

PROVIDER UPDATE

AUGUST 1, 2020

NEWS FOR THE NETWORK



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

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

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

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.

CORONAVIRUS (COVID-19) UPDATES FOR PROVIDERS

All products

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

WHAT’S INSIDE

60-Day Notifications	1
Behavioral Health	9
Administrative Updates	12
Reminders	15
Plans	21
For More Information	21

60-DAY NOTIFICATIONS

SYSTEM IMPLEMENTATION FOR CLAIMS AND ENROLLMENT

Tufts Health Public Plans products

In 2019, Tufts Health Plan updated its claims and enrollment system for the following Tufts Health Public Plans products: Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACCPs), and Tufts Health Unify. Tufts Health Plan is now in the process of making similar updates for Tufts Health RITogether to support enrollment processing and claims adjudication.

The target implementation date for Tufts Health RITogether will occur between late Q3 2020 and the end of the year.

Providers contracting with Tufts Health RITogether can expect the following changes on the new claims and enrollment system:

- Existing Tufts Health RITogether members will retain their member ID that starts with the letter “R.”
- New Tufts Health RITogether members’ post-implementation will be assigned a member ID in a new format consisting of a nine-digit alphanumeric value with an alpha character in the middle.
- Claims submitted with dates of service prior to the system implementation date will continue to be processed on Tufts Health Plan’s existing system for Tufts Health RITogether and will follow the payment process currently in place.

Providers contracting with all Tufts Health Public Plans products can expect combined payment statements:

- Claims submitted with dates of service on or after the system implementation date will be processed on the new system.
- As part of the system update, providers contracting for both Massachusetts and Rhode Island Tufts Health Public Plans products will begin receiving combined payment information from Tufts Health Plan. Explanation of payments (EOPs) will include consolidated provider payment data across all Tufts Health Public Plans products.
- Providers will still be able to access payment-specific data by product on the secure Provider [portal\(s\)](#).

At this time, Tufts Health Plan does not anticipate any changes that providers will need to make or action to be taken because of or in preparation for this system update. Tufts Health Plan has managed this update through a structured program, which has included extensive testing efforts.

For questions regarding the system implementation, call Tufts Health Public Plans Provider Services at 844.301.4093 (Rhode Island) or 888.257.1985 (Massachusetts).

COVERAGE UPDATES

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

60-DAY NOTIFICATIONS

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

Procedures for the Treatment of Symptomatic Varicose Veins

Tufts Health Plan will no longer cover cyanoacrylate embolization with a VenaSeal™ closure system for the treatment of varicose veins. This change is documented in the Medical Necessity Guidelines for [Noncovered Investigational Services](#).

OTHER COVERAGE UPDATES

Tufts Health Plan requires prior authorization for transilluminated powered phlebectomy (TIPP) for the treatment of varicose veins. Refer to the Medical Necessity Guidelines for [Procedures for the Treatment of Symptomatic Varicose Veins](#).

Zolgensma®

Effective for dates of service on or after July 15, 2020, Tufts Health Plan requires prior authorization for coverage of Zolgensma gene therapy for the treatment of spinal muscular atrophy for Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify. Refer to the Medical Necessity Guidelines for [Zolgensma \(onasemnogene abeparvovec\) Gene Therapy for Treatment of Spinal Muscular Atrophy \(SMA\)](#).

Noncovered Investigational Services

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

- Percepta® Genomic Sequencing Classifier (GSC)
- Riscover® Hereditary Cancer Test
- InVisionFirst®-Lung (Inivata)
- JACO Assistive Robotic Arm device
- neoGEN-Series® System
- Envisia Genomic Classifier (Veracyte)
- MitoSwab test
- Processed nerve allografts (Avance® Nerve Graft) for repair of peripheral nerve discontinuities

REMINDER: AVOID PRINTING

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

PHARMACY COVERAGE CHANGES

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

60-DAY NOTIFICATIONS

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

Blood Glucose Monitors: Free Meter Program

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

Members may also access a free OneTouch Verio Flex® meter via the Pharmacist Meter Voucher Program. Providers can write a prescription for their patients and instruct them to bring the prescription to an in-network pharmacy, where the meter can be provided at no charge.

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

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after October 1, 2020, Tufts Health Plan will update its prior authorization criteria for:

- Antidepressant Medications
- Emflaza™ (deflazacort)
- Rituximab Products: Rituxan®, Ruxience™ and Truxima®
- Somavert® (pegvisomant)

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

Effective for fill dates on or after October 1, 2020, Tufts Health Plan will move the following drugs to noncovered status for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct:

- Nexium® granules
- Proglycem® suspension
- Riomet® solution

Effective for fill dates on or after October 1, 2020, Tufts Health Plan will move the following drugs to noncovered status for large-group Commercial products (including Tufts Health Freedom Plan), small-group Commercial Rhode Island products, small-group Commercial Massachusetts products and Tufts Health Direct:

- Daraprim® tablets
- Jadenu® 180mg tablets
- Zortress® tablets

Effective for fill dates on or after October 1, 2020, Tufts Health Plan will move Khedezla™ tablets to noncovered status for large-group Commercial products (including Tufts Health Freedom Plan).

Oncology Biosimilar Coverage

As [previously communicated](#) and effective for fill dates on or after April 1, 2020, Tufts Health Plan prefers all available biosimilars for the following oncology agents: bevacizumab, rituximab and trastuzumab.

