

Insights and Updates for Providers

OCTOBER 2026

COMING SOON: Point32Health on Availity Essentials™

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct |
Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether |
Tufts Health Together | Tufts Medicare Preferred

We want to support our providers and office staff in doing business with us as easily and efficiently as possible! As we noted earlier this year, one of the ways we're doing that is by upgrading your secure portal experience with us. We're also continuing our work to support interoperability across the provider experience (*see related article in this issue*).

Launch and key capabilities

We're pleased to announce that we anticipate making Point32Health functionality available through Availity Essentials™ in mid-November for a wide selection of electronic transactions including:



- **Eligibility and benefits response (271)**
- **Electronic claim submission (837)**
- **Claim status (277) — Enhanced functionality**
With up to 50 additional data elements, you'll have more claims information at your fingertips — helping reduce the need to contact us for routine claims status questions.
- **Member search — Enhanced functionality**
More search fields available so you can find the right member quickly and accurately.
- **Member ID card access — New feature**
View an image of the member's ID card that can be downloaded and stored for future reference.
- **Resources and information via Payer Spaces**

Availity Essentials for ease and reliability

You may already be familiar with Availity Essentials, a multi-payer portal designed to help simplify day-to-day transactions and reduce the need to work across multiple systems. By selecting an industry-leading multi-payer portal with hundreds of participating health plans, Point32Health aims to streamline your electronic transaction experience — meaning you and your office staff avoid juggling dozens of individual portal logins by using one centralized tool.

At go-live, users will be able to select Harvard Pilgrim Health Care and Tufts Health Plan from their available payer options and complete supported transactions in the same portal they may already be using for other health plans.

More features to come next year

Point32Health will continue to add functionality and refine existing features in Availity Essentials in phases.

Additional features anticipated next year include:

- Referrals and authorizations
- Claims attachments
- Claims appeals
- Claims corrections
- Secure messaging
- Reporting and more!

Existing Point32Health portals will remain available

While we encourage you to begin using Availity Essentials for functionality available at launch, our existing secure portals — HPHConnect and the secure Tufts Health Plan provider portal, including MHK — will continue to be available with all their current functionality.

We will notify the network well in advance through the provider newsletter before any future decision is made to sunset the existing secure portals.

How to register for Availity Essentials

If you aren't already registered with Availity Essentials, you can do that today and explore it before Point32Health functionality goes live.

The first step is to designate an Availity Essentials administrator for your organization. The administrator is responsible for registering the organization and managing user accounts, and should have legal authority to sign agreements on behalf of the organization. Once registered, the administrator can determine which staff members need access and create accounts for those users.

You'll find the [registration information](#) you need on the [Availity Help Center](#).

Watch for more information in November

We'll share more information as go-live approaches. Look for additional details from Availity Essentials and in the November issue of *Insights and Updates for Providers*, including launch timing, training opportunities, and guidance to help your office prepare. ▲

Advancing interoperability: Making health information more connected

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Plan Commercial](#) | [Tufts Health Direct](#) | [Tufts Health One Care](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#) | [Tufts Medicare Preferred](#)

As Point32Health upgrades our secure provider portal experience through Availity Essentials™ (*see related article in this issue*), we are also preparing for new interoperability capabilities that will give providers more connected ways to access certain payer-held information, support care coordination, and complete some administrative tasks more efficiently.

Together, these efforts reflect our broader commitment to giving providers practical, secure options for working with us — whether through our secure portals, electronic data interchange (EDI), or other channels.

About interoperability

Interoperability refers to the electronic exchange of health information across different systems, organizations, and technology platforms. In practice, it may allow providers to access important patient information more directly through the systems they already use, rather than relying on phone calls, faxes, or other manual processes.

These capabilities support secure, standards-based data exchange and align with federal requirements intended to reduce administrative burden, improve care coordination, and streamline prior authorization workflows.

Federal interoperability requirements phase in over time, with key API requirements for Medicare, Medicaid, and Duals generally beginning Jan. 1, 2027.

Point32Health also plans to make electronic prior authorization (ePA) application programming interface (API) functionality available for Commercial plans, with implementation occurring in 2027. Because implementation will be phased, available functionality, access methods, and timing may vary by product, provider organization, and system capabilities.

Patient information exchange capabilities

Point32Health is preparing for new data exchange capabilities that will allow authorized in-network providers with an established treatment relationship to request certain patient information through a Provider Access API. A Provider Access API is a secure technology connection that allows authorized systems to request and exchange information using common standards.

Through this capability, providers may be able to access payer-held information, such as claims, encounter data, and certain clinical information, to support treatment and care coordination. For providers, this means some information that currently requires a portal search, phone call, fax, or separate request may eventually be available through a more connected electronic workflow.

How providers will access information

Because one size does not fit all, Point32Health expects to support multiple ways for providers to connect to or access information. Larger provider organizations may connect through their electronic health record or electronic medical record system, such as Epic or another EHR platform. Other providers may access tools through established channels such as NEHEN or the Point32Health secure provider portals.

Providers who use the Provider Access API will need to complete a registration process before access is granted. More information about registration, including where and how to register, will be shared as implementation details are finalized.

Interoperability and electronic prior authorization

Interoperability will also support electronic prior authorization capabilities with ePA available for Tufts Health Plan products by Jan. 1, 2027 and then expanding to Harvard Pilgrim Health Care Commercial later in 2027. These tools are intended to make it easier for providers to determine whether a service requires prior authorization, submit certain medical prior authorization requests and supporting documentation electronically, and track authorization status through a more connected workflow.

