

PROVIDER UPDATE

SEPTEMBER 1, 2022

NEWS FOR THE NETWORK



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

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

60-DAY NOTIFICATIONS

Prior Authorization for Commercial Prenatal Genetic Testing

Commercial products

Effective for dates of service beginning Nov. 1, 2022, Tufts Health Plan will require prior authorization for coverage of prenatal genetic testing for Commercial members.

This prior authorization requirement applies to carrier screening and prenatal diagnosis of the female, female's reproductive partner and/or fetus for spinal muscular atrophy, cystic fibrosis, and genetic conditions common to individuals of Ashkenazi descent (e.g., Tay-Sachs disease, Canavan disease, familial dysautonomia and maple syrup urine disease).

The requirement also applies to prenatal cell-free DNA screening of maternal blood (noninvasive prenatal testing) for trisomy 21, 18, and 13.

For complete information, including clinical coverage criteria, applicable coding, and coverage limitations, please refer to Tufts Health Plan's updated [Medical Necessity Guidelines for Genetic Testing: Prenatal Diagnosis, Carrier Screening](#) (formerly titled Medical Necessity Guidelines: Genetic Testing: Prenatal, Preconception), [Medical Necessity Guidelines for Genetic and Molecular Diagnostic Testing](#), and [Medical Necessity Guidelines for Genetic Testing: Cell-Free DNA Testing for Fetal Trisomy](#).

Keep in mind that prenatal testing will also require prior authorization for Tufts Health Public Plans as of Oct. 1, as part of the overarching genetic testing prior authorization program that will be managed by AIM Specialty Health, as detailed in [this article](#) from the August 2022 issue of *Provider Update*.

Coding Edits for Imaging Services

Commercial products, Tufts Health Public Plans products

Tufts Health Plan is incorporating the following edits in support of correct coding practices, effective for dates of service beginning Nov. 1, 2022.

CPT codes 76885 and 76886 for infant hip ultrasound will be denied when they are billed with a screening or normal exam diagnosis as the only diagnosis on the claim line. This update aligns with guidance from the American Academy of Pediatrics and the American Academy of Orthopaedic Surgeons, who assert that newborn ultrasound screening for hip dysplasia is not recommended.

In addition, Tufts Health Plan will deny services in the CPT code range 70450-70553 for MRI and CT scans of the head and neck when they are billed and the only diagnosis on the claim line is benign paroxysmal positional vertigo (BPPV). According to the Academy of Otolaryngology Head and Neck Surgery Foundation and the American Academy of Family Physicians, MRIs and CT scans should not be used in diagnosing BPPV when no other neurological abnormalities are present; this diagnosis should be based on clinical history and physical examination with a positive result on the Dix-Hallpike test or supine roll test.

Prior Authorization Updates Related to Glucose Monitors

Tufts Medicare Preferred HMO, Tufts Health Plan SCO

Tufts Health Plan would like to inform providers that we are updating our Prior Authorization/Prior Authorization and Inpatient Notification Lists for Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options, effective for dates of service beginning Nov. 1, 2022, to reflect changes the Centers for Medicare and Medicaid Services (CMS) has made to their Local Coverage Determination (LCD) for Glucose Monitors.

The updated language in the LCD provides further clarity regarding the use of terminology such as “continuous glucose monitors,” “therapeutic,” “non-adjunctive,” “non-therapeutic,” and “adjunctive.” In addition, as a result of the LCD update, prior authorization will be required for the following HCPCS codes:

- E2102 – Adjunctive continuous glucose monitor or receiver
- A4238 – Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service

For more information, refer to the [Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List](#) and the [Tufts Health Plan Senior Care Options \(SCO\) Prior Authorization List](#).

InterQual Authorization Criteria for Vertebroplasty and Kyphoplasty

Commercial products, Tufts Health Public Plans products

Effective for dates of service beginning Nov. 1, 2022, Tufts Health Plan will require prior authorization for coverage of vertebroplasty and kyphoplasty. We will be adopting the 2022 Vertebroplasty and Kyphoplasty InterQual SmartSheets for prior authorization review and requests.

Prior authorization will be required for the following CPT codes for vertebroplasty:

- 22510 – Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
- 22511 – Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
- 22512 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)

For kyphoplasty, the following CPT codes will require authorization:

- 22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
- 22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
- 22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

You can find more information on the newly developed [Medical Necessity Guidelines for Vertebroplasty and Kyphoplasty](#).