As of June 2020, the following biosimilars are available:

Bevacizumab	HCPCS Code
Mvasi™ (bevacizumab-awwb)	Q5107
Zirabev™ (bevacizumab-bvzr)	Q5118
Rituximab	HCPCS Code
Ruxience® (rituximab-pvvr)	C9399, J9999
Truxima® (rituximab-abbs)	Q5115
Trastuzumab	HCPCS Code
Herzuma® (trastuzumab-pkrb)	Q5113
Kanjinti™ (trastuzumab-anns)	Q5117
Ogivri™ (trastuzumab-dkst)	Q5114
Ontruzant® (trastuzumab-dttb)	Q5112
Trazimera™ (trastuzumab-qyyp)	Q5116

Effective for prior authorization requests submitted on or after October 1, 2020, Tufts Health Plan will add prior authorization for Avastin® (bevacizumab), Herceptin® (trastuzumab), Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk), Rituxan® (rituximab) and Rituxan Hycela™ (rituximab and hyaluronidase human). In addition to any other existing prior authorization requirements, documentation of clinical inappropriateness to use with biosimilars will be required for the referenced product to be authorized. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

OTHER COVERAGE UPDATES

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

Recent Voluntary Drug Recall of Metformin ER Tablets

As [previously communicated](#) and as of May 28, 2020, select manufacturers of metformin extended release (ER) issued a voluntary recall of metformin ER tablets. This recall was issued because an unexpected impurity, N-Nitrosodimethylamine (NDMA), was found in these products and may cause health risks. This impurity has been found in other medications that have recently been recalled, such as ranitidine. Tufts Health Plan understands there is no shortage of the medication currently, and there are additional manufacturers of metformin ER tablets with product available.

Metformin ER tablets (generic Glucophage XR tablets) are the preferred ER form for all Tufts Health Plan products and are covered without restriction. Metformin immediate release (IR) tablets and solution are also available and covered without restriction.

Members can check with their pharmacist to determine whether there is an issue with the specific metformin ER product they're taking and alternatives that may be available.

Note: This drug recall applies to all Tufts Health Plan products.

For more information, including the impacted manufacturers, or to report any adverse events or quality problems experienced with the use of metformin ER products, refer to the FDA [website](#).

Use one of the following channels to report an adverse event to the FDA Med Watch Program:

- Phone: 800.FDA (322).1088
- Fax: 800.FDA (322).0178
- Online: FDA [website](#)

Viscosupplementation for Osteoarthritis

Effective for dates of service on or after June 1, 2020, Tufts Health Plan no longer requires providers to obtain viscosupplements through the specialty pharmacy program. Providers may now “buy and bill” viscosupplements directly by purchasing the device from the distributor, stocking it in their clinic or office, and then billing Tufts Health Plan for the cost of the drug and the administration costs after administering to the member. This change applies to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

Euflexxa® (1% sodium hyaluronate) remains the exclusive preferred covered viscosupplement and prior authorization applies. All other viscosupplements are non-covered. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.

As an optional service, Tufts Health Plan will continue to make viscosupplements available to providers through our designated specialty pharmacy provider, CVS Specialty™, for shipment directly to the medical office as an alternative to a traditional direct purchase.

PHARMACY COVERAGE CHANGES

Tufts Health RITogether, Tufts Health Together

The following changes apply to [Tufts Health RITogether](#) and [Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans \(ACPPs\)](#) unless otherwise noted.

60-DAY NOTIFICATIONS

Changes to Existing Prior Authorization Programs

Effective for prior authorization requests submitted on or after October 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

- Acne and Rosacea Medications
- Antidepressant Medications
- Benign Prostatic Hyperplasia Medications
- Emflaza™ (deflazacort)
- Rituximab Products: Rituxan®, Ruxience™ and Truxima®
- Xyrem® (sodium oxybate)

Tufts Health Together – MassHealth MCO Plan and ACPPs

Bisphosphonate Medications

New Prior Authorization Programs

Effective for fill dates on or after October 1, 2020, Tufts Health Plan will require prior authorization for coverage of the following:

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

- Benzoyl peroxide-erythromycin 5-3% gel
- BP (benzoyl peroxide) 2.5% wash

Note: This change will apply to members who are currently using one of the medications listed above as well as 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 Acne and Rosacea Medications.

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Azelex® (azelaic acid) 20% cream
- Finacea® (azelaic acid) 15% foam

Note: This change will apply to members who are currently using one of the medications listed above as well as members initiating a new course of treatment. For these requests, the prescribing providers must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Acne and Rosacea Medications.

Drug Status Changes

Effective for fill dates on or after October 1, 2020, Tufts Health Plan will move the following drugs 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](#). This form can be faxed or mailed to Tufts Health Plan’s Pharmacy Utilization Management Department, as indicated on the form.

Tufts Health RITogether

- Oral Vancomycin capsules
- Prescription diclofenac sodium 1% gel (generic Voltaren® gel)

Note: Firvanq® (vancomycin) oral solution will continue to be covered without prior authorization.

Note: Over-the-counter (OTC) Voltaren Arthritis Pain (diclofenac sodium) 1% gel will continue to be covered without prior authorization. Providers are asked to consider switching any members on prescription diclofenac sodium 1% gel to OTC Voltaren Arthritis Pain 1% gel.

Tufts Health Together – MassHealth MCO Plan and ACPPs

- Fibracor® (fenofibric acid) tablets
- Triglide® (fenofibrate) tablets

Note: Fenofibrate micronized 67mg, 134mg and 200mg capsules and fenofibrate 54mg, 48mg, 145mg and 160mg tablets will continue to be covered without prior authorization.