For providers using compatible systems, this may allow prior authorization activity to occur within their existing EHR workflow.

While ePA offers another option for providers, existing options, such as the Point32Health secure provider portals and fax, remain available.

Next steps and more information

Additional information about registration, access options, and implementation timing will be shared in future issues.



Upcoming sleep management program enhancements

Harvard Pilgrim Health Care Commercial | Tufts Health RITogether | Tufts Medicare Preferred

Effective for dates of service beginning Dec. 1, 2026, Point32Health will introduce extensive enhancements to our sleep management program intended to streamline utilization management for sleep studies and sleep DME (e.g., positive airway pressure [PAP] devices, PAP supply/resupply) across multiple lines of business.

Updates include:

- EviCore — our current sleep benefit management vendor for Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, and Tufts Medicare Preferred — will assume management of prior authorization for sleep-related services for Harvard Pilgrim Health Care Commercial and Tufts Health RITogether members, replacing the current mix of internal processes and vendor partnerships.

- The sleep studies program presently administered by Evolent for Harvard Pilgrim Commercial members will be retired in conjunction with this shift to EviCore.
 - Services such as cardiac diagnostic tests and interventional procedures; high-tech diagnostic imaging; select joint procedures; spine surgery and cervical spine procedures; and outpatient interventional spine pain management services will continue to be reviewed by Evolent.
- Notification will no longer be required through EviCore for sleep studies and sleep DME for Tufts Medicare Preferred members.

These updates are designed to improve clinical alignment, ensure consistent application of evidence-based guidelines, and provide a smoother experience for providers and members.

Harvard Pilgrim Commercial: transition to EviCore

Currently, Evolent manages sleep study utilization management for Harvard Pilgrim Commercial members, and sleep DME is managed internally by Harvard Pilgrim. Under the new model, all sleep studies, PAP devices, and PAP supply/resupply will transition to EviCore.

Notable impacts include:

- [EviCore's national guidelines](#) will be utilized for medical necessity criteria.
- Home sleep tests will no longer be subject to prior authorization or notification requirements.
- CPT/HCPCS codes for sleep studies will remain otherwise the same.

PAP device and PAP supply/resupply experience changes

Harvard Pilgrim's current notification-only process for PAP devices will be replaced by EviCore's prior authorization requirement and ongoing medical review.

Under EviCore:

- Medical necessity review applies to initial and replacement devices and supplies.
- Objective PAP usage data is required for continuation, as managed through EviCore's TherapySupport program, which allows for compliance data to be automatically transmitted to EviCore for a streamlined resupply authorization process.
- Prior authorization will also be required through EviCore for PAP supply/resupply (masks, tubing, filters, humidifier components, and other accessories).
 - Providers must demonstrate member compliance and clinical benefit to support ongoing resupply.

Tufts Health RITogether sleep program transition

While many of EviCore's criteria align closely with our existing policies for Tufts Health RITogether, providers should expect:

- More explicit criteria for split-night studies and repeat testing.
- A stronger emphasis on home sleep apnea testing (HSAT) when appropriate, which will not be subject to prior authorization requirements.
- New PAP therapy, compliance monitoring, and PAP supply/resupply requirements.

Requesting authorization and more information

You can [register](#) and [log in to the secure EviCore website](#) at EviCore.com or call **888-511-0401** to request prior authorization.

Updates will be incorporated into our applicable [Provider Manuals](#) and the [vendor programs section](#) of our provider website in alignment with the Dec. 1 effective date. Please note that EviCore will begin accepting prior authorization requests on Nov. 16, 2026 for dates of service beginning Dec. 1.

You can find additional information and useful reference materials such as an FAQ, Quick Reference Guide, and CPT code list on [this provider resource site](#), which EviCore has developed specifically for Point32Health providers.

Training sessions

EviCore will also be hosting the following virtual Point32Health Sleep Management Provider Orientation sessions, designed to support providers and their staff in understanding and navigating the new program requirements:

- **Nov. 17, 2026** 12:00 p.m. – 12:30 p.m. EST
- **Nov. 19, 2026** 2:00 p.m. – 3:00 p.m. EST
- **Nov. 23, 2026** 11:00 a.m. – 12:00 p.m. EST
- **Dec. 3, 2026** 10:00 a.m. – 11:00 a.m. EST
- **Dec. 8, 2026** 11:00 a.m. – 12:00 p.m. EST
- **Dec. 10, 2026** 1:00 p.m. – 2:00 p.m. EST

These training opportunities will include an overview of the prior authorization process and information on how to access and use resources on the EviCore website, as well as a live question-and-answer session.

Advance registration is required for these online orientation sessions, [which you can do here](#). If you are unable to attend the live session, a copy of the presentation and other related materials will be available on EviCore's [Point32Health provider resource site](#). We encourage you and your office staff to take advantage! ▲

Changes to maternity care coding coming Jan. 1, 2027

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

In the August issue of Insights and Updates for Providers, we shared information about the industrywide changes to the structuring of maternity care services codes coming Jan. 1, 2027, and Point32Health's plan to consequently apply maternity coding changes consistently across all of our products.

We're offering additional details about updates to our [Obstetrics/Gynecology Payment Policy](#), which will be effective for dates of service on or after Jan. 1, 2027 and reflect the CPT 2027 code set for maternity care services.

