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

Effective with the August 1, 2021 issue of Provider Update, Tufts Health Plan now publishes a monthly, online-only Provider Update newsletter. With this change, providers will no longer receive a quarterly Provider Update paper mailing. Tufts Health Plan encourages all providers to register to receive the same important content and updates in the monthly, online-only format. Failure to register to receive the monthly newsletter by email may result in providers missing important updates, including those related to payment policies.

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

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

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/resource-center/ and avoid printing.

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

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BROWSER NOTE
If you are using an outdated or unsupported browser, certain features on Tufts Health Plan’s websites may be unavailable. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.
Reminder: Harvard Pilgrim Health Care-Tufts Health Plan
Combination Updates

All products

For more information about the combination, refer to the online FAQs and visit here. The FAQs will be updated as new information is available, so be sure to check back regularly.

Important Reminder: Aducanumab (Aduhelm) Considered
Experimental and Investigational

All products

As previously communicated, and after reviewing the clinical data that is available on the efficacy and safety of the Alzheimer’s drug aducanumab (Aduhelm), Tufts Health Plan has concluded that is experimental and investigational.

In making this clinical determination, we consulted with our internal resources as well as our regional providers who offer extensive expertise in this area. This decision was made with members’ health and well-being in mind and was not based on cost. Our priority is to provide our members with coverage for effective treatments that are based on scientific evidence.

Alzheimer’s disease is very personal to many of us at Tufts Health Plan, and the need for an effective new treatment for Alzheimer’s is indisputable. encouraged that there is a robust pipeline of other Alzheimer’s drugs in current research and development.

As further studies and data related to aducanumab become available, we will carefully review the information and continue to evaluate this clinical decision.

While the clinical evaluation of this drug therapy is universal, for our Medicare and Medicaid lines of business we will continue to follow the direction of federal and state regulators regarding coverage.

60-DAY NOTIFICATIONS

Administratively Necessary Days (AND) Revenue Code

Tufts Health Together, Tufts Health Unify

Effective for dates of service on or after October 1, 2021, revenue code 0169 must be used to report AND services. This change applies to Tufts Health Unify.

Note: As previously communicated, this continues to be effective for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

This requirement is documented in the Inpatient Facility and Inpatient and Intermediate/Diversionary Behavioral Health (Mental Health & Substance Use Disorder) Facility payment policies.

Massachusetts DOI Bulletin 2021-06: Coverage for PANDAS and PANS

Fully Insured Massachusetts Commercial products, Group Insurance Commission (GIC), Tufts Health Direct

Per state mandate (Chapter 260, Acts of 2020), and effective for plans that are issued or renewed on or after January 1, 2022, Massachusetts insurers are required to provide coverage for the treatment and diagnosis of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). This includes treatment with intravenous immunoglobulin (IVIg) therapy for insured health plan members both in and outside of the
Commonwealth of Massachusetts. This state mandate applies to all Tufts Health Plan fully insured Massachusetts Commercial products, the GIC and Tufts Health Direct.

**Note:** Prior authorization is required for IVIg therapy with a PANDAS/PANS diagnosis.

Tufts Health Plan requests that providers who offer PANDAS and PANS services, including treatment with IVIg therapy, fill out this availability assessment to confirm they provide these services. If any issues with the link, copy and paste this URL into your browser:

tuftshealthplanmr.co1.qualtrics.com/jfe/form/SV_1S500xAy9pvS02G

More information will be available in the coming months.

### Spinal Conditions Management Program Changes

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

Effective for dates of service on or after October 1, 2021, percutaneous/minimally invasive sacroiliac joint (SIJ) fusion (CPT code 27279) will be removed from Tufts Health Plan’s Medical Necessity Guidelines for Noncovered Investigational Services and be managed under the Medical Necessity Guidelines for the Spinal Conditions Management Program and Joint Surgery Program Prior Authorization Code Matrix through National Imaging Associates, Inc. (NIA). NIA’s guidelines will be applicable to percutaneous/minimally invasive SIJ fusion using fixation devices while all other usage will be considered noncovered investigational services.

Providers may request prior authorization through NIA’s web portal, RadMD, or by phone at 866.642.9703 for Tufts Health Plan’s Commercial products (including Tufts Health Freedom Plan) or 800.207.4209 for Tufts Health Public Plans products. For more information and details regarding clinical criteria, visit [RadMD](https://www.radmd.com).

**Note:** The Spinal Conditions Management Program does not apply to members of Tufts Medicare Complement, Commercial PPO plans with a PHCS or Cigna network, CareLink, Tufts Medicare Preferred HMO, Tufts Medicare Preferred Supplement, Tufts Health Plan Senior Care Options (SCO) or Tufts Health Unify.