Oncology Biosimilar Coverage

As [previously communicated](#) and effective for fill dates on or after April 1, 2020, Tufts Health Plan prefers all available biosimilars for the following oncology agents: bevacizumab, rituximab and trastuzumab.

As of June 2020, the following biosimilars are available:

Bevacizumab	HCPCS Code
Mvasi™ (bevacizumab-awwb)	Q5107
Zirabev™ (bevacizumab-bvzr)	Q5118
Rituximab	HCPCS Code
Ruxience® (rituximab-pvvr)	C9399, J9999
Truxima® (rituximab-abbs)	Q5115
Trastuzumab	HCPCS Code
Herzuma® (trastuzumab-pkrb)	Q5113
Kanjinti™ (trastuzumab-anns)	Q5117
Ogivri™ (trastuzumab-dkst)	Q5114
Ontruzant® (trastuzumab-dttb)	Q5112
Trazimera™ (trastuzumab-qyyp)	Q5116

Effective for prior authorization requests submitted on or after October 1, 2020, Tufts Health Plan will add prior authorization for Avastin® (bevacizumab), Herceptin® (trastuzumab), Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk), Rituxan® (rituximab) and Rituxan Hycela™ (rituximab and hyaluronidase human). In addition to any other existing prior authorization requirements, documentation of clinical inappropriateness for use with biosimilars will be required for the referenced product to be authorized. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

OTHER COVERAGE UPDATES

Recent Voluntary Drug Recall of Metformin ER tablets

As [previously communicated](#) and as of May 28, 2020, select manufacturers of metformin extended release (ER) issued a voluntary recall of metformin ER tablets. This recall was issued because an unexpected impurity, N-Nitrosodimethylamine (NDMA), was found in these products and may cause health risks. This impurity has been found in other medications that have recently been recalled, such as ranitidine. Tufts Health Plan understands there is no shortage of the medication currently, and there are additional manufacturers of metformin ER tablets with product available.

Metformin ER tablets (generic Glucophage XR tablets) are the preferred ER form for all Tufts Health Plan products and are covered without restriction. Metformin immediate release (IR) tablets and solution are also available and covered without restriction.

Members can check with their pharmacist to determine whether there is an issue with the specific metformin ER product they're taking and alternatives that may be available.

Note: This drug recall applies to all Tufts Health Plan products.

For more information, including the impacted manufacturers or to report any adverse events or quality problems experienced with the use of metformin ER products, refer to the FDA [website](#).

Use one of the following channels to report an adverse event to the FDA Med Watch Program:

- Phone: 800.FDA (332).1088
- Fax: 800.FDA (332).0178
- Online: FDA [website](#)

Short-Acting Colony-Stimulating Factors

Zarxio® (filgrastim-sndz) remains the exclusive preferred covered short-acting colony-stimulating factor.

Granix® (tbo-filgrastim), Neupogen® (filgrastim) and Nivestym™ (filgrastim-aafi) are non-preferred products and require prior authorization. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Short-acting Colony-Stimulating Agents.

Viscosupplementation for Osteoarthritis

Effective for dates of service on or after June 1, 2020, Tufts Health Plan no longer requires providers to obtain viscosupplements through the specialty pharmacy provider. Providers may now “buy and bill” viscosupplements directly by purchasing the device from the distributor, stocking it in their clinic or office, and then billing Tufts Health Plan for the cost of the drug and the administration costs after administration to the member. This change applies to Tufts Health Public Plans products.

Euflexxa® (1% sodium hyaluronate) remains the exclusive preferred covered viscosupplement and prior authorization applies. All other viscosupplements are non-covered. The prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Viscosupplementation for Osteoarthritis.

As an optional service, Tufts Health Plan will continue to make viscosupplements available to providers through our designated specialty pharmacy provider, CVS Specialty™, for shipment directly to the medical office as an alternative to traditional direct purchase.

Concomitant Use of Opioids and Benzodiazepines

Opioids, predominantly through their actions on the mu receptors, are prescribed clinically for the treatment of pain. Benzodiazepines (e.g., alprazolam, clonazepam, lorazepam) bind to GABAA receptors and are prescribed for the treatment of anxiety disorders and several psychiatric and neurological illnesses. Opioids and benzodiazepines each can cause respiratory depression. When combined, it has been shown that the degree of respiratory depression is greater than with either class on its own. Refer to the following resources for more information on concomitant use of opioids and benzodiazepines:

- [Polydrug Abuse: A Review of Opioid and Benzodiazepine Combination Use](#)
- [Opioid Dose and Drug-Related Mortality in Patients with Nonmalignant Pain](#)
- [Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality](#)
- [FDA Drug Safety Announcement](#)

The [2016 CDC Opioid Treatment Guidelines](#) recommend that clinicians avoid prescribing opioid pain medications and benzodiazepines concurrently whenever possible and to communicate with other prescribers taking part in a patient's care. The CDC has additional recommendations pertaining to the concomitant use of opioids and benzodiazepines, which include reviewing the Prescription Drug Monitoring Program, discussing safety concerns with the patient, conducting urine tests prior to and throughout treatment, and safely tapering treatment as clinically appropriate.

Tufts Health Plan is committed to the health and safety of our members. Given the risks associated with the concomitant use of opioids and benzodiazepines, Tufts Health Plan encourages providers to consider evaluating patients who are taking opioids and benzodiazepines concurrently. If clinically appropriate, consider adjusting therapy to reduce the risk of adverse events associated with their combined use.