Pharmacy Coverage Changes

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

| New Part B Prior Authorization Programs | | | |
|---|---|-----------|---|
| Drug | Plan | Eff. Date | Policy & Additional Information |
| Tepezza | Tufts Medicare Preferred HMO, Tufts Health Plan SCO, Tufts Health Unify | 11/1/22 | Medical Drugs Requiring Prior Authorization |

ADMINISTRATIVE UPDATES

Updates Regarding Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair

Commercial products, Tufts Health Public Plans products

Tufts Health Plan has updated our Medical Necessity Guidelines for Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair, which has been renamed Blepharoplasty Upper/Lower Eyelid, Brow Ptosis Repair, Upper Eyelid Blepharoptosis Repair.

Updates include modifications to the Blepharoplasty, Upper Eyelid InterQual SmartSheet utilized for prior authorization review criteria, and new criteria for Upper Eyelid Blepharoptosis Repair. In addition, we will no longer apply criteria from the Eyelid Ptosis Repair SmartSheet, and CPT code 67909 will be removed from the list of associated codes and will no longer require prior authorization.

For more information, please refer to the updated [Medical Necessity Guidelines for Blepharoplasty Upper/Lower Eyelid, Brow Ptosis Repair, Upper Eyelid Blepharoptosis Repair](#).

Community Support Program for Individuals with Justice Involvement

Tufts Health Together

As individuals previously in the justice system are at a higher risk of poor health outcomes, MassHealth has launched the Community Support Program for Individuals with Justice Involvement (CSP-JI) program, which provides health care coordination and support for these members.

Effective Sept. 1, 2022, we will cover CSP-JI services for eligible Tufts Health Together and Tufts Health Unify members. [Notification](#) is required.

CSP-JI coordinates the health care needs of eligible members — former inmates of a correctional institution who were released in the past year and/or individuals under the supervision of the Massachusetts Probation Service or Parole Board with specific behavioral health needs — and helps them acclimate back into the community. Program services include providing service coordination and linkages; assisting with obtaining benefits, housing, and health care; developing a safety plan; and fostering empowerment and recovery.

For further information, including coverage criteria, please refer to the [CSP-JI Medical Necessity Guidelines](#).

Transforming Kidney Health Management

Fully Insured Commercial products

We're pleased to announce that Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan, is collaborating with Monogram Health for in-home chronic kidney disease (CKD stages 3b-5) and end-stage renal disease (ESRD) care management services for commercial fully insured members, effective Sept. 1, 2022. Monogram Health is a leading value-based provider of in-home nephrology, primary care, and benefit management services for individuals with CKD and ESRD.

As the management of CKD often results in poor outcomes and high costs, we are collaborating with Monogram to identify and address CKD earlier by leveraging analytics, multidisciplinary medical management, and industry expertise. The program goals include enhancing the member experience, improving health outcomes, and addressing the rising risk associate with this population as well as social determinants of health and health inequities in underserved communities.

To supplement the care provided by the member's nephrologist, Monogram provides high-touch, in-person care through an interdisciplinary care team made up of physicians, advanced practitioners, pharmacists, dieticians, registered nurses, and social workers. Individualized care plans and observations derived from in-home visits will be communicated and shared with the member's providers. Members without a nephrologist will be offered primary nephrology care in addition to care management support.

To learn more about the program, please refer to this [FAQ](#). Monogram Health will also be offering several webinars to provide an overview of the program. To register for an upcoming webinar, click on the date below that works best for you and submit the requested information:

- [Thursday Sept. 8 at 12:30 p.m.](#)
- [Friday Sept. 9 at 9:30 a.m.](#)
- [Thursday Sept. 15 at 12:30 p.m.](#)
- [Wednesday Oct. 5 at 5 p.m.](#)
- [Monday Oct. 24 at 8:30 a.m.](#)

For more information about Monogram Health, visit www.monogramhealth.com. If you have questions, contact Monogram Health's Provider Services at 855-529-2778 or PCPservices@monogramhealth.com.

New Partnership to Support Pediatric Patients with ASD and Other Neurodevelopmental Conditions

Commercial products, Tufts Health Direct, Tufts Health Together

Tufts Health Plan is pleased to announce that we are partnering with Cortica, Inc. to offer convenient access to high-quality, cost-efficient health care services for pediatric members with autism spectrum disorder (ASD) and other neurodevelopmental conditions.