The policy identifies the current coding guidance in effect prior to Jan. 1, 2027, as well as the billing and coding guidance which will apply on or after Jan. 1, 2027. The new CPT maternity coding framework is segmented into four defined phases:

- **Antepartum care** – Includes the management of pregnancy prior to the onset of labor.
- **Labor management** – Involves decision making to assess, support and balance the well-being of a pregnant person. Labor management codes are used to report initial and subsequent day labor management for the pregnant person admitted to the facility.
- **Delivery care** – Begins when labor is complete or interrupted. Delivery care includes management of the mother and the newborn(s).
- **Postpartum care** – Includes ongoing assessments and is reported on a calendar date other than the delivery date.

Point32Health's updated maternity coding supports [guidelines from the American Medical Association](#), which are not yet finalized but were made available early to assist providers in preparing for the significant revisions to this section of the CPT code set.

Maternity coding is changing; maternity care is not

Please keep in mind that members will continue to have access to the same maternity care they receive today. What is changing is the billing process and the way these services are reported and processed.

The changes will alter how maternity services are reported and billed to better reflect the increasingly complex reality of modern obstetric practice, recognizing that care is often provided by multiple clinicians in different health systems and practices throughout pregnancy.

Current maternity coding is based largely around bundled or “global billing.” This approach, which no longer reflects modern, team-based obstetric care delivery, is being replaced by a coding structure with a focus on reporting care more granularly at the service level.

Reminder: antepartum care delivered in 2026

As a reminder, when antepartum care starts in 2026 with an expected delivery in 2027, antepartum visits provided in 2026 should be reported using the CPT coding below, as applicable. The reporting is dependent on the number of visits in the calendar year.

- **59425** (4-6 visits)
- **59426** (7 or more visits)
- **E/M codes** (fewer than 4 visits)

This coding guidance will change in 2027 as CPT codes 59425 and 59426 will be deleted and antepartum visits will need to be reported per encounter with the appropriate E/M procedure code that is based on the location of the patient.

Refer to Point32Health’s updated [Obstetrics/Gynecology Payment Policy](#) for more information on our 2027 maternity care coding structure.

(Consistent with Maine regulations, a [redlined version](#) of this policy is also posted temporarily.) ▲

Updated Provider Service Center hours

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

We’re adjusting our Provider Service Center hours to better accommodate provider needs and offer enhanced call support when you need it most. Effective Nov. 2, 2026, our Harvard Pilgrim Health Care and Tufts Health Plan Provider Service Center team will be available by phone **Monday through Friday from 8:30 a.m. – noon and 1 p.m. – 4:30 p.m.**

Outside of Provider Service Center hours, we encourage you and your office staff to utilize our [secure provider portals](#) to complete a variety of self-service transactions and find answers to common inquiries.

To view the Provider Service Center’s updated hours of operation as well as contact numbers for all lines of business, please refer to Point32Health’s [Contact Us page](#). ▲

Pharmacy coverage changes and 2026 formulary updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health RITogether | Tufts Health Together

The chart below identifies updates for Pharmacy Medical Necessity Guidelines. For additional details and to access the guidelines referenced below, please visit the [Pharmacy Medical Necessity Guidelines page](#) on our Point32Health provider website.

Drug status changes			
Drug	Plan	Eff. date	Policy and additional information
Acid Suppressive Therapy	Harvard Pilgrim Commercial, Tufts Health Direct	1/1/2027	Oral solution and oral suspension formulations of histamine H2-receptor antagonists that are covered by the plan will be subject to prior authorization.

Drug status changes			
Drug	Plan	Eff. date	Policy and additional information
			Updated the title of Medical Necessity Guideline from Proton Pump Inhibitors to Acid Suppressive Therapy and revised the document to additionally apply to H2-receptor antagonists. See “2027 drug status and formulary updates” section below for further details. (Consistent with Maine regulations, a redlined version of this policy is also posted temporarily.)
Cladribine tablets	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together	1/1/2027	Cladribine tablets will be added to the specialty pharmacy program provided by Optum Specialty.
Azelastine Olopatadine 0.1% and 0.2% Epinastine Bepotastine Alocril (nedocromil) Alomide (Iodoxamide)	Tufts Health RITogether	12/1/2026	Anti-Allergy Medications, Ophthalmic Our Pharmacy Medical Necessity Guideline (PMNG) titled Anti-Allergy Medications, Ophthalmic will be retired. Epinastine, bepotastine, Alocril, and Alomide will be removed from our preferred drug list and coverage will be reviewed according to our PMNG titled Pharmacy Products Without Specific Criteria. Azelastine, olopatadine 0.1% and 0.2% will be covered without prior authorization.
Contrave (naltrexone/bupropion)	Tufts Health RITogether	12/1/2026	Anti-Obesity Medications Initial authorization for Contrave will require additional trial and failure of therapy with phentermine/topiramate extended-release (generic Qsymia).
Ferriprox (deferiprone)	Tufts Health RITogether	12/1/2026	Iron Chelating Agents Initial authorization for deferiprone oral tablet, Ferriprox Twice-A-Day oral tablet, and Ferriprox oral solution will require trial and failure with deferasirox. For Ferriprox oral solution, clinical inappropriateness of therapy with deferiprone oral tablet formulation administered three times per day will be also be required.

2027 drug status and formulary updates

Please refer to [this document](#) to review drug status and formulary changes for Harvard Pilgrim Commercial and Tufts Health Direct for the 2027 plan year, including:

- Drugs moving to non-formulary status
- Drugs moving to a higher tier
- Drugs with prior authorization added

2027 drug status and formulary updates for Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care will be announced in the November issue of *Insights and Updates for Providers*. ▲

Reminder: US Family Health Plan transition

Tufts Health Plan Commercial

As we've announced in previous issues of *Insights and Updates for Providers*, Point32Health and Tufts Health Plan will transition administrative operations of the US Family Health Plan (USFHP) to BrightonOne (formerly Brighton Marine) and its subcontractors, **effective for dates of service beginning Jan. 1, 2027**.