For Massachusetts providers, the Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) offers real-time, telephonic professional consultation to PCPs on safe prescribing and managing care for patients with chronic pain, substance use disorder (SUD) or both. For a consultation, call 833.PAIN.SUD (724.6783), Monday through Friday, 9 a.m.-5 p.m. EST, or visit the MCSTAP [website](#).

MODIFIER REIMBURSEMENT CHANGES

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

Effective for dates of service on or after December 1, 2020, Tufts Health Plan will implement changes to modifier reimbursement processing. When a modifier has been appropriately applied, as determined through the coding validation process, providers will be reimbursed at 100% of the allowed amount for that service.

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

Note: This change will not impact modifier 25.

CHANGE IN MAILING ADDRESS FOR REFUND CHECKS

Tufts Health Public Plans products

Effective October 1, 2020, providers contracting with Tufts Health Public Plans products should no longer mail refund checks to the Tufts Health Public Plans Claims Department. Providers should instead mail refund checks to:

Tufts Health Plan
Attn: Finance Services
Mail Stop 30
705 Mount Auburn Street
Watertown, MA 02472

CORRECT CODING REMINDER

All products

As a routine business practice, claims are subject to payment edits that are updated at regular intervals and are generally based on CMS (including the National Correct Coding Initiative [NCCI] edits) specialty society guidelines and drug manufacturers' package label inserts.

Procedure and diagnosis codes undergo periodic revision by CMS (including NCCI edits) and the AMA. As these revisions are made public, Tufts Health Plan will update its systems to reflect these changes.

Documentation is updated to reflect the addition and replacement of procedure codes where applicable.

COMMERCIAL PHYSICIAN AND OUTPATIENT HOSPITAL FEE SCHEDULES TO BE UPDATED

Commercial products (including Tufts Health Freedom Plan)

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

Changes will occur on October 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.

CHANGES TO PARTIAL HOSPITALIZATION PROGRAM BILLING REQUIREMENTS

Tufts Health Public Plans products

To align with provider billing trends and effective for dates of service on or after November 1, 2020, Tufts Health Plan will make the below changes to the Partial Hospitalization Program (PHP) billing requirements for Tufts Health Public Plans products when billed on an institutional (UB-04) claim form.

	Revenue Code*	HCPCS Code*	Number of Units
Full Day	912	H0035	2
Half Day	912	H0035	1

***Note:** Providers must bill both the revenue code and the HCPCS code, plus the correct unit number. Additionally, PHP services can be billed only on an institutional (UB-04) claim form, not a CMS-1500 claim form.

The [Inpatient and Intermediate/Diversionary Behavioral Health \(Mental & Substance Use Disorder\) Facility Payment Policy](#) has been updated as a resource for providers to support the necessary changes to their billing practices to be in compliance on or before the effective date. Providers should discontinue billing revenue code 913 for full-day PHP services effective for dates of service on or after November 1, 2020.

For questions regarding this change or your provider agreement, contact your contract specialist.

SCREENING PRACTICES SURVEY

Tufts Health Public Plans products

To improve behavioral health screenings for members and to address barriers PCPs face when it comes to administering these screenings, Tufts Health Plan encourages PCPs to provide feedback on their behavioral health screening practices for Tufts Health Public Plans members. PCPs are also encouraged to complete this brief [survey](#) by August 31, 2020.

ADDITIONAL REQUIRED BENEFITS FOR CHILD-ADOLESCENT BEHAVIORAL HEALTH DISORDERS

Massachusetts Commercial products, Tufts Health Direct

Note: Tufts Health Plan [previously communicated](#) that the following requirements apply to all Massachusetts fully insured Commercial products and Tufts Health Direct for groups or members that renewed on or after July 1, 2020; however, implementation has been delayed until January 1, 2021, based on guidance from the Massachusetts Division of Insurance (DOI) and the Department of Mental Health (DMH) in response to the public health emergency.

Tufts Health Plan previously implemented the first phase of enhanced coverage requirements for behavioral health benefits for children and adolescents up to 19 years of age with serious emotional disturbances in accordance with the DOI and DMH joint [Bulletin 2018-07](#).

In the second phase, now effective for plans issued or renewed on or after January 1, 2021, 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](#).

COVERAGE UPDATES FOR ADMINISTERING AND DISPENSING BUPRENORPHINE THROUGH OTPS

Tufts Health Together

As [previously communicated](#) per [MassHealth Managed Care Entity Bulletin 28](#) and effective for dates of service on or after June 1, 2020, Tufts Health Plan updated the procedure codes that opioid treatment program (OTP) providers must use when billing for the preparation and administration of buprenorphine doses. For more information, refer to the [Opioid Replacement Therapy and Medication Assisted Treatment Payment Policy](#). This change applies to Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

OUTPATIENT NOTIFICATIONS

Commercial products (including Tufts Health Freedom Plan)

In April 2020, Tufts Health Plan began using a new clinical management system that caused changes to the processing of outpatient notifications. Providers contracting with all Commercial products (including Tufts Health Freedom Plan) are still required to submit notifications for outpatient behavioral health services. **Note:** This excludes Commercial PPO products.

Providers will continue to be required to use the interactive voice response (IVR) system or the secure Provider [portal](#) to submit the notification and should note the following:

IVR

Providers submitting the notification via the IVR will no longer receive the notification number (i.e., the confirmation number indicating that their request for a visit was successful) immediately after entering the information. Instead, providers will hear a message that the request was successfully submitted, indicating that Tufts Health Plan has received their notification and is processing the information.

SECURE PROVIDER PORTAL

Providers submitting the notification via the secure Provider [portal](#) will be able to view their outpatient notification request information on the secure Provider [portal](#) 24 hours after the notification has been submitted.