Primary care physicians and other providers will be able to refer Commercial and Tufts Health Direct patients to Cortica — an innovative, physician-led organization — beginning Sept. 6, 2022 and Cortica’s services are expected to be available for Tufts Health Together members starting in December 2022.

Collaboration with Tufts Health Plan providers a central focus

We’re confident that Cortica will prove to be an invaluable resource to support not only our member population, but the pediatricians in Tufts Health Plan’s network. Their focus on continuous collaboration and information exchange between providers, PCPs, and families is embedded in their model of care through a common internal EMR, care coordination, and secure information portals — and this collaboration is facilitated by an assigned care navigator for each child.

Cortica offers a unique, research-proven, “whole child” approach to care that integrates behavioral health care, medical care, and therapies through an interdisciplinary team of employed pediatric neurologists, developmental pediatricians, nurse practitioners, therapists, and counselors who specialize in neurodevelopment. This comprehensive approach leads to significantly greater improvements in standardized measures (e.g., Vineland-3) compared to conventional fragmented therapies.

Cortica’s centralized, coordinated team of providers allows them to support patients, families, and PCPs by offering significantly reduced wait times for diagnostic assessments, medical care, applied behavior analysis, developmental therapies such as speech and occupational therapies, and counseling.

Referring patients to Cortica

If you would like to refer a patient to Cortica, simply [visit their website](#) and click the “Make a Referral” button in the top right corner to access an [online referral form](#). Alternatively, you can make a referral by calling Cortica at 858-251-7901 or by emailing enroll@corticacare.com. If you choose to submit a referral via email, be sure to include your name/the physician’s name, the patient’s name and contact information, and the reason for the referral.

Update on Pediatric Infant Formula

Commercial products

Tufts Health Plan announced in the [June issue](#) of our provider newsletter that we would waive prior authorization for pediatric infant formula until Aug. 18, 2022. Since supply chain issues remain, we will continue to waive prior authorization for prescription infant formula through a contracted DME provider through Oct. 31, 2022.

As a reminder, Rhode Island Commercial plans do not require prior authorization as outlined in the medical necessity guidelines for [Oral Formula: Rhode Island Products](#).

Behavioral Health Level of Care Medical Necessity Guideline Updates

Tufts Health Public Plans products

Tufts Health Plan has updated our Medical Necessity Guidelines for [Behavioral Health Level of Care for Non-24 Hour/Intermediate/Diversionary Services](#).

As a result, effective immediately for Tufts Health Direct, Tufts Health Together, and Tufts Health RITogether, notification and concurrent review are no longer required for Intensive Outpatient Services (IOP) and the Structured Outpatient Addiction Program (SOAP).

We have also removed the notification and concurrent review requirement for Psychiatric Day Treatment for Tufts Health Together.

In addition, for Tufts Health Unify, effective for dates of service beginning Jan. 1, 2023, notification and concurrent review will no longer be required for Intensive Outpatient Services (IOP), the Structured Outpatient Addiction Program (SOAP), and Psychiatric Day Treatment.

Medical Necessity Guidelines: Intraoperative Neurophysiological Monitoring

Commercial products, Tufts Health Public Plans products

Tufts Health Plan has developed Medical Necessity Guidelines for Intraoperative Neurophysiological Monitoring, which refers to various methods to monitor the integrity of neural pathways during high-risk surgeries.

Prior authorization is not required, and the document outlines the dedicated clinical criteria that must be met for coverage of intraoperative neurophysiological monitoring when performed during the following categories of procedures:

- Endovascular, Vascular/Cardiovascular Surgery
- Intracranial Surgery
- Spine Surgery
- Orthopedic Surgery
- Peripheral Nerve Surgery

To review these criteria, as well as other information such as coverage limitations and associated codes, please refer to the [Medical Necessity Guidelines for Intraoperative Neurophysiological Monitoring](#).

Updated Medical Necessity Guidelines: Mohs Micrographic Surgery

Commercial products, Tufts Health Public Plans products

Tufts Health Plan maintains Medical Necessity Guidelines for the management of Mohs micrographic surgery, which is a specialized surgical technique for the thorough removal of complex and ill-defined skin cancers.