Providers do not need to resubmit authorizations Point32Health has already approved, including for dates of service on or after Jan. 1, 2027. BrightonOne will honor all authorizations approved on or before Dec. 31, 2026 for dates of service after Jan. 1, 2027 as if those authorizations were approved directly by BrightonOne.

Claims for dates of service prior to Jan. 1, 2027 will be accepted and processed as usual through April 30, 2027. Claims filed after April 30, 2027, or for dates of service on or after Jan. 1, 2027, will be processed by BrightonOne's claims processing subcontractor, Signature Performance.

As part of USFHP at BrightonOne's transition to direct provider contracting, BrightonOne is actively engaging practices, medical groups, and health systems regarding participation in the USFHP network. Providers who have not contracted directly with BrightonOne will need to do so prior to the new plan year in order to remain in-network for USFHP. If your organization has not yet been contacted by BrightonOne/USFHP regarding a direct participation agreement, please contact BrightonOne/USFHP at ProviderTeam@brighton-marine.org to check your contract status or to begin the direct contracting process and help ensure continuity of participation.

Providers currently credentialed by Tufts Health Plan Commercial will be accepted as credentialed by BrightonOne through the current scheduled recredentialing date. If you or any individual providers in your practice are not currently credentialed through Tufts Health Plan as part of the USFHP plan offering, BrightonOne will require time to process a credentialing application before adding your practice to the network panel for 2027. Please contact BrightonOne directly for any questions around credentialing for 2027 onward.

BrightonOne will publish further operational updates for USFHP network providers on USFamilyHealth.org/providers/ as the transition progresses, including a new Provider Manual, instructions to apply for new credentialing, or ways to update provider demographic data.

Tufts Health Plan Commercial no longer available after Dec. 31, 2026

In the interest of delivering a more unified product for our Commercial markets business, nearly all Tufts Health Plan Commercial members have already transitioned over the last few years to Harvard Pilgrim Health Care Commercial plans based upon employer group and individual plan selection. USFHP was the exception; with the transition of USFHP to BrightonOne, Point32Health's Tufts Health Plan Commercial line of business will be discontinued and will no longer be offered as a health plan option.

If you are contracted for Tufts Health Plan Commercial, there is no action you need to take regarding your participation in our provider network. If you are currently in network for any other Point32Health products, you remain contracted and enrolled. We will continue to proudly offer our Harvard Pilgrim Health Care Commercial products, Tufts Health Plan Senior Products, and Tufts Health Public Plans. ▲

SGLT2 inhibitor drug strategy update

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

In the [September issue](#) of *Insights and Updates for Providers*, we outlined formulary changes regarding sodium-glucose cotransporter 2 (SGLT2) inhibitor drugs coming Nov. 15, 2026 for Commercial large group members.

Effective for fill dates on or after Jan. 1, 2027, we're implementing a similar generic-first SGLT2 inhibitor strategy for small group and individual Harvard Pilgrim Health care members and individual Tufts Health Plan Direct members, transitioning members from higher-cost brand name drugs to equivalent lower-cost generics or generic alternatives.

The following brand name SGLT2 inhibitor drugs will move to non-formulary status for all individual/small group formularies, and generic dapagliflozin, or combination dapagliflozin/metformin ER, will be preferred:

- Glyxambi
- Jardiance
- Synjardy
- Synjardy XR
- Trijardy XR
- Farxiga
- Xigduo XR

In addition, the following drugs will also be up-tiered and require prior authorization for the specified formularies:

- Glyxambi will be up-tiered and require prior authorization on the CoreMA, CoreME, and THPP Direct formularies.
- Trijardy XR will be up-tiered and require prior authorization on the CoreMA, CoreME, CoreNH, and THPP Direct formularies.

Members who are currently on Farxiga or Xigduo XR will be transitioned to generic equivalents automatically at the pharmacy and no action is needed. For members who are on any of the other brand drugs moving to non-formulary status, a new prescription for a preferred product will need to be written. For a member to continue using one of these non-formulary medications, the prescribing provider must request coverage as an exception through the medical review process subject to the [Medical Necessity Guidelines](#) for Non-Formulary Exceptions and Empagliflozin Containing Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors. ▲

Reauthorization requirements for targeted Immunomodulators

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

As we shared previously, on Jan. 1, 2026, Point32Health implemented extensive updates to coverage criteria and prior authorization requirements for targeted immunomodulator medications across the Pharmacy and Medical benefits for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct. (As a reminder, Point32Health's Tufts Health Plan Commercial line of business will no longer be offered as of Jan. 1, 2027, so future changes outlined below are applicable to Harvard Pilgrim Commercial and Tufts Health Direct members.)

These updates initially applied only to members initiating treatment on or after Jan. 1, 2026, and existing utilizers were not affected by the changes. However, due to new approval-duration rules and the introduction of Reauthorization Criteria, certain members receiving a targeted immunomodulator for a dermatological indication were required or will soon be required to obtain reauthorization to maintain continued access to therapy.

The implementation plan for this change was divided into two phases, based on the length of time the member has been utilizing the medication. Existing prior authorizations **for members using a targeted immunomodulator therapy to treat hidradenitis suppurativa, plaque psoriasis, or psoriatic arthritis** were terminated on June 30, 2026 for members who would have been utilizing their drug for greater than one year as of July 1, 2026.