For more information, including instructions on how to review notifications using the secure Provider [portal](#), refer to the [Behavioral Health Authorization and Portal User Guide](#).

Note: If you are not yet a registered user of the secure Provider [portal](#), registration information is available on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites. Contracting providers may grant access to the secure Provider portal to their administrative staff. For more information, providers should call the [appropriate call center](#).

NOTIFICATION LETTER

Providers submitting notifications for either the IVR or secure Provider [portal](#) will receive a letter via mail that confirms receipt and includes the notification number. **Note:** Previously, the notification number began with a V, K or R. Now, the notification number will begin with 00. Keep the notification number on file to verify you notified Tufts Health Plan of these visits.

The letter also includes the approved procedure code 90899. This is a generic therapy procedure code and is not related to the type of service you have requested.

Providers may begin billing for visits as soon as they've submitted the notification information. Claims will process as long as the required notification is on file.

SUBSTANCE USE DISORDERS (SUDS) IN THE PRIMARY CARE SETTING

All products

PCPs are often the first to diagnose patients with SUDs. Therefore, Tufts Health Plan recommends that PCPs who diagnose a patient with a SUD should schedule a follow-up appointment with that patient within two weeks of the initial visit. PCPs should also recommend that the patient schedule an evaluation with a behavioral health (BH) specialist. For PCPs working in an office with an integrated care model, a referral to the BH specialist could be an easy transition. At the follow-up visit, the PCP will be able to see whether the patient has followed through with the recommended BH evaluation or further support is needed from the PCP.

Note: Tufts Health Plan does not require a referral from a PCP for a member to see an in-network BH specialist for all products except Tufts Medicare Preferred HMO. For more information, refer to the [Behavioral Health Authorizations](#) page for Tufts Medicare Preferred HMO.

Tufts Health Plan's BH department is available to provide support for members dealing with alcohol dependence and SUDs. Case management programs are also available to provide support, including assistance with engaging in and adhering to a BH plan of care or a SUD recovery plan. For help locating a BH specialist, providers and members should use Tufts Health Plan's [Find a Doctor](#) search. For additional help finding a BH specialist or to learn more about Tufts Health Plan's case management programs, providers can direct Commercial members to call Tufts Health Plan's BH department at 800.208.9565. For all other Tufts Health Plan products, members can call the Member Services phone number on their Tufts Health Plan ID card.

Providers can also refer members to Tufts Health Plan's BH Alcohol and Substance Use [brochure](#), available on Tufts Health Plan's public Provider [website](#).

APPROPRIATE CODING INFORMATION FOR ALCOHOL DEPENDENCE AND SUDS

It is important that all claims for patients with a SUD diagnosis include the appropriate SUD code to denote alcohol dependence or a SUD.

- When submitting a claim for a follow-up visit, include the SUD diagnosis on the claim.
- Refer to code Z79.891, which denotes long-term current use of opiate analgesics. **Note:** This code does not denote a SUD.
- Providers should use a "1" at the end of a SUD diagnosis code to denote that the condition is in remission, e.g., F10.11, (Alcohol Use Disorder, Mild, In early or sustained remission).

ANNOUNCEMENT REGARDING UPDATES TO TUFTS HEALTH PLAN'S PROVIDER DIRECTORY

All products

In 2019, 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 through entry into CAQH ProView®. To date, Tufts Health Plan has added approximately 31,000 providers to the directory program and will continue to enroll providers until the entire contracting network is included in the directory.

Tufts Health Plan is actively working to enroll providers in the program. Providers will receive email notifications from the CAQH when they are enrolled and will be prompted to review their existing information in CAQH ProView and to add more details about their practice. Tufts Health Plan anticipates that the entire Massachusetts provider network will be enrolled in the program by October 1, 2020. Tufts Health Plan started enrollment for the Rhode Island and New Hampshire provider networks in June 2020 and anticipates that both networks will be enrolled by June 2021.

The directory program engages providers in reviewing and maintaining up-to-date provider directory information to help ensure health care consumers have access to accurate provider demographic information when seeking health care services. CAQH ProView is already being used by providers across all lines of business for credentialing with Tufts Health Plan, and CAQH ProView now will also include directory information. Every three months, providers will be prompted to confirm their information. If nothing has changed, providers will need to reconfirm that data. If changes or updates are needed, providers may do so at any time and reconfirm their new data are accurate.

Once providers are enrolled in CAQH ProView, their provider directory information, including demographic data, will be transferred to Tufts Health Plan by the 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 still be directed to Tufts Health Plan. Providers can update billing addresses by completing the appropriate Provider Information Change form, selecting "billing" as the address type and including a W-9 as indicated on the form. For more information on which form to use, refer to the [How to Update Your Practice and Billing Information article](#).

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

CLAIMCHECK SOFTWARE REMOVED FROM CLAIMS PROCESSING SYSTEM

Tufts Health RiTogether

As [previously communicated](#) and effective June 2020, Tufts Health Plan made the decision to remove ClaimCheck, the primary code auditing software for medical claims. Tufts Health Plan now exclusively uses the code auditing vendor Cotiviti.

Note: This change impacts the message codes providers see on claim lines.

For more information, refer to Tufts Health Plan's payment policies located in the [Resource Center](#) on the public Provider [website](#).