We have updated the guidelines to clarify that the procedure is considered reasonable and medically necessary when performed by a physician (e.g., dermatologist, plastic surgeon) who is certified by the American College of Mohs Surgery and trained in Mohs micrographic surgery techniques and pathological identification.

For complete information, please refer to the updated [Medical Necessity Guidelines for Mohs Micrographic Surgery](#).

Migration to 2022 InterQual SmartSheets

Commercial products, Tufts Health Public Plans products

As you are likely aware, Tufts Health Plan utilizes InterQual criteria for clinical authorization review for a number of services.

Please note that for the policies listed below, we will be adopting 2022 InterQual SmartSheets to replace the previous versions currently in use:

- Medical Necessity Guidelines: Bariatric Surgery
- Medical Necessity Guidelines: Uvulopalatopharyngoplasty (UPPP) and Other Procedures for Obstructive Sleep Apnea
- Medical Necessity Guidelines: Cholecystectomy, Laparoscopic
- Medical Necessity Guidelines: Hysterectomy, Certain Elective
- Medical Necessity Guidelines: Osteogenesis Stimulators, Noninvasive
- Medical Necessity Guidelines: Procedures for the Treatment of Symptomatic Varicose Veins
- Medical Necessity Guidelines: Temporomandibular Joint (TMJ) Disorder Treatment
- Medical Necessity Guidelines: Orthognathic Surgery for Severe Oral-Maxillofacial Functional Disorders
- Medical Necessity Guidelines: Mobile Outpatient Cardiac Telemetry (MCOT)
- Medical Necessity Guidelines: Manual Wheelchairs
- Medical Necessity Guidelines: Procedures for the Treatment of Benign Prostatic Hypertrophy (BPH)
- Medical Necessity Guidelines: Reconstructive and Cosmetic Surgery
- Medical Necessity Guidelines: Sinusotomy, Endoscopic
- Medical Necessity Guidelines: Spinal Cord Stimulator (SCS) Insertion
- Medical Necessity Guidelines: Video Capsule Endoscopy
- Medical Necessity Guidelines: Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair
- Medical Necessity Guidelines: Genetic and Molecular Testing

For complete information, refer to the associated Medical Necessity Guidelines.

Services Now Covered with Prior Authorization

Commercial products, Tufts Health Public Plans products

The following services have been removed from Tufts Health Plan's Medical Necessity Guidelines for Noncovered Investigational Services and are now covered, with prior authorization, for Commercial products and Tufts Health Public Plans products:

- Breast Cancer Index
- FoundationOne CDx

For more details, including clinical coverage criteria and coding information, please refer to the newly created [Medical Necessity Guidelines for Breast Cancer Index](#) and updated [Medical Necessity Guidelines for Genetic and Molecular Diagnostic Testing](#).

Xiaflex No Longer Available Through US Bioservices

Commercial products, Tufts Health Direct

We want to update providers on how to obtain Xiaflex as a medical drug for in-office injection for Commercial and Tufts Health Direct members, as US Bioservices is no longer available as a specialty pharmacy option.

Providers still have the option to buy and bill Xiaflex. However, if you elect to obtain it via our specialty pharmacy program, you should be aware that US Bioservices no longer dispenses Xiaflex prescriptions to new or existing members, and the new specialty pharmacy provider for this medication is **CVS Caremark**.

US Bioservices is working with CVS Caremark to transition any open refills, and CVS Caremark will then contact members by phone to review what is happening with their medication. CVS Caremark will also contact providers by phone to confirm their members' prescriptions and assist with obtaining new authorizations.

Tufts Health Plan's [Office-Administered Medical Drugs list](#) has been updated to reflect this transition.

Dedicated Enrollment Mailbox for RI Providers

Commercial products

We're pleased to let you know about a new dedicated email box specifically for Rhode Island providers for credentialing and provider enrollment information, including affiliation additions or terminations, panel status changes, billing information updates, and contract changes, please submit this information to RIProviderEnrollment@point32health.org.

Point32Health is the parent organization of Tufts Health Plan and Harvard Pilgrim Health Care.