Additional members to be impacted on Dec. 31, 2026

For members who will have completed at least one year of utilization by Jan. 1, 2027, **existing prior authorizations will terminate on Dec. 31, 2026.**

If continued treatment is clinically appropriate, prescribers will need to submit a new prior authorization request beginning Jan. 1, 2027. These requests will be reviewed under the updated Reauthorization Criteria.

Requesting authorization

We encourage you to submit requests for reauthorization via [PromptPA](#) for ease and efficiency. Alternatively, you may submit requests using one of the standard authorization processes [outlined on our provider website](#).

Reauthorization submissions should include all required clinical documentation, including but not limited to diagnosis, treatment response, and ongoing need for therapy.

More information

Detailed authorization criteria and submission requirements are available in our [Pharmacy Medical Necessity Guidelines](#) and [Medical Benefit Drug Medical Necessity Guidelines](#). ▲

Encouraging appropriate colorectal cancer screening options

Harvard Pilgrim Health Care Commercial

We routinely remind our members and their providers of the critical importance of scheduling preventive services and appropriate screenings to improve health outcomes and close gaps in care. To that end, we're mailing letters in mid-October to certain Harvard Pilgrim Health Care Commercial members who may be due or soon-to-be due for a colorectal cancer screening, which will outline potential at-home screening options as possible alternatives to a colonoscopy.

We want our provider partners to be aware of this educational initiative, as the letters will instruct patients to speak with their primary care provider about the options available to them and whether an at-home test or colonoscopy is right for their individual needs.

As you know, depending on their age, health history, and risk factors, a colonoscopy may be required for some individuals, while an at-home screening test such as one of the following may be an option:

- **FIT (Fecal Immunochemical Test):** A simple test that checks for hidden blood in the stool, which can be an early sign of colorectal cancer.
- **Cologuard®:** A stool DNA test that checks for both abnormal DNA markers and hidden blood that may indicate colorectal cancer or certain precancerous conditions.

The letters being mailed to members will inform them of the potential benefits of an at-home screening, but also remind them that not everyone is a candidate.

If one or more of your patients are included in the mailing, you may also receive a letter to ensure you are prepared in the event a patient consequently asks you about their screening options. The clinical expertise and judgment of the providers in our network is invaluable; we appreciate all that you do to help our members maintain optimal health and well-being. ▲

Reminder on referrals

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Senior Care Options | Tufts Health Together | Tufts Medicare Preferred

Some of our plans require referrals from the member's PCP for specialty care, and requirements may vary from plan to plan within a line of business. As a reminder, if a service that requires a referral is rendered without one being submitted, Point32Health will deny the claim.

Before providing care, specialists should verify which services require a referral or check the status of an existing referral request. To verify whether a service requires a referral, please check the member's plan and benefit information or contact the [Provider Service Center](#).

You may submit referrals in the following ways:

- **Harvard Pilgrim Commercial:** Submit electronically using HPHConnect and EDI options (such as NEHEN) or by completing the [Harvard Pilgrim Health Care Referral Form](#) and faxing it to 607-509-4297.
- **Tufts Health Plan Senior Products:** Submit electronically via the secure portal or by completing the paper referral form and faxing it to 617-972-1028. You can obtain these forms by [ordering them through W.B. Mason](#).
- **Tufts Health Public Plans:** Referrals are required for Tufts Health Together members to see a contracted specialist outside their ACO network. Refer to this section of the [Public Plans Provider Manual](#) for details and contact Provider Services at 888-257-1985 for assistance.

You may check the status of an existing referral using our secure portals. For details on how to conduct a referral inquiry in our secure portals, please refer to our [HPHConnect Submitting Physician Referrals User Guide](#) and [Quick Reference Sheet](#) for Harvard Pilgrim members and our Referral User Guide and the [Tufts Health Plan Secure Provider Portal User Guide](#) for Tufts Health Plan members.

For additional information on referrals, please refer to the referral chapters of our [online Provider Manuals](#). ▲

New telehealth support for congestive heart failure patients

Harvard Pilgrim Health Care Commercial | Tufts Medicare Preferred

Beginning next month, eligible Harvard Pilgrim Health Care Commercial and Tufts Medicare Preferred members with congestive heart failure will have access to telehealth medication initiation and titration at no cost beyond any copayment that may be required under their plan.

Offered by Point32Health in collaboration with [Heartbeat Health](#) — a cardiovascular care platform providing patients with convenient, high-quality heart care through a combination of telemedicine, diagnostics, and virtual care programs — this telehealth option is designed to complement members' existing care plans and optimize guideline-directed medical therapy (GDMT).

If your patient is eligible and interested in telehealth care, our Point32Health care managers will work with you to connect them with a Heartbeat Health clinician. The clinician will conduct virtual visits, develop a medication optimization plan, and provide you with progress updates throughout the duration. Upon completion of the plan (typically six months), ongoing care will continue with you and any other of the patient's cardiology providers.

When required by the member's plan policy, providers referring patients to care via Heartbeat Health will be contacted by a Point32Health Care Manager to complete, sign, and return a referral form indicating that the treatment is medically necessary and approved for the patient.

Given the clinical impact of GDMT medications on mortality, readmissions, quality of life, and disease progression, our goal is to supplement Point32Health's existing cardiology network with the initiation and optimization of these medications when appropriate for members. ▲

In-home KED, FIT, and HbA1c preventive screenings

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

In our July newsletter, we announced that Tufts Health Plan Senior Care Options (SCO) and Tufts Medicare Preferred members would be offered the opportunity to perform free, in-home preventive screenings as part of a new quality initiative aimed at helping seniors maintain optimal health. Since then, eligible Tufts Health One Care members also received the offer to perform the screenings in the privacy of their homes.