DRUGS AND BIOLOGICALS PAYMENT POLICY CHANGE

Tufts Health Together

To comply with its Non-HCV High-Cost Drug Component Risk Sharing Arrangement with MassHealth, Tufts Health Plan now requires all claims for single-source drugs administered by providers in a health care setting to include both the HCPCS Level II code and the 11-digit National Drug Code (NDC), including units and unit descriptors. Any such claims submitted without an NDC will be returned to the provider for resubmission. This change applies to Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and is documented in the [Drugs and Biologicals Payment Policy](#).

NEW OPTION FOR SUBMITTING PEER-TO-PEER REVIEWS

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

Effective for dates of service on or after June 22, 2020, for Commercial products and effective July 18, 2020, for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), providers can submit the online Peer-to-Peer Reconsideration Form to Tufts Health Plan. This online form is an additional method now available to submit peer-to-peer reviews that providers may find more efficient than the other available methods currently being utilized. The online form is available on Tufts Health Plan’s secure Provider [portal](#).

Using the online form option, providers will receive confirmation that their peer-to-peer review has been submitted in real time.

Note: Pharmacy requests are currently not available on the online Peer-to-Peer Reconsideration Form. To submit pharmacy requests, providers should continue to call 888.766.9818 (Commercial) or 888.257.1985 (Tufts Health Public Plans).

In addition to the new online form, providers can continue to submit peer-to-peer reconsideration review requests by using the IVR by calling 617.972.9400 (option 4) or calling Provider Services at 888.884.2404 (Commercial) or 888.257.1985 (Tufts Health Public Plans).

For additional information, refer to the FAQ included with the form on the secure Provider [portal](#). For questions or assistance, contact Provider Education at 888.306.6307 or Provider_Education@tufts-health.com.

QUITWORKS OFFERS FREE SMOKING CESSATION ASSISTANCE FOR MEMBERS

Commercial products (excluding Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO, Tufts Health Direct, Tufts Health Together, Tufts Health Unify

QuitWorks is a free tobacco cessation referral service for Massachusetts health care providers through the Department of Public Health’s collaboration with major health plans.

QuitWorks now offers additional services to members, including:

- Five or more telephone coaching sessions with additional support via email, text and/or instant messaging
- Up to eight weeks of nicotine replacement therapy (choice of patch, gum or lozenge)
- Membership in an online community of others working toward becoming tobacco-free
- Helpline coaches available 24/7

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

The helpline offers new and expanded services for high-risk populations, including pregnant women, American Indians and youths.

WAYS FOR MEMBERS TO CONNECT TO THE HELPLINE

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

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

REFERRING MEMBERS TO QUITWORKS

Providers can connect members to these evidence-based tobacco cessation services via fax, website or eReferral. For more information, refer to the Massachusetts Smokers’ Hotline [website](#) or call 800.QUIT.NOW (800.784.8669).

NEW AND UPDATED CLINICAL PRACTICE AND PREVENTIVE HEALTH GUIDELINES

Commercial products (excluding Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan SCO, Tufts Health Public Plans products

Tufts Health Plan has recently reviewed and adopted the following new and updated clinical practice and preventive health guidelines:

- [Global Strategy for Prevention, Diagnosis and Management of COPD](#)
- [Standards of Medical Care in Diabetes - 2020](#)
- [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV](#)
- [Immunization Schedules](#)
- [Children: Bright Futures Guidelines](#)

Note: These guidelines are based on the review of clinical evidence developed by nationally and/or regionally recognized organizations.

For more information about Tufts Health Plan's clinical practice and preventive health guidelines, refer to the [Clinical Practice Guidelines](#) on Tufts Health Plan's public Provider website.

BRIEF SURVEY FOR PEDIATRIC AND ADOLESCENT PROVIDERS: BEHAVIORAL HEALTH SCREENING PRACTICES IN A PCP SETTING

Tufts Health Public Plans products

As part of Early Periodic Screening, Diagnosis and Treatment (EPSDT), PCPs routinely screen members for behavioral health (BH) conditions. Tufts Health Public Plans members 13 to 17 years of age are a particularly vulnerable population. Tufts Health Plan is working to make a difference in this group by focusing on these members.

Massachusetts' [Children's Behavioral Health Initiative \(CBHI\)](#) and Medicaid's [EPSDT](#) schedules require MassHealth PCPs to offer standardized BH screenings during well-child visits for patients from birth to 21 years of age. For information on how to get reimbursed for BH and other EPSDT screenings, refer to [Behavioral Health Screening and Extra Reimbursement](#).

PCPs are asked to improve screening rates and develop close ties with network BH providers in their geographic areas to ensure timeliness of follow-up for all members; particularly for those in this age group. Additionally, Tufts Health Plan asks that contracting BH providers outreach to PCPs to provide their availability and contact information so PCPs can refer those patients when appropriate. Tufts Health Plan will work collaboratively with the provider community to ensure an adequate provider network.

For assistance with finding a BH provider, refer to Tufts Health Plan's public Provider [website](#). Alternatively, you may call 888.257.1985 (Massachusetts) or 844.301.4093 (Rhode Island) to speak with a Provider Services representative.

Two BH screening tools that may be particularly useful for the adolescent population are the [CRAFFT](#) and the [PHQ-9](#) (available in multiple languages). Providers are encouraged to use other tools as appropriate.

Medicaid allows these services when billed in conjunction with a preventive medicine service, an evaluation and management service, or EPSDT service. Code 96160 should be used to report screening for assessment of health risks, such as the CRAFFT for substance use. Code 96127 should be used to report a brief assessment, such as the PHQ-9, for emotional and behavioral disorders, including depression and anxiety.