### Coverage Updates

**All products**

#### 60-Day Notifications

The following changes are effective for dates of service on or after October 1, 2021:

**Prior Authorization**

Tufts Health Plan will require prior authorization for stereotactic radiosurgery for the treatment of metastatic brain lesions when a member has a good performance status and will cover definitive stereotactic body radiotherapy for the treatment of primary non-metastatic lesions when a high level of precision and accuracy or a high dose per fraction is necessary to minimize the risk of injury to surrounding normal tissues and when treatment with conventional methods is not appropriate or safe for the member when the member has a good performance status. For more information, refer to the Medical Necessity Guidelines for [Stereotactic Radiosurgery and Stereotactic Body Radiotherapy](https://www.radmd.com).

**Modified T-Cell Therapy**

Tufts Health Plan has updated its coverage criterion 5a for Breyanzi® (lisocabtagene maraleucel) from “after two or more lines of systemic therapy or after autologous hematopoietic stem cell transplantation” to “after two or more lines of systemic therapy (which may or may not have included autologous hematopoietic stem cell transplantation)” as documented in the Medical Necessity Guideline for [Modified T-Cell Therapies](https://www.radmd.com).

**Power Wheelchairs**

**Limitations**

Backup cameras will be considered a limitation for all products. For more information, refer to the Medical Necessity Guidelines for [Power Wheelchairs](https://www.radmd.com) and [Power Wheelchairs for Tufts Health Together and Tufts Health RITogether](https://www.radmd.com).

**Coverage Criteria**

Tufts Health Plan will add coverage criteria for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) regarding home evaluation documentation requirements. For more information, refer to the Medical Necessity Guidelines for [Power Wheelchairs for Tufts Health Together and Tufts Health RITogether](https://www.radmd.com).
Long-Term Services & Supports (LTSS) Prior Authorization Change
Effective for dates of service on or after October 1, 2021, new medical necessity guideline criteria will be used for the evaluation of some LTSS codes on prior authorization for Tufts Health Unify. For more information and for a list of codes, refer to the applicable medical necessity guideline to be posted in the Resource Center of Tufts Health Plan’s public Provider website prior to October 1, 2021.

Prior Authorization Requirements
As a reminder, Tufts Health Plan requires prior authorization for:

- Stereotactic Radiosurgery for the treatment of the following for all products:
  - Craniohypophyseal tumors
  - Glomus jugulare tumors
  - Hemangiommas of the brain
  - Meningioma
  - Pineal gland tumors
  - Uveal melanoma
For more information refer to the Medical Necessity Guidelines for Stereotactic Radiosurgery and Stereotactic Body Radiotherapy.

- Stereotactic Body Radiotherapy for the treatment of the following for all products:
  - Pancreatic adenocarcinoma
  - Hepatocellular carcinoma
  - Bone metastases
  - Oligometastatic disease
For more information refer to the Medical Necessity Guidelines for Stereotactic Radiosurgery and Stereotactic Body Radiotherapy.

- Modified T-Cell therapies coverage for Yescarta® (axicabtagene ciloleucel) for the treatment of follicular lymphoma and Abecma™ (idecabtagene vicleucel) for the treatment of multiple myeloma. This prior authorization requirement applies to all products. For more information, refer to the Medical Necessity Guidelines for Modified T-Cell Therapies. **Note:** Effective for dates of service on or after July 23, 2021, CMS NCD for Chimeric Antigen Receptor (CAR) T-Cell Therapy (110.24) is applicable to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO) and Tufts Health Unify.

- Tufts Health Plan no longer requires prior authorization for Massachusetts Early Intervention Intensive Services Applied Behavioral Analysis (ABA) Therapy for Autism Spectrum Disorders. The status has changed to notification only and the medical necessity guidelines will be retired. For more information, refer to the Autism Professional Payment Policy.

Other Coverage Updates
Tufts Health Plan has replaced medical necessity guidelines coverage criteria for prior authorization of power-assisted standing components to align with the MassHealth Guidelines for Medical Necessity Determination for Power-Assisted (Dynamic) Standing Components for Wheelchairs. These prior authorization requirements apply to Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), Tufts Health RITogether and Tufts Health Unify. For more information, refer to the Medical Necessity Guidelines for Power Wheelchairs for Tufts Health Together and Tufts Health RITogether.

Noncovered Investigational Services
Tufts Health Plan has removed XEN® Glaucoma Treatment System from the Medical Necessity Guidelines for Noncovered Investigational Services as it is now a covered service.