REMINDERS

Enrollment/Screening Process for Medicaid Providers

Tufts Health RITogether, Tufts Health Together, Tufts Health Unify

As a reminder, federal regulations require that providers who render services for Medicaid members are screened by and enrolled with the appropriate state Medicaid agency. This requirement applies to providers who participate in Tufts Health RITogether, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) and Tufts Health Unify. Tufts Health Plan is mailing letters to providers who have yet to complete this enrollment/screening process throughout the year.

Tufts Health RITogether providers may complete this process via the Rhode Island Executive Office of Health and Human Services (EOHHS) [provider portal](#). For additional information, please refer to [this FAQ](#) and the [EOHHS website](#).

For Tufts Health Together and Tufts Health Unify, complete this screening and enrollment process via the [MassHealth website](#). In addition, [this FAQ](#) offers more information.

The [Credentialing and Contracting Overview page](#) on our provider website also includes information on this requirement.

Update on MassHealth's Managed Care Entity Bulletins 71 & 72

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

The Massachusetts Executive Office of Health and Human Services (EOHHS) has updated some key deadlines related to time-limited rate enhancements to support Home and Community-Based Services (HCBS) and behavioral health (BH) workforce development.

As we noted in the December issue of the newsletter, the EOHHS announced these time-limited rate enhancements from July 2021 through December 2021, as outlined in MassHealth Managed Care Entity (MCE) Bulletins [71](#) & [72](#) and has extended these enhancements from Jan. 1, 2022 through June 30, 2022 in recently released MCE Bulletins [86](#) & [87](#). These investments are aimed at strengthening and stabilizing Massachusetts' HCBS and BH workforce in response to the COVID-19 pandemic.

Certain MassHealth requirements apply and recently the EOHHS extended some of the deadlines, as noted below. To receive the limited rate enhancement, providers must meet the following requirements:

- Providers must use at least 90% of the enhanced funds to support HCBS and BH direct care and support staff.
- Providers must expend these funds for these purposes by Sept. 30, 2022.
- Providers must attest to EOHHS that they will use at least 90% of the funds for HCBS and BH workforce development, as described, and submit a spending report outlining how they used the funds by Dec. 31, 2022.
- Failure to comply with the attestation and spending plan requirement may subject a provider to financial penalty. For more information, including a sample spending report and attestation form, refer to the [Massachusetts EOHHS Strengthening Home and Community Based Services and Behavioral Health Services Using American Rescue Plan \(ARP\) Funding page](#). Providers can also submit questions related to this topic to ARPAMedicaidHCBS@mass.gov.

BH Screening Practices in Primary Care

Tufts Health Direct, Tufts Health RITogether, Tufts Health Together

As part of our commitment to whole person care, Tufts Health Plan supports our providers in routinely screening for behavioral health (BH) conditions as part of Early Periodic Screening, Diagnosis and Treatment (EPSDT).

PCPs play an essential role in improving screening rates and developing collaborative relationships with in-network BH providers in their geographic area to ensure timeliness of follow-up, especially for members who have experienced increased isolation during the COVID pandemic. Particularly, Tufts Health Plan is working to make a difference by focusing on all members under 21 years old, as an analysis of our Public Plans population found that members ages 13-17 are particularly vulnerable, especially males with a language preference other than English.

In addition, BH providers play an important role in care coordination, and Tufts Health Plan encourages contracted BH providers to outreach to PCPs to provide contact information and availability for referrals of members who have positive screenings.

We have created Behavioral Health (BH) Screening FAQ documents ([Direct](#), [RITogether](#) and [Together](#)) to support providers in this important screening work. In it, you'll find tips on how to talk to patients' family members, information on conducting screenings, guidance on billing for BH services, and helpful links to additional resources.

Metabolic Monitoring for Patients on Antipsychotic Medications

Commercial products, Tufts Health Public Plans products

Primary care physicians play an essential role in coordinating care for patients taking antipsychotic medications. While these medications are effective in treating schizophrenia and bipolar symptoms, they can also lead to and or worsen other health conditions such as diabetes, weight gain, obesity as well as increased LDL cholesterol and triglyceride levels and decreased HDL cholesterol levels.

Given these risks, annual screening and ongoing metabolic monitoring of blood glucose levels and LDL-C or cholesterol is important to ensure appropriate management of antipsychotic medications, especially in children and adolescents.

PCPs and behavioral health providers can help ensure patients taking antipsychotic medications are getting annual diabetes screenings using an HbA1c test or fasting glucose test and regular cholesterol monitoring.