NEW PHARMACY TOOL MYPRESCRIPTION SHOPPER

Commercial products (including Tufts Health Freedom Plan)

In the coming months Tufts Health Plan will begin working with Rx Savings® Solutions to help Tufts Health Plan fully insured Commercial members save on prescription medications.

MyPrescription Shopper, powered by Rx Savings Solutions, analyzes prescription claims to determine whether there are opportunities for members to save money on prescription medications. If savings are identified, the member will receive an alert from MyPrescription Shopper. Possible suggestions from the software include therapeutic alternatives, generic substitutions and clones, dosage form changes, and fulfillment options.

Providers may be contacted by patients or Rx Savings Solutions directly to discuss switching their patients' medication(s).

For more information, refer to the provider [FAQs](#).

REMINDERS

NEW SECURE PROVIDER PORTAL FOR TUFTS HEALTH PUBLIC PLANS MASSACHUSETTS PRODUCTS

Tufts Health Direct, Tufts Health Together, Tufts Health Unify

As [previously communicated](#) and effective July 18, 2020, Tufts Health Provider Connect, the secure Provider portal previously used for all Tufts Health Public Plans products, was replaced by the secure Provider [portal](#) utilized by Tufts Health Plan's other lines of business (Commercial products [including Tufts Health Freedom Plan] and Senior Products). This change applies to Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify.

Note: Providers whose Tufts Health Public Plans contracts include Tufts Health RITogether will continue to use [Tufts Health Provider Connect](#) for Tufts Health RITogether members until further notice.

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

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

COMMERCIAL PRODUCTS (INCLUDING TUFTS HEALTH FREEDOM PLAN) AND SENIOR PRODUCTS

Providers contracting with Commercial products (including Tufts Health Freedom Plan) and/or Senior Products who have an existing account on the secure Provider [portal](#) will not need to register for access. Providers can access and submit information for members of Tufts Health Public Plans Massachusetts products using their existing account. If you have not yet registered for the secure Provider [portal](#), refer to Tufts Health Plan's public Provider [website](#) for registration instructions.

CITYBLOCK HEALTH FOR TUFTS HEALTH UNIFY MEMBERS

As [previously communicated](#), Tufts Health Plan began a collaboration with Cityblock Health in March 2020. Consistent with all other Unify providers, providers whose Tufts Health Public Plans contracts include Tufts Health Unify with members in Worcester County can now access care plans within the secure Provider [portal](#) as of July 18, 2020. Care plans are documents that contain treatment and other details discussed between the provider and member. A guide that includes instructions on how to access care plans on the secure Provider portal will be available in the coming weeks.

For more information on this change, refer to the [FAQs](#) on Tufts Health Plan's public Provider website.

BALANCE-BILLING AND ADDITIONAL FEE LIMITATIONS

Tufts Health RITogether

Providers rendering services to Tufts Health RITogether members are reminded of limitations put in place by Medicaid billing certain fees. Charging Medicaid members additional fees related to covered services is prohibited per the Charging Medicaid Beneficiaries section of the [Rhode Island Medicaid Provider Reference Manual](#). These include but are not limited to charging administrative fees or fees inherent in the delivery of covered services to the member. Fees related to the use of personal protective equipment (PPE) and infection control recommendations from the [CDC](#) are covered under this guidance.

INPATIENT NOTIFICATION REQUIREMENTS

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

As a reminder, notification requirements for inpatient admissions are included in the Referrals, Authorizations and Notifications chapters of the [Commercial Provider Manual](#) and [Tufts Health Public Plans Provider Manual](#), as are the newborn payment policies for [Commercial](#) and [Tufts Health Public Plans products](#). Providers should also refer to the inpatient payment policies in the [Resource Center](#) on Tufts Health Plan's public Provider website.

These policies require that all inpatient admissions be submitted in accordance with the following Tufts Health Plan notification timelines:

- **Elective admissions:** Tufts Health Plan must receive a notification of scheduled inpatient admissions no later than five business days prior to admission.
- **Urgent or emergent admissions:** Tufts Health Plan must receive notification of urgent or emergent inpatient admissions within one business day after admission.
- **Sick newborns:** An inpatient admission notification for sick newborns who will be staying in the hospital beyond the mother's discharge date must be submitted **separately** and received by Tufts Health Plan within one business day following the discharge of the mother.

Failure to comply with these Tufts Health Plan policies may result in a late notification denial.

SLEEP PROGRAM AND PRIOR AUTHORIZATION

Tufts Health Direct, 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). Effective for dates of service on or after September 1, 2020, providers must request prior authorization for members 18 years of age and older for:

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

To obtain and verify authorizations, providers must [register](#) and [log in](#) to the secure eviCore [website](#) or call 888.511.0401.

Note: eviCore will begin taking authorization requests via phone on August 25, 2020.

As of the date of implementation, providers contracting with Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and ACPPs **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 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.

Providers are encouraged to register for trainings on how to submit a prior authorization via the eviCore website or by phone. For more information, refer to the [training registration information](#).

For additional information, refer to the [Sleep Program page](#) available on Tufts Health Plan's public Provider [website](#). For questions about the Sleep Program, call Tufts Health Public Plans Provider Services at 888.257.1985.

INFLUENZA PREVENTION

All products

Providers play a vital role in supplying patients with the information needed to protect themselves against influenza (the flu) and in helping a patient decide to receive the flu vaccine or any other scheduled vaccinations. The [CDC](#) recommends patients aged six months and older, including pregnant women, should receive a flu vaccine every year, with rare exceptions. Refer to these [additional tools and resources](#) to help motivate patients to receive vaccines.