As shared in the previous article, members who are due, based on data available to Tufts Health Plan, for kidney evaluation and detection (uACR and eGFR tests), colon cancer screening (FIT test), or HbA1c tests are being offered free, at-home test kits courtesy of SNT Biotech, a Tufts Health Plan vendor partner. Members who choose to participate will receive their kits by mail, along with detailed instructions for collecting and returning samples via prepaid return envelopes.

If you are a Tufts Health Plan Senior Care Options, Tufts Medicare Preferred, or Tufts Health One Care primary care provider, the results of your patients' screenings will be shared with you by mail, giving you the opportunity to develop or adapt their care plans accordingly.

Because early detection through preventive screenings can lead to more effective treatments, improved outcomes, and a better quality of life, we're pleased to offer these convenient screenings right in the homes of our members and further our shared goal of helping them remain active and independent for as long as possible.

To access additional resources that support performance on key measures impacting Centers for Medicare and Medicaid Services Star Ratings, please visit our [HEDIS and Star Rating Tip Sheets page](#). ▲

New 2027 CPT and HCPCS codes

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Point32Health will accept new 2027 CPT and HCPCS codes for dates of service beginning Jan. 1, 2027 and will update our systems and policies as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2026 will be denied. The following Point32Health Commercial [payment policies](#) and [medical necessity guidelines](#) will be updated in the first quarter of 2027 to reflect the 2027 code changes:

- Harvard Pilgrim Non-Covered Services Payment Policy
- Noncovered Investigational Services Medical Necessity Guidelines ▲

Reminder: One Care training requirement

Tufts Health One Care (HMO D-SNP)

The Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) require providers and office staff to complete comprehensive training on the One Care (Medicare-Medicaid dual eligible) program.

Our online resources make it easy for you to comply with training requirements. Simply visit the [Training section of our Point32Health website](#) and click on “Begin the training” under the One Care provider trainings section.

The program has two tracks — a general training series developed by MassHealth via UMass Medical School, as well as [a plan-specific Tufts Health One Care training](#). Providers must complete both tracks to meet One Care requirements.

Track one's [general training series](#) features a variety of webinars designed to assist with the successful implementation of an integrated care program. In order to meet the track one requirement, providers are obliged to complete the following recorded webinars:

- [The Basics of One Care](#)
- [Engaging One Care Enrollees in Assessments & Care Planning](#)
- [Americans with Disabilities Act \(ADA\) Compliance](#)
- [Principles of Cross-Cultural Competence](#)
- [Promoting Wellness for People with Disabilities](#)
- [Contemporary Models of Disability](#)
- [Caring for Individuals with Co-Occurring Mental Health & Substance Use Disorders in One Care](#)
- [Enhancing Care to Homeless Individuals Through One Care](#)

Although not required, track one also offers trainings that cover useful information and guidance on integrating virtual health care; navigating housing instability; addressing social isolation, and other topics that may be beneficial to providers serving One Care members.

Once you've concluded both training tracks, be sure to [complete the attestation](#). Point32Health will record and submit your participation to EOHHS and CMS.

To learn more about the Tufts Health One Care program and working with us, refer to the [Tufts Health One Care](#) chapter and other relevant sections of the [Tufts Health Public Plans Provider Manual](#). ▲

Reminder: Complete the new 2026 Model of Care training by Dec. 31!

Tufts Health Plan Senior Care Options

As we shared in last month's newsletter, we recently posted the new 2026 SCO Model of Care training, and we encourage you to complete it as soon as possible.

PCPs and specialists who participate in the Tufts Health Plan Senior Care Options (SCO) plans are required by the Centers for Medicare and Medicaid Services (CMS) to complete the SCO Model of Care training annually.

This training, which is available in the [Training Section of our Point32Health provider website](#), provides an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, the care plan process, transition of care responsibilities, performance measures, and more.

At the conclusion of the presentation, you will be prompted to [complete an attestation](#) verifying completion of the training. ▲

Rhode Island Medicaid enrollment/screening

Tufts Health RITogether

As a reminder, if you are a Rhode Island Medicaid provider who hasn't completed screening and enrollment with the state Medicaid program, it's important for you to do so in order to ensure your continued participation in our Tufts Health RITogether network.

The 21st Century Cures Act requires states to screen and enroll all providers who treat Medicaid members, regardless of specialty. Providers who are not screened and enrolled risk removal from the Medicaid network.

If you haven't already, make sure to complete the RI Medicaid screening and enrollment process so that you can continue to receive reimbursement for Tufts Health RITogether members and ensure you can remain in our Tufts Health RITogether network in the future.

How to access the Medicaid enrollment/screening application:

- Go to the [RI Medicaid Healthcare Portal](#) to initiate a new provider application. There, you can also resume enrollment of an existing application, check the status of a submitted enrollment application, and view the Medicaid Provider Enrollment User Guide.
- For additional information, visit the [Rhode Island Executive Office of Health and Human Services](#) or call the Rhode Island Medicaid Customer Service Help Desk at 800-964-6211.

We encourage you to complete the process as soon as possible to avoid any interruption. ▲

Help us keep directory information up to date

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers are responsible for reviewing and revalidating their information every 90 days to ensure accuracy of the Provider Directory. If you do not review and update your information at least every 90 days, this may result in suppression from the directory until your information is validated.