Pharmacy Coverage Changes
Commercial products (including Tufts Health Freedom Plan), Tufts Health Direct
The following changes apply to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct, unless otherwise noted.

Coverage of AB-Rated ADHD Brand Stimulant Medications
Effective for fill dates on or after October 1, 2021, Tufts Health Plan will move the following multisource brand ADHD stimulant medications, with AB-rated generics, to noncovered status for Tufts Health Plan Commercial Large Group plans:

- Adderall tablets
- Adderall XR capsules
• Concerta tablets
• Focalin tablets
• Focalin XR capsules
• Metadate CD capsules
• Methylin Oral Solution
• Ritalin tablets
• Ritalin LA capsules
• Ritalin SR tablets

This coverage change applies to all Commercial Large Group plans. These medications continue to be noncovered for Commercial Small Group plans and Tufts Health Direct. For a member to continue these brand name products, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Non-covered Drugs with Suggested Alternatives. Members may continue therapy on generic alternatives, and providers are encouraged to change a member’s prescription to an AB-rated generic equivalent.

Central Nervous System (CNS) Stimulant Medications for ADHD Coverage

As a reminder, prior authorization continues to be required for all Commercial and Tufts Health Direct plans for all stimulant medications used to treat ADHD for members 25 years of age and older who are newly started on these medications for all Commercial and Tufts Health Direct plans. For members 25 years of age and older, who are newly diagnosed, new to the plan, or have no recent history on these stimulant medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Attention Deficit Hyperactivity Disorder Medications.

When stimulants are prescribed for management of ADHD symptoms, Tufts Health Plan requires adults to have had a diagnosis of ADHD before 12 years of age or provider attestation/documentation that the member has had signs and symptoms of ADHD before 18 years of age to meet Tufts Health Plan’s medical necessity criteria. Approval does not require submission of pediatric medical records. Tufts Health Plan’s criteria is in line with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria for diagnosis, and is less restrictive as it allows providers to attest that a member had signs and symptoms consistent with ADHD before the 18 years of age rather than requiring the diagnosis be made during childhood. The criteria for those 25 years of age and older has been in effect since October 2015. Members under 25 years of age would be subject to the existing step therapy criteria.

For Tufts Health Plan Commercial and Tufts Health Direct members, providers can prescribe up to a 60-day supply of dextroamphetamine or methylphenidate for the treatment of ADHD or narcolepsy. Long-acting ADHD stimulant medications are managed with quantity limitations that are in line with FDA-approved dosing recommendations. The quantity limitation program promotes dose consolidation and minimizes inappropriate dosing and utilization. In order for a member to receive coverage for quantities exceeding those listed in the Pharmacy Medical Necessity Guidelines for Attention Deficit Hyperactivity Disorder Medications, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

Providers are encouraged to review the pharmacy formulary to determine if a medication is covered, requires prior authorization or has a quantity limitation. The Commercial pharmacy formularies are available on the Pharmacy page of Tufts Health Plan’s public Provider website. To submit a prior authorization request for one of these medications, complete the state-specific pharmacy Standard Form for Medication Prior Authorization Requests and fax or mail it to Tufts Health Plan’s Pharmacy Utilization Management Department for pharmacy benefit medications as indicated on the form.

Specialty Pharmacy Programs

Effective for fill dates on or after October 1, 2021, Gavreto® (pralsetinib) will be added to the specialty pharmacy program for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

Effective for fill dates on or after October 1, 2021, Alunbrig® (brigatinib) will be removed from the specialty pharmacy program for Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct.

Prior Authorization

New Prior Authorization Programs

Effective for fill dates on or after October 1, 2021, Tufts Health Plan will add prior authorization criteria to the following medications:

• Abraxane® (paclitaxel protein-bound)
• Actimmune® (interferon gamma-1b)
• Cresemba® capsules
• Noxafil® suspension
• posaconazole DR tablets
• Synarel® nasal spray

These coverage changes apply to members initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

**Changes to Existing Prior Authorization Programs**
Effective for prior authorization requests submitted on or after October 1, 2021, Tufts Health Plan will update its prior authorization criteria for the following medications:

- Benlysta® (belimumab)
- Factor Products
- Hemlibra® (emicizumab-kxwh)
- Juxtapid™ (lomitapide)
- Migraine Medications: CGRP Receptor Antagonists, and More
- Ocaliva® (obeticholic acid)

For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

**Quantity Limitations**
Effective for fill dates on or after October 1, 2021, Tufts Health Plan will have new or updated quantity limitations for the following medications:

- Bafiertam™ (monomethyl fumarate)
- Cimzia® (certolizumab pegol) starter kit
- Fasenra® (benralizumab) pen
- Humira® (adalimumab) starter pack
- Haegarda® (C1 esterase inhibitor subcutaneous [human])
- Ingrezza® (valbenazine) initiation pack
- Kesimpta® (ofatumumab)
- Provigil (modafinil)
- Nucala (mepolizumab) auto-injector, prefilled syringe
- Otezla® (apremilast) starter pack
- Rebif® (interferon beta-1a) titration pack
- Rebif Rebidose® (interferon beta-1a) titration pack
- Takhzyro® (lanadelumab-flyo)
- Vumenity® (diroximel fumarate)
- Zeposia® (ozanimod)

For a member to receive coverage for quantities above the new limit, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

**Drug Status Changes**
The following drugs are moving to noncovered status, apply to Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct, and are effective for fill dates on or after October 1, 2021:

- Brovana solution
- Buspirone 7.5mg and 30mg tablets
- Hysingla® ER tablets
- Zyclara 2.5% and 3.75% topicals

**Tufts Health Direct**
The following changes apply to Tufts Health Direct formularies and are effective for fill dates on or after October 1, 2021:

**Drugs Moving to Noncovered Status**
- Azopt 1% suspension
- Banzel 200mg and 400mg tablets
- Bepreve® 1.5% solution
- Kaletra® tablets

**Drugs Moving to Tier 2**
- abiraterone 500mg

CONTINUED FROM PAGE 5
Large Groups
The following changes apply to large group Commercial products’ formularies (including Tufts Health Freedom Plan) and are effective for fill dates on or after October 1, 2021:

Drugs Moving to Noncovered Status
- Adderall tablets
- Adderall XR capsules
- Azopt 1% suspension
- Concerta tablets
- Focalin
- Focalin XR
- Metadate CD
- Methylin Tabs and Oral Solution
- Procentra
- Ritalin
- Ritalin LA
- Ritalin SR

Drugs Moving to Tier 3
- Banzel 200mg and 400mg tablets
- Kaletra® tablets

Small Groups – Massachusetts and Rhode Island
The following changes apply to small group Commercial Massachusetts and Rhode Island products and are effective for fill dates on or after October 1, 2021:

Drugs Moving to Noncovered Status
- Azopt 1% suspension
- Banzel 200mg and 400mg tablets
- Bepreve® 1.5% solution
- Kaletra® tablets

3-Tier Formularies – Massachusetts and Rhode Island
Effective for fill dates on or after October 1, 2021, abiraterone 500mg will move to Tier 2 and Udenyca® (pegfilgrastim-cbqv) will move to Tier 3. These changes apply to 3-Tier Commercial Massachusetts and Rhode Island products.

4-Tier Formularies – Massachusetts and Rhode Island
Effective for fill dates on or after October 1, 2021, abiraterone 500mg and Actimmune® (interferon gamma-1b) will move to Tier 4. These changes apply to 4-Tier Commercial Massachusetts and Rhode Island products.

Coverage of Naloxone
As a reminder, Narcan® (naloxone) nasal spray and generic naloxone injection are covered without prior authorization at no cost share for Tufts Health Commercial products (including Tufts Health Freedom Plan) and Tufts Health Direct. Per the 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, it is recommended that health care providers consider including a discussion of naloxone use for overdose reversal when prescribing an opioid.

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 disorders (SUDs), or both. For a consult, call 1.833.PAIN.SUD (1.833.724.6783), Monday through Friday, 9 a.m. to 5 p.m. For more information about MCSTAP, visit their website.

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.
Specialty Pharmacy Programs
Effective for fill dates on or after October 1, 2021, Gavreto® (pralsetinib) will be added to the specialty pharmacy program for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Effective for fill dates on or after October 1, 2021, Alunbrig® (brigatinib) will be removed from the specialty pharmacy program for Tufts Health Together – MassHealth MCO Plan and ACPPs.

Prior Authorization
New Prior Authorization Programs
Effective for fill dates on or after October 1, 2021, Tufts Health Plan will add prior authorization criteria to Abraxane® (paclitaxel protein-bound). This coverage change applies to Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs members initiating a new course of treatment. For these requests, the prescribing provider must request coverage through the medical review process subject to the applicable pharmacy medical necessity guidelines.