Providers can use the following approved CPT codes to bill for screenings:

| Test | CPCT Code |
|------|-----------|
|------|-----------|

| | |
|----------------------------------|--|
| Glucose | 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| HbA1c | 83036, 83037 |
| LDL-C | 80061, 83700, 83701, 83704, 83721 |
| Cholesterol tests other than LDL | 82465, 83718, 84478, 83722 |

Behavioral Health (BH) Community Support Program

For adult members of Tufts Health Together (age 18 and over), we encourage you to refer members in need of care coordination into the BH Community Partner Program by emailing the patient's name, date of birth, ID# or MassHealth ID# and a brief description of the patient's needs to CPPProgram@point32health.org.

The primary objective of the BH Community Partner is to provide enhanced care coordination for individuals with Serious Mental Illness (SMI) through:

- Conducting member outreach calls and home visits for health and wellness coaching
- Developing a care plan between PCPs, BH providers, LTSS providers, and other specialists
- Supporting medication reconciliation and adherence
- Assisting with community resources like food, housing, and transportation

For additional information, please refer to the [MassHealth Community Partners website](#).

Provider Resources for Suicide Prevention

All products

Primary care offices are most often patients first stop for any healthcare needs, and they are a likely setting for identifying individuals at risk of suicide. The [Suicide Prevention Resource Center \(SPRC\)](#) notes that people who die by suicide are more likely to have seen a primary care provider (PCP) in the previous month before their death than any other health care provider.

The SPRC believes PCPs are in the position to implement some of the most effective strategies for suicide prevention, such as:

- Establishing protocols for screening, assessment, intervention, and referral
- Training staff in suicide care such as safety planning and lethal means counseling
- Creating relationships with behavioral health practices for referrals and transmitting patient health information to behavioral health providers to ensure continuity of care
- Following up with at-risk patients by phone between visits
- Providing information to patients on the [National Suicide Prevention Lifeline](#), which patients can access by calling or texting 988, 24 hours a day, 7 days a week. The new 988 three-digit lifeline, which became active across the United States in July, makes it easier for people to access free, confidential mental health crisis services.

Resources for your practice

The SPRC and other organizations offer many useful resources for providers to access to assist in suicide prevention, including:

- **Suicide Prevention Toolkit** — This [online toolkit](#) aids PCPS in integrating suicide prevention into their practices and includes educational modules, patient management tools, state specific resources, and tips and resources for health care provider self-care.
- **In-person workshops** — in Massachusetts, the [Samaritans](#) not only offers grief support services, suicide prevention and community education to patients (including the Hey Sam texting service for youths that is staffed by callers' peers) but also can support providers by working with your office to schedule trainings and providing information for staff. For more information, visit the Community Education & Outreach [page](#) on Samaritans' website.

- **SAMHSA tools and trainings** — The Substance Abuse and Mental Health Services Administration (SAMHSA) offers [provider tools, training, and assistance](#) on a variety of topics related to suicide, mental health, and substance use disorders.
- **Zero Suicide Toolkit for health systems** — The National Action Alliance for Suicide Prevention, a public-private partnership focused on transforming health care systems to significantly reduce suicide and changing the public conversation around suicide and its prevention, offers a [Zero Suicide Toolkit](#) for health care systems.

At Point32Health, the parent organization of Harvard Pilgrim Health Care and Tufts Health Plan, we are committed to supporting providers in caring for the whole person, which includes mental health as well as physical health. By working together with you, we can make a difference in promoting mental health, reducing the impact of behavioral health conditions, and improving the well-being of our members.

Promoting the Flu Vaccine

All products

The flu season runs from October through April each year, and given the ongoing COVID pandemic, it's particularly important to emphasize the importance of getting the 2022-2023 flu vaccine to your patients. The Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu.

Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address widespread disinformation, dispel misconceptions, and engage patients in their health, including vaccination safety and efficacy.

Because members who are eligible for a COVID-19 booster may not be aware that they can receive it at the same time as their flu shot, providers may wish to emphasize the convenience and efficiency of doing so.

The CDC continues to recommend that patients ages six months and older, including pregnant women, receive a flu vaccine every year, with rare exceptions. Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in the 2019-2020 flu season alone, the flu vaccine prevented an estimated 7.5 million illnesses, 3.7 million medical visits, 105,000 hospitalizations and 6,300 influenza-related deaths in the United States.