At a minimum of every 90 days, providers should make sure to review and verify the accuracy of their information displayed in our [Harvard Pilgrim Health Care](#) and [Tufts Health Plan](#) provider directories (including practice location, phone number, hours of operation, ability of each individual provider to accept new patients, and any other information that affects the content or accuracy of the directories).

Reporting changes

Changes to data should be reported via the [CAQH Provider Data Portal](#) for individual practitioners.

Report any contractual affiliation changes — such as a provider leaving or joining a contracted provider group or practice — to Harvard Pilgrim and/or Tufts Health Plan by:

- Submitting a [Provider Change Form](#) to Harvard Pilgrim's Provider Processing Center for Harvard Pilgrim products by email at PPC@point32health.org, or;
- Submitting a [Medical](#) or [Behavioral Health](#) Provider Information Form to provider_information_dept@point32health.org for Tufts Health Plan products.

If Point32Health identifies potentially inaccurate provider information in the directories, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider record may be subject to suppression in the directories until up-to-date information is received.

Attestation for facilities

As a reminder, for contracted facilities, confirmation of your directory data should be submitted using the facility attestation functionality available on Harvard Pilgrim's secure provider portal, [HPHConnect](#), or on Tufts Health Plan's [secure provider portal](#). These online forms allow facilities to confirm that their information is accurate every 90 days to avoid directory suppression. For step-by-step instructions on how to complete the facility attestation forms, please refer to the updated Harvard Pilgrim [Completing the Provider Data Attestation for Facilities User Guide](#) and Tufts Health Plan [Secure Provider Portal User Guide](#).

Additional information

For additional information, please refer to the updated [Directory Accuracy and Suppression of Unverified Provider Information policy for Harvard Pilgrim Commercial plans](#), as well as the Directory Accuracy and Suppression of Unverified Provider Information sections recently added to the Providers sections of our Tufts Health Plan [Commercial](#), [Senior Products](#), and [Public Plans](#) Provider Manuals. ▲

Reminder: use modifier 59 only when necessary

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

We want to remind our provider network to always use the most specific modifier possible when submitting claims for a distinct or separate service performed on the same day as another service.

While modifier 59 does serve to identify a distinct procedural service billed on the same date as another service, it should be used only when no other modifier better describes the relationship between the procedure codes.

Use modifiers XE, XS, XP, and XU whenever possible

The following modifiers provide greater specificity and should be used in lieu of the more general modifier 59 whenever appropriate to more completely describe the circumstance that makes the service distinct:

- **Modifier XE – Separate Encounter:**
A service that is distinct because it occurred during a separate encounter.
- **Modifier XS – Separate Structure:**
A service that is distinct because it was performed on a separate organ or structure.
- **Modifier XP – Separate Practitioner:**
A service that is distinct because it was performed by a different practitioner.
- **Modifier XU – Unusual Non-Overlapping Service:**
A service that is distinct because it does not overlap the usual components of the primary service.

Selecting the most specific modifier available to demonstrate why a procedure or service is separate and independent from another non-evaluation-and-management service performed on the same day helps support accurate claims processing.

As a reminder, use of modifiers must be supported by medical record documentation. For more information, please refer to our [Modifiers Payment Policy](#). ▲

Point32Health Payment Policy updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Please refer to the chart below for information on new and updated Payment Policies. For details, access the policies listed below by visiting the [Payment Policies section](#) of our Point32Health provider website.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Home Health Care	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Minor administrative updates for accuracy and clarity
Transplant	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Minor administrative updates for accuracy and clarity
Inpatient Hospital Admissions	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Minor administrative updates for accuracy and clarity
Obstetrics/ Gynecology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Updated policy to include new maternity billing guidelines and coding changes, effective for dates of service on or after Jan. 1, 2027. Refer to this article for detailed explanation. (Consistent with Maine regulations, a redlined version of this policy is also posted temporarily.)

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Chemotherapy Oncology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Minor administrative updates for accuracy and clarity
Radiation Oncology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Minor administrative updates for accuracy and clarity
Radiology and Diagnostic Imaging	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	New Radiology and Diagnostic Imaging Payment Policy replaces the Harvard Pilgrim Health Care Radiology Payment Policy and the Tufts Health Plan Imaging Services Payment Policy.
General Coding and Claims Editing	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Colorectal Cancer Screening	Harvard Pilgrim Health Care Commercial	12/1/2026	Minor administrative updates for accuracy and clarity Refer to this article for details.
Laboratory: Diabetes Mellitus Testing	Harvard Pilgrim Health Care Commercial	12/1/2026	Minor administrative updates for accuracy and clarity Refer to this article for details.
Laboratory: Identification of Microorganisms using Nucleic Acid Probes	Harvard Pilgrim Health Care Commercial	12/1/2026	Minor administrative updates for accuracy and clarity Refer to this article for details.
Laboratory: Pathogen Panel Testing	Harvard Pilgrim Health Care Commercial	12/1/2026	Minor administrative updates for accuracy and clarity Refer to this article for details.



Laboratory Payment Policies: Dec. 1, 2026 updates

Harvard Pilgrim Health Care Commercial

As we've announced in previous issues of *Insights and Updates for Providers*, Point32Health operates a laboratory benefit management program for Harvard Pilgrim Health Care Commercial members. We utilize automated claims edits (post-service, pre-payment) to ensure consistency with the guidelines for laboratory services, tests, and procedures performed in office, hospital outpatient, and independent laboratory locations.