Changes to Existing Prior Authorization Programs
Effective for prior authorization requests submitted on or after October 1, 2021, Tufts Health Plan has updated its prior authorization criteria for the medications and programs listed below. These changes now 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
- Anthypertensive Medications
- Anti-infective Medications, Ophthalmic
- Benlysta® (belimumab)
- Factor Products
- Hemlibra® (emicizumab-kxwh)
- Hetioz® (tasimelteon)
- Ocaliva® (obeticholic acid)

Tufts Health RITogether
- Migraine medications: calcitonin gene-related peptide (CGRP) receptor antagonists, serotonin (5-HT) 1F receptor antagonists, and triptans

Tufts Health Together – MassHealth MCO Plan and ACPPs
- Dupixent® (dupilumab)
- Subcutaneous Insulin Delivery Devices

Quantity Limitations
Effective for fill dates on or after October 1, 2021, Tufts Health Plan will have new or updated quantity limitations for the following medications for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs:

- Avonex® (interferon beta-1a)
- Bafiertam™ (monomethyl fumarate)
- Betaseron® (interferon beta-1b)
- Cimzia® (certolizumab pegol) starter kit
- Copaxone® (glatiramer acetate injection)
- Extavia® (interferon beta-1b)
- Fasenra® (benralizumab) pen
- Glatopa® (glatiramer acetate injection)
- Humira® (adalimumab) starter pack
- Haegarda® (C1 esterase inhibitor subcutaneous [human])
- Ingrezza® (valbenazine) initiation pack
- Kesimpta® (ofatumumab)
- Nucala (mepolizumab) auto-injector, prefilled syringe
- Otezla® (apremilast) starter pack
- Plegridy® (peginterferon beta-1a)
- Rebi® (interferon beta-1a)
- Takhzyro® (lanadelumab-flyo)
- Vumerity® (diroximel fumarate)
- Zeposia® (ozanimod)
For a member to receive coverage for quantities above the new limit, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations.

**Insulin Delivery Devices – Coverage Under Durable Medical Equipment (DME)**

Effective for fill dates on or after October 1, 2021 for Tufts Health Together – MassHealth MCO Plan and ACPPs:

- Disposable external ambulatory insulin delivery systems and their supplies (HCPCS code A9274) will require prior authorization and have quantity limits when filled through a DME supplier. Impacted products include, but are not limited to, Omnipod®, Omnipod Dash®, V-Go® and Cequor Simplicity™.
- Omnipod, Omnipod Dash, and V-Go and their supplies are covered under the pharmacy benefit with prior authorization and quantity limits. These products will continue to require prior authorization with quantity limits through the pharmacy benefit. **Note:** These are the only subcutaneous insulin delivery devices that are covered through the pharmacy benefit.
- For members to continue using any insulin delivery devices and supplies when filled through a DME supplier under HCPCS code A9274, the prescribing provider must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Subcutaneous Insulin Delivery Devices. Requests for the member to fill the devices through the DME benefit can be faxed to 888.415.9055, while requests for members filling the devices through the pharmacy benefit can be faxed to 617.673.0988.

**Coverage of Naloxone**

As a reminder, Narcan® (naloxone) nasal spray and generic naloxone injection are covered without prior authorization at no cost share for Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs. Per the 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, it is recommended that health care providers consider including a discussion of naloxone use for overdose reversal when prescribing an opioid.

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 disorders (SUDs), or both. For a consult, call 1.833.PAIN.SUD (1.833.724.6783), Monday through Friday, 9 a.m. to 5 p.m. For more information about MCSTAP, visit their [website](#).

**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.

**Claim Edits**

**All products**

Effective for dates of service on or after October 1, 2021, the following claim edits will apply to Commercial products (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO), Tufts Health Direct, Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs), and Tufts Health Unify. These claim edits are derived from CMS, the AMA’s CPT Manual, HCPCS, ICD-10, nationally accredited societies and Tufts Health Plan payment policies.

Tufts Health Plan will implement claim edits on the following:

**All products**

- Dermatology
- Diagnosis Code Guideline
Senior Products and Tufts Health Public Plans products

- Ambulatory Surgical Center
- Implant Procedure and Device

Senior Products

- Acupuncture
- End Stage Renal Disease Policy
- Plastic Surgery

These edits are documented in the applicable Tufts Health Plan payment policies available in the Resource Center on Tufts Health Plan’s public Provider website.

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

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

Detailed information about changes to existing fee schedules will be distributed to provider organizations and hospital leadership. Independent physicians who have questions about fee schedule changes should contact Tufts Health Plan’s Network Contracting Department at 888.880.8699, ext. 52169.

Tufts Health Plan Expanding its Collaboration with Cityblock Health

Tufts Health Plan is expanding its collaboration with Cityblock Health to provide comprehensive care management services to Tufts Health Unify members across all current service areas (Worcester, Middlesex and Suffolk counties). As previously communicated, Tufts Health Plan and Cityblock Health began a collaboration in March 2020 that focused on serving members residing in Worcester County.