For most plans, flu shots are covered at no cost. If members pay out-of-pocket for their flu vaccine, they can submit for reimbursement from Tufts Health Plan. If members are unsure about their plan's benefit or where they can get a flu shot, please advise them to call Member Services at the number on their Tufts Health Plan member ID card.

The Centers for Disease Control and Prevention has a robust [Influenza website](#) that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages.

COVID-19 Vaccines and Boosters

All products

Together with you, we want to ensure patients have received their COVID-19 vaccines and boosters. To ensure all eligible individuals are up-to-date with their vaccine and boosters, the Center for Disease Control and Prevention (CDC) has created the [COVID-19 booster tool](#) and corresponding [COVID-19 Booster Frequently Asked Questions](#) for individuals to confirm whether they are due for a vaccine or booster.

In addition to the CDC, the applicable Department of Public Health (DPH) for [Massachusetts](#) and [Rhode Island](#) have resources for you to share with your patients, including [videos, flyers, and graphics](#) to help build trust in vaccine safety and efficiency which Massachusetts DPH has published.

For more information on the efforts the Massachusetts Executive Office of Health And Human Services (EOHHS) is taking to ensure the 3.2 million Massachusetts eligible residents receive their first or second booster dose, refer to the Massachusetts [COVID-19 Updates and Information](#) website.

Sign Up for a Webinar on the AIM Genetic Testing Program

Tufts Health Public Plans products

As a reminder, AIM Specialty Health® (AIM) will oversee medical necessity review for Tufts Health Public Plans as of Oct. 1, 2022, and ordering providers will need to obtain prior authorization from AIM for the following genetic/genomic or molecular diagnostic testing services:

- Reproductive Carrier Screening
- Prenatal Testing
- Preimplantation Genetic Testing (PGT)
- Rare Disease Testing
- Whole Exome/Genome Sequencing
- Hereditary Cancer Testing
- Tumor Markers
- Hereditary Cardiac Testing
- Neurogenetic and Neuromuscular Testing
- Pharmacogenomics and Thrombophilia Testing
- Susceptibility Testing for Common Diseases

Additionally, preauthorization through AIM is required for the CPT codes 89290 and 89291 associated with preimplantation genetic diagnosis.

Submitting authorization requests

As of Sept. 12, 2022, ordering providers may begin making prior authorization requests for genetic/genomic and molecular testing occurring on or after Oct. 1, 2022. The ordering clinician is responsible for obtaining prior authorization through AIM Specialty Health. Any genetic/genomic and molecular tests performed on or beyond the Oct. 1 program launch date will not be reimbursed if a prior authorization was not obtained. To ensure that these services are eligible for reimbursement, providers rendering the services should verify that the necessary prior authorization has been obtained prior to performing the test.

Ordering providers can request prior authorization from AIM online (the preferred method for quick, convenient service) via the AIM [ProviderPortal](#), which is available 24 hours a day, 7 days a week. Alternatively, requests may be submitted by phone by calling AIM toll-free at 833-342-1255, Monday through Friday from 8 a.m. to 5 p.m. ET.

Provider education webinars

Tufts Health Plan and AIM will be hosting provider education webinars for those who want to learn more about prior authorization for genetic/genomic and molecular testing. These one-hour sessions will provide useful information about the program and an opportunity to receive answers to any questions you may have. Register for a session by selecting one of the following dates:

- [Friday, Sept. 9 at 2 p.m. EDT](#)
- [Friday, Sept. 30 at 1 p.m. EDT](#)
- [Wednesday, Oct. 12 at 1 p.m. EDT](#)

Additional information

For more information, please refer to the Prior Authorization Program for Genetic Testing section of the [Tufts Health Plan Vendor Information page](#) on our provider website, as well as [this provider FAQ document](#). In addition, you can find prior authorization information, AIM's genetic testing clinical guidelines, and other resources on the [microsite](#) AIM has developed specifically for Point32Health, which includes Tufts Health Plan and Harvard Pilgrim Health Care.