As part of this program, we maintain a number of evidence-based Payment Policies which are aligned with the latest scientific research to determine the appropriateness of lab testing.

Effective for dates of service beginning Dec. 1, 2026, in addition to certain updates to coverage criteria, we're implementing the following coding changes to the existing policies outlined below:

Laboratory Policy	12/1/2026 coding change
Colorectal Cancer Screening	Adding CPT code 0421U.
Diabetes Mellitus Testing	Adding CPT code 82950.
Identification of Microorganisms using Nucleic Acid Probes	Adding CPT code 87638.
Pathogen Panel Testing	Adding CPT codes 87627, 0600U, 0601U, and 0610U.

To review these updated policies (and any others) in further detail, refer to the [Payment Policies](#) section of our provider website.

In addition, consistent with Maine regulations, [redlined versions](#) of the above-referenced policies are posted temporarily. ▲

Point32Health Medical Necessity Guideline updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Medical Necessity Guidelines for Temporomandibular Joint (TMJ) Disorder Treatment	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2027	MNG updated to outline coverage and prior authorization criteria for arthroplasty of the TMJ. Prior authorization will be required for the following CPT codes: • 21050 – Condylectomy, temporomandibular joint (separate procedure) • 21060 – Meniscectomy, partial or complete, temporomandibular In addition, CPT codes 21248, 21249, and 21255 have been removed from the MNG and will no longer require prior authorization. <i>(Consistent with Maine regulations, a redlined version of this policy is also posted temporarily.)</i>

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Sleep Studies for Tufts Health RITogether Positive Airway Pressure Devices for Sleep Apnea (Harvard Pilgrim Commercial) Positive Airway Pressure (PAP) Devices for Tufts Health RITogether and Tufts Health One Care	Harvard Pilgrim Commercial, Tufts Health RITogether, Tufts Health One Care	12/1/2026	These MNGs will be retired as a result of the sleep management program updates outlined in detail in this article . HCPCS codes E0470, E0471, and E0601 will no longer require prior authorization for Tufts Health One Care.
Implantable Neurostimulators	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	10/1/2026	Minor criteria language clarification edit. In addition, updated Sacral Nerve Stimulation for Urinary and Fecal Incontinence criteria for Tufts Health One Care only from in-house criteria to CMS criteria. The following local coverage determination (LCD) and national coverage determination (NCD) will be used for criteria: • NCD - Sacral Nerve Stimulation For Urinary Incontinence (230.18) • LCD - Sacral Nerve Stimulation for the Treatment of Urinary and Fecal Incontinence (L39543)
Basivertebral Nerve Ablation Tufts Medicare Preferred (HMO and PPO) Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines Tufts Health Plan Senior Care Options Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines	Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan SCO	10/1/2026	LCD L39642 will no longer be used for coverage criteria, and will be replaced by L40302.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Noncovered Investigational Services	Harvard Pilgrim Commercial	10/1/2026	BrightSeq Beacon Assay Gene Panel Test added to policy and will no longer be covered. Processed nerve allografts to repair peripheral nerve discontinuities (Avance: acellular nerve allograft-arwx) no longer excluded from coverage.



Point32Health medical drug program updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) [Medical Benefit Drug Medical Necessity Guidelines page](#).

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim members. You can find information about this program on the [OncoHealth page](#) in the [Vendor Programs](#) section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
MassHealth Unified Drugs Ryoncil	Tufts Health Together - Criteria updated to require an additional trial with one NCCN-recommended agent for members ≥ 12 and < 18 years of age in addition to ruxolitinib - Appendix updated to follow the current NCCN guidance for recommended alternative treatment options	10/1/2026
Filkri (J3590) Medical Benefit Step Therapy	Harvard Pilgrim Commercial New-to-market drug now subject to prior authorization/step therapy requirements.	10/1/2026
Denosumab Samsung Bioepis (Ospomyv/Xbryk) (Q5159) Medical Benefit Step Therapy	Harvard Pilgrim Commercial New-to-market drug now subject to prior authorization/step therapy requirements.	10/1/2026
Vykoura (J3490) Medical Benefit Step Therapy	Harvard Pilgrim Commercial New-to-market drug now subject to prior authorization/step therapy requirements.	10/1/2026

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Armlupeg (J3490) Medical Benefit Step Therapy	Harvard Pilgrim Commercial New-to-market drug now subject to prior authorization/step therapy requirements.	10/1/2026
Blenrep	Harvard Pilgrim Commercial Blenrep (belantamab mafodotin-blmf, 0.1 mg) (J9037) will be covered when prior authorization has been obtained.	10/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
MassHealth Unified Drugs Epioxa	Tufts Health Together Prior authorization is now required for coverage of Epioxa (J2789), which will be covered when all the criteria specified by MassHealth are met.	10/1/2026
MassHealth Drug List MassHealth Acute Hospital Carve-Out Drug List	Tufts Health Together MassHealth has made updates to the criteria for the following carve-out drugs: • Abecma • Breyanzi • Carvykti • Casgevy • Elevidys • Encelto • Hemgenix • Itvisma • Kebilidi • Kymriah • Lenmeldy • Luxturna • Lyfgenia • Omisirge • Skysona • Yescarta • Zevaskyn • Zolgensma	10/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Carelton code list	Harvard Pilgrim Health Care Commercial, Tufts Health Direct, Tufts Health Plan Together, Tufts Health Plan RITogether, Tufts Health One Care The following codes are now covered with prior authorization: • 0575U • 0576U • 0578U • 0582U • 0583U • 0585U • 0586U • 0592U • 0597U	10/1/2026



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