With Cityblock Health, Tufts Health Unify members residing in these service areas have access to care management and a range of additional services that address medical, behavioral health and social needs. Cityblock Health care teams are led by Community Health Partners, and include nurse care managers, LICSWs, RNs, NPs or MDs, depending on members’ needs.

Tufts Health Plan and Cityblock Health have contacted Tufts Health Unify members residing in these service areas to familiarize them with Cityblock Health services and their new care management team. Cityblock Health will continue its partnerships with members’ existing providers (including PCPs, specialists and behavioral health providers) to create a comprehensive care plan for members.

For more information, contact Provider Services at 888.257.1985.
New EOHHS Website for Community-Based Services

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

EOHHS launched a website devoted to Massachusetts’ strategy for use of the enhanced federal funding available through Section 9817 of the American Rescue Plan Act (ARPA) for Medicaid Home and Community-Based Services and certain community-based behavioral health services.

This enhanced federal funding applies to Tufts Health Plan SCO, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify.

Note: Tufts Health Plan does not provide Home and Community-Based Services for Tufts Health Together – MassHealth MCO Plan and ACPPs as such services are provided by MassHealth.

The website contains an overview of the funding provision, information the state has shared regarding ARPA and a summary of the proposals received in response to the Request for Information (RFI) posted in April 2021.

Updates regarding state spending and opportunities for public comment will also be posted to this website. Be sure to check back regularly.

REMINDERS

Child and Adolescent Needs and Strengths (CANS) Billing Instructions

Tufts Health Together

As a reminder, and in accordance with Massachusetts EOHHS requirements, CANS assessment claims for Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members under 21 years of age must be billed using CPT code 90791 (psychiatric diagnostic procedures) with modifier HA (child/adolescent program) in the MOD1 field and the appropriate license-level modifier in the MOD2 field in order to receive the enhanced rate for CANS. Claims billed with CPT code 90791 for a member under 21 years of age that is missing modifier HA and the appropriate license-level modifier will be denied with denial code UMD105, indicating that an inappropriate or missing modifier has been billed. In order to receive the enhanced rate for CANS, providers must submit a corrected claim.

Note: This does not apply to psychiatric evaluations done in conjunction with psychological/neuro-psychological testing.

For more information, refer to the Child and Adolescent Needs and Strengths (CANS) Payment Policy on Tufts Health Plan’s public Provider website.

How to Bill for Medicare Part D Vaccines

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

Tufts Health Plan would like to remind Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) providers that when vaccines are covered under Medicare Part D, such as the shingles vaccine, the administration costs are reimbursed under Medicare Part D. Providers must submit a CMS-1500 claim form to CVS Caremark® and include the drug name, National Drug Code (NDC) number and administration code for the vaccine(s) administered. Medicare Part D vaccine claims should be submitted to:

Caremark Medicare Vaccine Processing
P.O. Box 52066
Phoenix, AZ 85072-2066

Member Education

If a member receives a Medicare Part D vaccine from a provider and pays the provider for the vaccine and administration directly, the member must submit a member reimbursement request to CVS Caremark for reimbursement. Since a provider would not be considered in-network under Medicare Part D, the member would be held responsible for the difference between the cash price and the plan allowance if the cash price is higher (i.e., the out-of-network differential). Note: To avoid placing an undue financial burden on the member, this is not the preferred option. Providers should bill CVS Caremark directly or instruct the member...
to purchase the vaccine from an in-network pharmacy. The member can then either have the vaccine administered there at the pharmacy or administered in your provider office. If a provider chooses to offer a member the upfront payment option, be sure to inform them in advance that they may not be reimbursed the full cost.

For more information, refer to the following resources on Tufts Health Plan’s public Provider website:

- Vaccines and Immunizations Payment Policy
- Senior Products Formularies
- Overview of Medicare Part D Vaccines Training Video
- CMS’ Preventive Services

For additional questions, contact Provider Services at 800.279.9022.

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**MassHealth Requirements for Acute Hospital Services for Billing of Hearing Aids**

**Tufts Health Together**

To be properly compensated, providers must submit claims for hearing aid dispensing and related services on a paper physician claim form. For hearing aid equipment, the manufacturer’s invoice must be included as an attachment, as appropriate. The invoice must indicate the actual acquisition cost of the hearing aid, including all discounts, as well as the warranty indicating the terms of repair or replacement in the event of loss of, or damage to, the hearing aid.