CODE CHANGE FOR 2020-2021 FLU SEASON

The [American Academy of Professional Coders™ \(AAPC\)](#) has provided one new influenza vaccine code for the 2020-2021 flu season 90694 Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5mL dosage, for intramuscular use CPT 90694 use is effective July 1, 2020 (AAPC, 2020).

CARE FOR PATIENTS WITH DIABETES

All products

To improve the rate of annual diabetic screenings, Tufts Health Plan encourages PCPs to follow the American Diabetes Association's (ADA) recommendations from the [2020 Abridged for Primary Care Provider Standards of Medical Care in Diabetes](#).

Population health, health inequities and complications related to diabetes are strongly influenced by Social Determinants of Health (SDoH). PCPs are the first group of providers that can recognize SDoH variables influencing their patients' management of diabetes.

The ADA recommends the following periodic assessments:

- A1C testing
 - Perform the A1C test at least twice a year for patients who are meeting treatment goals and have stable glycemic control.
 - Perform the A1C test quarterly for patients whose therapy has changed or who are not meeting glycemic goals.
- Microvascular complications
 - At least once a year, assess urinary albumin (e.g., spot UACR) and eGFR for type 1 diabetes patients with a duration of ≥5 years and in all patients with type 2 diabetes, regardless of treatment.
- Foot care
 - Perform a comprehensive foot evaluation at least annually to identify risk factors for ulcers and amputations.
 - Patients with evidence of sensory loss or prior ulceration or amputation should have their feet inspected at every visit.
- Diabetic retinopathy
 - Adults with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within five years of the onset of diabetes.
 - If there is no evidence of retinopathy for one or more annual eye exams and glycemia is well controlled, then screening every one to two years may be considered.
 - If any level of diabetic retinopathy is present, subsequent dilated retinal examinations should be repeated annually by an ophthalmologist or optometrist.

CONTACT INFORMATION FOR PROVIDERS CALLING TUFTS HEALTH PLAN

All products

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

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

REDUCING EMERGENCY DEPARTMENT (ED) USE AND PREVENTING 30-DAY READMISSIONS

All products

ED UTILIZATION

Tufts Health Plan continues to examine the impact COVID-19 has had on ED use, hospitalization and the delivery of health care (virtual visits, telehealth). Trend research of previous infectious disease outbreaks varies, but the [research](#) related to COVID-19 appears to demonstrate decreased ED use. While this trend may decrease costly and inappropriate ED use, it could also defer urgent and emergent care essential for patient survival and decreasing the severity of critical, life-threatening issues, such as heart attacks, trauma and strokes.

Providers should encourage patients who need emergency care to seek ED services in order to avoid future complications.

REDUCING 30-DAY READMISSIONS

Due to the cost of hospital readmissions having a substantial impact on the health care system, it is [recommended](#) that providers complete targeted transition-of-care interventions with their patients to help prevent readmissions.

Common transition-of-care issues include a lack of timely follow-up and patient education. [Studies](#) show patients retain an average of half of their [discharge instructions](#), which should contain follow-up appointments and an accurate medication list.

Post-discharge interventions should include:

- Timely follow-up (absent or delayed follow-up is a significant factor in 30-day readmissions)
 - o PCP communication/appointment
 - o Follow-up phone call (from any person on the provider care team)
 - o Home visit, if able
- Patient education
 - o An understanding of the discharge plan with any necessary translation
 - o Medication management, reviewed and accurate medication list, and correct prescriptions

Providers should follow up with patients to provide interventions that will aid in improving outcomes and reducing readmissions.

DISEASE MANAGEMENT

Tufts Health Direct, Tufts Health Together

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

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

REIMBURSEMENT OFFERED FOR PROOF OF BUPRENORPHINE CERTIFICATION

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

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

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

In order to receive reimbursement, providers must:

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

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

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

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

CULTURAL COMPETENCY TRAINING

Tufts Health RITogether, Tufts Health Together, Tufts Health Unify

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

WHAT IS CULTURAL COMPETENCE?

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

UPDATE YOUR PRACTICE AND BILLING INFORMATION

All products

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

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

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

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

HOW TO UPDATE YOUR INFORMATION

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

Tufts Health Public Plans products

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

Billing Addresses

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

PROVIDER TRAINING

All products

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

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

SUBMIT TRANSACTIONS ELECTRONICALLY USING ONLINE SELF-SERVICE CHANNELS

All products

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

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

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

REGISTER TO RECEIVE PROVIDER UPDATE BY EMAIL

All products

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

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

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

Current and recent past issues of *Provider Update* are also available in printable format in the News section of the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites. **Note:** Providers can filter by product in the News section by selecting the appropriate 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 if you call the applicable number located on the Contact Us pages on the [Tufts Health Plan](#) and [Tufts Health Freedom Plan](#) public Provider websites.

PLANS

ONLINE MEETINGS FOR MEDICARE PLANNING AND ENROLLMENT

Tufts Medicare Preferred HMO

Tufts Health Plan is now offering online meetings for Medicare planning and enrollment for eligible patients. These online meetings will take place with a Tufts Health Plan Medicare expert and cover the following topics:

- How Medicare works
- When to enroll
- How to securely enroll online

Prospective members can enroll in an online meeting by calling 877.435.8995 (TTY: 711) or by visiting thmp.org/meetings.

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITES

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

SECURE PROVIDER PORTALS

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

CONTACT INFORMATION

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

PROVIDER UPDATE

NEWS FOR THE NETWORK



705 Mount Auburn Street, Watertown, MA 02472