Register for Upcoming Provider Trainings

All products

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

- Telehealth Overview: [Wednesday, Sept. 7, 1-2 p.m.](#)
- Provider Payment Dispute Overview: [Tuesday, Sept. 13, 10-11 a.m.](#)
- Behavioral Health Overview: [Wednesday, Sept. 14, 12-1 p.m.](#)
- Identifying Member Cost Share: [Wednesday, Sept. 21, 10-11 a.m.](#)
- Tufts Medicare Preferred HMO Overview: [Thursday, Sept. 22, 12-1 p.m.](#)
- Navigating the Provider Website: [Thursday, Sept. 29, 12-1 p.m.](#)

Please also join us at an [Office Managers Meetings](#) this month.

- Office Managers Meeting by Livestream: [Tuesday, Sept. 20, 10:30 a.m. - 11:30 a.m.](#)
- Behavioral Health Administrative Updates (formerly known as Behavioral Health Office Managers Meeting) by Livestream: [Tuesday, Sept. 27, 10:30 a.m. - 11:30 a.m.](#)

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

Help Us Keep Directory Information Up to Date

All products

The Centers for Medicare & Medicaid Services and other regulatory bodies, as well as the federal No Surprises Act of 2021, require health plans to maintain and update data in provider directories — and we rely on providers to review their data and notify us of changes as they happen to ensure that members have access to accurate information.

All Tufts Health Plan Massachusetts, New Hampshire, Rhode Island, Maine and Vermont providers have been enrolled in the directory section of CAQH ProView.

On at least a quarterly basis, providers (or their designee) should log into [CAQH ProView](#) and review and verify the accuracy of their demographic data (including, but not limited to, practice location, phone number, hours of operation) displayed in our Provider Directory..

Consistent with provisions related to the [federal No Surprises Act of 2021](#), failure to review and update demographic information at least quarterly may result in suppression from Tufts Health Plan's Provider Directory until the information is validated. In addition, if Tufts Health Plan identifies potentially inaccurate provider information in the directory, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider may be subject to suppression in the directory until up-to-date information is received.

In addition, please keep the following in mind:

- **Practice location** — As new providers join your practice, it is important that only practice locations where the provider regularly administers direct patient care are submitted for inclusion in the Tufts Health Plan provider directory. Locations in which a provider may occasionally render indirect care — such as interpretation of tests or inpatient-only care — should be specified to ensure the location information is included in the provider’s profile, but not in the provider directory.
- **Timely notice** — As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance.
- **CAQH information** — For more information about CAQH ProView DirectAssure, including benefits, how the process works, and a demonstration video on how to use it, visit the DirectAssure [page](#) on CAQH’s website.

The grid below indicates which types of information should be maintained in [CAQH ProView](#) and which types of information should be communicated directly to Tufts Health Plan.

| Information to be updated in CAQH ProView | Information to be submitted directly to Tufts Health Plan |
|---|--|
| <ul style="list-style-type: none"> • Practice locations where members may make an appointment to be seen/digital contact information • Practice phone numbers to call to make an appointment/digital contact information • Practice hours • Handicapped accessibility • ADA Compliance • Behavioral Health Areas of Expertise | <ul style="list-style-type: none"> • Tax ID information • Affiliation additions or terminations • Terminations • Panel status • Billing information • Contract changes |

Please note that providers who are listed in the directory as accepting new members must accept members from any of the Tufts Health Plan products for which they are contracted. Notification requirements do not apply to providers working exclusively within the Association for Behavioral Healthcare (ABH) or any individual provider who is not listed in the directory.

For questions, call the appropriate Providers Services number listed on the [Contact Us](#) page on Tufts Health Plan’s website.

News for USFHP Providers

US Family Health Plan (USFHP)

Tufts Health Plan is the third-party administrator for US Family Health Plan, a plan available to families of active-duty service members, retired service members, and their families.

Telemedicine Visit Co-Pays to Be Implemented by TRICARE®

Co-pays for telemedicine visits will be implemented by TRICARE® starting September 6, 2022. Please note that US Family Health Plan is required to follow TRICARE regulations.

For additional information, including the USFHP Provider Manual, visit the USFHP [website](#).

Helpful Information for Providers

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

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

FOR MORE INFORMATION

PUBLIC PROVIDER WEBSITE

- [Tufts Health Plan](#)

SECURE PROVIDER PORTAL

- [All Tufts Health Plan Products](#)

CONTACT INFORMATION

- [Tufts Health Plan](#)

PROVIDER
UPDATE

NEWS FOR THE NETWORK |  TUFTS Health Plan