As a reminder, hearing aid services provided by MassHealth-enrolled AOHs are governed by 130 CMR 426.000 for Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

For additional information, refer to the Audiology Professional Payment Policy.

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

**Tufts Health Unify**

Effective for dates of service on or after January 1, 2022, Tufts Health Plan will no longer require prior authorization for certain durable medical equipment (DME) or medical supplies that cost over $1,000 for Tufts Health Unify.

Tufts Health Plan will continue to require prior authorization for adaptive stroller and speech-generating device codes and has implemented high-cost DME prior authorization criteria for coverage of these services. These changes will allow providers to order certain DME supplies without requesting prior authorization for items over $1,000.

For more information on DME and medical supplies that require prior authorization, refer to the applicable, DME-specific medical necessity guidelines available in the Resource Center on Tufts Health Plan’s public Provider website. Providers may also refer to the Tufts Health Public Plans Durable Medical Equipment Prior Authorization Guide. For questions, contact Provider Services at 888.257.1985.

**Note:** As previously communicated, and effective for dates of service on or after January 8, 2021, Tufts Health Plan no longer requires prior authorization for certain DME or medical supplies that cost over $1,000 for Tufts Health Direct, Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs).

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**Influenza Prevention**

**All products**

The influenza (flu) season runs from October through April each year, and it is recommended that patients receive the flu vaccine for the 2021-22 season and to be prepared for any disruptions.

Providers play a vital role in supplying patients with the information needed to protect themselves against the flu and in helping a patient decide to receive the flu vaccine or any other scheduled vaccinations. Dispelling misconceptions about flu vaccines, such as the vaccine causes the flu, and motivating patients to
receive the flu vaccine is also an important role of providers and practices. Refer to these additional tools and resources to help encourage patients to receive vaccines.

The CDC continues to recommend patients ages six months and older, including pregnant women, should receive a flu vaccine every year, with rare exceptions. For more information, visit the CDC.

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**Reducing Emergency Department (ED) Use and Preventing 30-Day Readmissions**

**All products**

Prior to the COVID-19 pandemic, there were efforts aimed toward reducing unnecessary and avoidable ED visits. In a report at the start of the pandemic, weekly ED visits dropped to as low as 50% of the predicted visit volume and have since only recovered to approximately 75% of the predicted visit volume. Members have higher acuity diagnoses. This continued trend may be due to members who are experiencing less severe symptoms and are not as likely to go to the ED. In contrast, hospital admission rates from the ED increased by 55% over the predicted visit volume.

There is a continued concern that some members may be delaying needed emergency care during the ongoing pandemic, which may result in complications or death. The number of visits for conditions including nonspecific chest pain and acute myocardial infarction decreased, which according to European Heart Journal may suggest that some persons could be delaying care for conditions that might result in additional morbidity and mortality if left untreated.

While public concern regarding exposure to COVID-19 in the ED and adherence to CDC infection control recommendations should continue, Tufts Health Plan encourages providers to reinforce to their patients that they should immediately seek care for serious conditions for which ED visits cannot be avoided.

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**Behavioral Health (BH) Telehealth Services**

**All products**

BH telehealth services provide members who have been reluctant to seek BH services with alternative options. According to Telemental Health and the COVID-19 Behavioral Health Crisis, 85% of BH visits are being conducted via secure video or telephone versus 48% prior to the pandemic.

BH telehealth services are much more convenient for members and are important in improving members’ behavioral health. However, just as there are barriers to making and keeping in-person BH appointments, members face barriers to BH telehealth, such as the following:

- Not having access to technological devices to participate in a telehealth appointment
- Having different levels of technological comfort, literacy and fluency
- Not feeling comfortable accessing BH telehealth in their home due to a lack of privacy
- Language barriers
- Lack of available BH providers
- Not knowing about their BH coverage

Tufts Health Plan can help members overcome these barriers to BH telehealth services by providing:

- Technological assistance, such as Safelink and loaner phones
- Education on what BH telehealth services are, benefits of telehealth, and coverage of BH telehealth services on the Tufts Health Plan public Provider website
- Member services to connect members with the most up-to-date availability and contact information for BH providers

For training resources regarding billing for telehealth services, refer to the webinars and office managers meetings pages on Tufts Health Plan’s public Provider website.
Billing for Vaccines and Immunizations

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

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

For additional information, refer to the applicable payment policies located in the Resource Center on the Tufts Health Plan and Tufts Health Freedom Plan public Provider websites.

