronic funds transfer (EFT) and distribution of paper checks for our Tufts Health Public Plans products. Previously, Change Healthcare provided these services for Tufts Health Public Plans products.

Payspan offers providers a self-service environment to manage their electronic payments and review current or past Payspan payments. You'll be able to direct payments electronically to a bank account and can access your 835 electronic remittance advice (ERAs) and explanation of payment (EOPs) for claims processed directly through the Payspan portal.

Go green with EFT and get paid faster

Providers who currently receive a paper check are encouraged to use EFT for a variety of reasons:

- Quicker access to funds — Your payments are deposited directly to your bank.
- Greater convenience & efficiency — EFT eliminates manual processes, and you don't have to worry about lost paper checks.
- The chance to go green — Going paperless is environmentally friendly.
- Easy access to payment history — Track, review, and reconcile current or past payments online with Payspan's easy-to-use payment reports.

Important note on EOPs & your first check

Please be aware that initially you may receive a paper check for Tufts Health Public Plans reimbursement unless you currently receive EFT through Payspan for other Tufts Health Plan products.

You can begin receiving electronic payment for Tufts Health Public Plans — once you register for Payspan or update your account. The information you need will be included on your first paper check, following the transition to Payspan.

In addition, EOPs will only be available electronically through Payspan; paper EOPs will no longer be included with paper checks. To access your EOPs, you must register with Payspan. If you register for Payspan and wish to continue to receive a paper check, you may select that option.

New to Payspan?

To get started as a new user for Payspan, you'll need your registration code and PIN, which will appear on your paper checks after the Payspan transition. Once you have that information:

- Visit the Payspan Provider Portal at www.payspanhealth.com and click the "Register" button.
- Enter your registration code, PIN, and Tax ID (TIN).
- Follow the instructions to set up your account, add your bank information, and confirm the account.
- Payspan will initiate a minimal test deposit to your account to complete registration. Please check your bank account in 1-2 business days to obtain the test deposit amount. You'll need this information when you log in to your Payspan account to activate for EFT.

Depending on your existing Payspan account settings for auto registration, you may also receive an invitation on the Payspan portal to register for EFT for Tufts Health Public Plans.

Existing Payspan User?

If you already use Payspan, you can update your account for Tufts Health Public Plans. Your paper check will include a registration code and PIN. Simply log into your account, click on the "Your Payments" section, select

"Manage Reg Codes," then click the "Add New Reg Code" button. You'll need to have your registration code, PIN, TIN, and NPI handy.

Need assistance with registering?

If you need assistance with registering, please contact the Payspan Provider Services team by email at providersupport@payspanhealth.com or phone at 877-331-7154, option 1 (Mon-Fri, 8 a.m. – 8 p.m. ET).

Register for Upcoming Provider Trainings

All products

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

- Telehealth Overview: [Thursday, July 7, 10-11 a.m.](#)
- Referral, Prior Authorization and Inpatient Notification Overview: [Tuesday, July 12, 12-1 p.m.](#)
- Behavioral Health Overview: [Thursday, July 14, 1-2 p.m.](#)
- Tufts Medicare Preferred HMO Overview: [Tuesday, July 19, 10-11 a.m.](#)
- Provider Payment Dispute Overview: [Wednesday, July 20, 11 a.m.-12 p.m.](#)
- Navigating the Provider Website: [Wednesday, July 27, 10-11 a.m.](#)

Be sure to visit the [Training](#) section of our provider website for a variety of self-service resources, including training videos and printable guides.

Reminders for Providers

- **Avoid Printing:** For the most current information, providers should view all documentation [online](#) and avoid printing.
- **Browser Note:** For the best experience in accessing the newsletter, we recommend upgrading your browser to the latest version of Mozilla Firefox or Google Chrome.

Secure Provider Portal Self-Service Tools: We encourage providers and office staff to use our secure Provider portal to perform a variety of transactions quickly and easily — electronically submit transactions and access information related to claims submission, claims status, referrals, prior authorizations, electronic remittance advice, member eligibility, panel information and more. For more information, log on to the secure Provider [portal](#) or refer to the [Electronic Services](#).

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITE

- [Tufts Health Plan](#)

SECURE PROVIDER PORTAL

CONTACT INFORMATION

- [Tufts Health Plan](#)

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