Coverage of COVID-19 Monoclonal Antibody Treatment

All products

As a reminder, Tufts Health Plan covers monoclonal antibody treatment in an outpatient setting without prior authorization for the treatment of mild to moderate COVID-19. This is approved for use in adult and pediatric patients who test positive for COVID-19 and are at high risk for progressing to severe COVID-19 and/or hospitalization, consistent with the FDA Emergency Use Authorization (EUA).

Per the FDA, treatment with bamlanivimab and etesevimab has not been studied in patients hospitalized due to COVID-19. Monoclonal antibodies, such as bamlanivimab and etesevimab, may be associated with worse clinical outcomes when administered to hospitalized patients with COVID-19 requiring high flow oxygen or mechanical ventilation.

Additionally, due to the FDA’s April 16, 2021 revocation of the EUA for bamlanivimab when used as a stand-alone treatment for COVID-19, bamlanivimab is not covered when administered alone.

For more information on Tufts Health Plan’s policies and procedures related to COVID-19, refer to the Coronavirus (COVID-19) Updates for Providers page for Tufts Health Plan and Tufts Health Freedom Plan.

Surprise Billing Changes Effective January 1, 2022

Massachusetts Commercial products, Tufts Health Direct

Effective January 1, 2022, and per the Consolidated Appropriations Act: No Surprises Act and Massachusetts Chapter 260 of the Acts of 2020, Tufts Health Plan will implement the following regulatory requirements:

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

**Note:** Providers are reminded to periodically refer back to the News section of the public Provider website to check for updates on these requirements.

For questions, call Commercial Provider Services at 888.884.2404 or Tufts Health Public Plans Provider Services at 888.257.1985.
New and Updated Clinical Practice and Preventive Health Guidelines

All products

As previously communicated, Tufts Health Plan recently reviewed and adopted the following new and updated clinical practice and preventive health guidelines:

- ADHD
- Antibiotic Use (Adult and Pediatric)
- Autism
- Gold COPD
- ADA Diabetes
- Hepatitis C
- HIV
- CDC/ACIP Adult and Pediatric Immunizations
- Bright Futures Pediatric Preventive Health
- Schizophrenia

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 page on Tufts Health Plan public Provider website.

Review and Update Tufts Health Plan Provider Directory Information

All products

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

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

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

Once enrolled, provider directory information (demographic data) will be transferred directly to Tufts Health Plan by CAQH, so providers will no longer need to notify Tufts Health Plan of these changes directly. Note: This change applies to directory information only.

Note: This does not apply to providers working exclusively within the Association for Behavioral Healthcare (ABH) or any individual provider who is not listed in the directory.

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

Providers can update billing addresses by completing the appropriate Provider Information Change form and selecting “billing” as the address type. For more information on which form to use, refer to the Reminder: Update Your Billing and Contract Information article.
For more information about the provider directory, including a brief demonstration video by CAQH of how the system works, visit the CAQH website.

**Update Your Billing and Contract Information**

**All products**

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

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

**Tufts Health Public Plans Products**

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

**Update Practice Information**

**Tufts Health Unify**

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

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

**Provider Training**

**All products**

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

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

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

Starting July 30, 2021, if you have not registered to receive *Provider Update* by email, you will need to refer to the News section of the Tufts Health Plan and Tufts Health Freedom Plan public Provider websites to review 60-day notifications and other important business communications (including behavioral health information) for providers. Failure to register to receive the monthly newsletter by email may result in providers missing important updates, including those related to payment policies.

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 product from the navigation options on the left-hand side.

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

Secure Provider Portal Self-Service Tools

All products

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

**Note:** As of March 22, 2021, registered providers can submit claim adjustments on the secure Provider portal for all Tufts Health Public Plans products, a functionality currently utilized by all other Tufts Health Plan lines of business.

**Note:** If you are not yet registered for the secure Provider portal, information on how to register for secure access is available on Tufts Health Plan’s public Provider website.

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 and 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 members with diverse values, beliefs and behaviors, including tailoring delivery to meet each individual’s social, cultural and linguistic needs.
Disease Management

Tufts Health Direct, Tufts Health Together

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

Tufts Health Direct members may be eligible to receive a $25 supermarket gift card for completing five routine diabetes screenings. For more information about this member incentive, refer to the Tufts Health Plan public Member website. Note: This member incentive does not apply to Tufts Health Together – MassHealth MCO Plan and ACPPs.

Monthly Pharmacy Formulary Changes

All products

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

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

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

Contact Information for Providers Calling Tufts Health Plan

All products

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

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

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITES

- Tufts Health Plan
- Tufts Health Freedom Plan

SECURE PROVIDER PORTAL

- All Tufts Health Plan Products

CONTACT INFORMATION

- Tufts Health Plan
- Tufts Health Freedom Plan